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Introduction to adolescent mental health

About this free course

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This free badged course, *Introduction to adolescent mental health*, lasts 24 hours, with 8 'sessions'. You can work through the course at your own pace, so if you have more time one week there is no problem with pushing on to complete a further study session. The eight sessions are linked to ensure a logical flow through the course. They are:

- Session 1: 'A crisis in context'
- Session 2: Understanding adolescence
- Session 3: Different dimensions of adolescent mental health
- Session 4: Recognising mental health problems
- Session 5: Understanding resilience in adolescence
- Session 6: Supporting young people
- Session 7: Identifying sources of support
- Session 8: Seeking expert support and accessing services

This course will cover understanding mental health, specifically adolescent mental health. It will explore how to recognise mental health issues, including anxiety and depression. You should also gain an understanding of resilience, as well as learning how to support young people to develop greater resilience and self-reliant behaviours. You should also be able to identify support networks for young people.

There will be numerous opportunities to check your learning. This includes interactive quizzes, of which Sessions 4 and 8 will provide you with an opportunity to earn a badge to demonstrate your new skills. You can read more on how to study the course and about badges in the next sections.

Learning outcomes

After completing this course, you will be able to:

- understand the complexity and multifaceted nature of adolescent mental health
- appreciate the variety of strategies that can be employed to support young people
- recognise resilience as a quality and skill that can be learned and developed
- identify resilience markers that can be supported and nurtured
- identity the range of services and contexts through which young people can access support and guidance.

Moving around the course

In the 'Summary' at the end of each session, you will find a link to the next session. If at any time you want to return to the start of the course, click on 'Full course description'. From here you can navigate to any part of the course.

It's also good practice, if you access a link from within a course page (including links to the quizzes), to open it in a new window or tab. That way you can easily return to where you've come from without having to use the back button on your browser.

There are text boxes within the activities for you to make notes where it would be helpful. This saves for you to refer back to, and only you can access these notes, noone else is able to see them. Alternatively, you are welcome to make notes offline instead, for example in a notebook.

The Open University would really appreciate a few minutes of your time to tell us about yourself and your expectations for the course before you begin, in our optional start-of-course survey. Participation will be completely confidential and we will not pass on your details to others.

What is a badged course?

While studying *Introduction to adolescent mental health* you have the option to work towards gaining a digital badge.

Badged courses are a key part of The Open University's mission *to promote the educational wellbeing of the community*. The courses also provide another way of helping you to progress from informal to formal learning.

Completing a course will require about 24 hours of study time. However, you can study the course at any time and at a pace to suit you.

Badged courses are available on The Open University's OpenLearn website and do not cost anything to study. They differ from Open University courses because you do not receive support from a tutor, but you do get useful feedback from the interactive quizzes.

What is a badge?

Digital badges are a new way of demonstrating online that you have gained a skill. Colleges and universities are working with employers and other organisations to develop open badges that help learners gain recognition for their skills, and support employers to identify the right candidate for a job.

Badges demonstrate your work and achievement on the course. You can share your achievement with friends, family and employers, and on social media. Badges are a great motivation, helping you to reach the end of the course. Gaining a badge often boosts confidence in the skills and abilities that underpin successful study. So, completing this course could encourage you to think about taking other courses.

How to get a badge

Getting a badge is straightforward! Here's what you have to do:

- read each session of the course
- score 50% or more in the two badge quizzes in Session 4 and Session 8.

For all the quizzes, you can have three attempts at most of the questions (for true or false type questions you usually only get one attempt). If you get the answer right first time you will get more marks than for a correct answer the second or third time. Therefore, please be aware that for the two badge quizzes it is possible to get all the questions right but not score 50% and be eligible for the badge on that attempt. If one of your answers is incorrect you will often receive helpful feedback and suggestions about how to work out the correct answer.

For the badge quizzes, if you're not successful in getting 50% the first time, after 24 hours you can attempt the whole quiz, and come back as many times as you like.

We hope that as many people as possible will gain an Open University badge – so you should see getting a badge as an opportunity to reflect on what you have learned rather than as a test.

If you need more guidance on getting a badge and what you can do with it, take a look at the OpenLearn FAQs. When you gain your badge you will receive an email to notify you and you will be able to view and manage all your badges in My OpenLearn within 24 hours of completing the criteria to gain a badge.

Get started with Session 1.

Session 1: ‘A crisis in context’

Introduction

It is possible that you are taking this course because you are worried about a young person close to you, or because you are concerned by adolescent mental health issues in general. What do you already understand about adolescent mental health? Are communities actually facing a mental health crisis, or is this a crisis that is being blown up in the media? To get started on this topic, listen to Audio 1 in which a parent talks about their experience of trying to understand what is happening in the life of their adolescent child.

Audio content is not available in this format.

Audio 1: Parent experiences

Mental health problems can manifest in different ways and generally speaking becomes problematic when it interferes with some aspect of everyday life, including; the ability to learn, to feel, express and manage a range of positive and negative emotions, the ability to form and maintain good relationships with others and to manage change and uncertainty (Mental Health Foundation, 2020).

In the opening audio you heard a parent describe some of the difficulties that her child experienced leading up to a diagnosis of **OCD** and the value of treatment in providing much needed support. Of course, individual experiences will differ and will reflect the mental health challenges that a young person is facing. The most common mental health problems diagnosed for young people globally include anxiety and depression, often termed emotional disorders, with an increase in self harming behaviours and rates of suicide amongst young adults.

Figure 1

The language used to discuss mental health issues varies and different definitions exist including; mental health, mental health problems and mental illness. These terms are still hotly contested and as you read you will discover a little more about how they shape perspectives and experiences. As the course proceeds you may find that your opinion on what mental ill health is shifts or that how you understand emotional distress in adolescents gains depth.

In this first session, you will consider some statistics showing the extent of mental health issues in young people in the UK, and read about what people actually mean when they talk about ‘mental health’. Terminology and attitudes about mental health have changed dramatically over recent decades, as have the policies and practices designed to help people who experience these issues and those who support them.

The Open University would really appreciate a few minutes of your time to tell us about yourself and your expectations for the course before you begin, in our optional start-of-course survey. Participation will be completely confidential and we will not pass on your details to others.

Learning Outcomes

By the end of this session, you should be able to:

- describe the scale of adolescent mental health issues
- recognise that mental health is part of the umbrella concept of health
- describe how people’s understandings about mental health have changed over time
- outline the UK mental health policy developments that affect families.

1 Adolescent mental health in context

Statistics can be baffling if they are presented without their full context as understanding this can help us understand what the numbers mean. To get you thinking about context, carry out the first activity now.

Activity 1: The size of the issue

Allow about 20 minutes

Step 1: If you had to guess how many children were experiencing mental health issues at any one time, which one of these figures would you choose? Click a percentage figure and read the comment. There is a long description button below the figure if this is easier to learn from.

Interactive content is not available in this format.

Interactive Figure 2: Mental health of Children and young people in England (2017)

Discussion

As you will discover, all these figures are correct in some way, but it depends on the age of the child and what we mean when we say ‘mental disorder’ as well as *where* and *when* we are counting these issues. For example, all the figures presented here come from a large survey of the mental health of children and young people in England, which was carried out in 2017. A survey of a different country in another year is likely to produce different figures.

It is also helpful to know how the figures were obtained, for example, whether it was a large survey or a handful of interviews.

Step 2: Did any of the information surprise you or raise questions for you? Jot down a note to yourself to record your first thoughts about the size of mental health disorders. (Please note, the text response boxes are completely anonymous and only accessible by you. They can be saved for you to refer back to at another time.)

Provide your answer...

Discussion

Figures such as Interactive Figure 2, that summarise a large amount of data, can often raise questions of detail and meanings. In the figure it refers to **emotional disorders** and **mental disorders**. You might have wondered whether or not an ‘emotional disorder’ is classified as a ‘mental disorder’, or whether it is a separate thing (it does, in fact, come under the umbrella of mental disorder). You may also have asked whether a ‘mental disorder’ is a severe form of mental illness or whether it covers things such as mild depression and anxiety. Use of the term ’disorder’ itself is disputed in some circles. The terms mental health problems and mental illness are used throughout this course and as you progress you’ll gain many insights into the subject of terminology that is used to describe mental health problems and issues.

Clearly, Interactive Figure 2 shows that something is happening between the ages of 2 and 19, as the rates of mental disorder increase but what might be behind this increase? Our best evidence suggests that it is likely to be the result of a complex, dynamic mixture of physical and social development occurring within particular settings. This course examines what happens roughly between the ages of 10 and 19. This period of time in a young person’s life is sometimes called **adolescence**.

The statistics you just looked at showed the situation in 2017. Did you perhaps ask yourself, 'is that better or worse than previous years?', and 'What's the situation now'? You'll consider these types of time-related trends next.

1.1 The trends

Media headlines frequently announce the existence of a global mental health crisis and that mental health issues in adolescence are on the rise. Is the mental health of young people really poorer than it was, say 20 years ago? Until the 2017 survey, presented in the first activity, data on under-fives and 16 to 19-year-olds was not collected, so trends over time are only available for the age range 5-15 years. In the next activity, you'll look at the graph in Figure 3, which shows data from surveys of the mental health of 5 to 15-year-olds in England carried out in 1999, 2004, and 2017.

Activity 2: Examining the trends

Allow about 10 minutes

The dark blue line, showing the average between boys and girls, indicates that in 2017 11.2% of 5 to 15-year-olds reported at least one mental health 'disorder'.

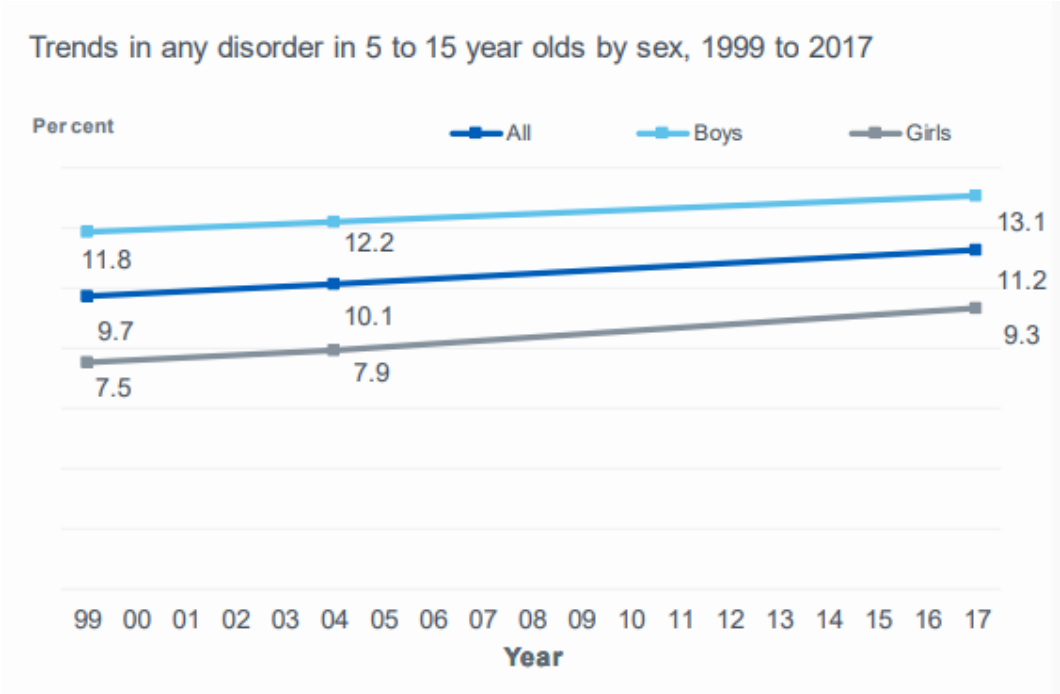


Figure 3: Trends in any mental health disorder in 5 to 15 year olds by sex, 1999 to 2017.

In the first activity, you saw that 12.8% 5 to 19-year-olds had at least one mental health 'disorder' in 2017.

Can you see why the percentages are different?

Discussion

The trends graph is based on 5 to 15-year-olds and the figure in Activity 1 was based on 5 to 19-year-olds, a wider age group. We know that 17 to 19-year-olds had the highest incidence of mental disorder (16.9%) so when added to the statistics for 5 to

15-year-olds, they will raise the overall average. It's important when looking at trends over time that the data sources are consistent. In this case, the NHS Digital team needed to pick out the 5 to 15-year-olds from the 2017 data to make the comparison with the previous surveys.

The graph you've just looked at shows a steady increase in mental disorders since 1999. There is a marked difference between boys and girls, with a noticeably higher percentage of boys experiencing a mental disorder compared with girls. Looking at this graph, you may conclude that we should be more concerned about boys than about girls. However, these figures, which pool all ages, are hiding some interesting detail!

1.2 Trends by age group and sex

In the next activity, you'll look at the two graphs in Figure 4 separating the 2017 data into smaller age groups.

Activity 3: Examining sex differences

Allow about 10 minutes

According to the figures in these graphs in Figure 4, in 5 to 10-year-olds, almost twice as many boys as girls have a mental disorder and in 17 to 19-year-olds the reverse is true. In fact, more than twice as many girls as boys disclose a mental disorder in the 17–19 age group.

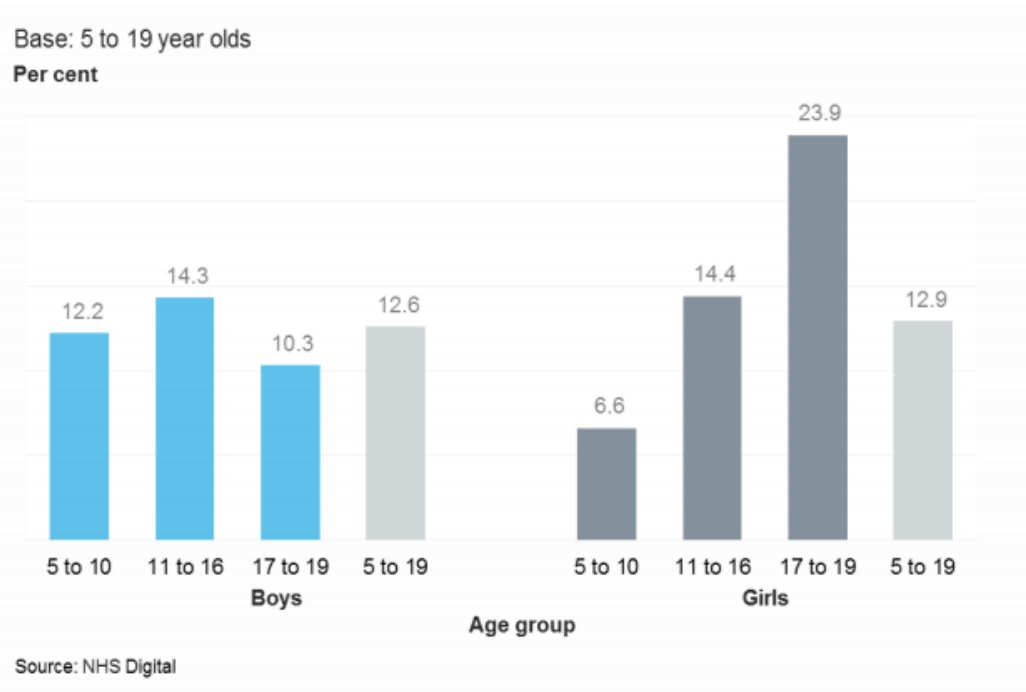


Figure 4: Percentage of any disorder by age and sex, NHS 2017.

Can you think of any reasons why this might be the case? Jot down a few notes to yourself for future reference.

Provide your answer...

Discussion

You may have thought about differences in the ways boys and girls develop physically and mentally over childhood and adolescence, and that the social pressures on girls may be more intense than for boys as they get older. Perhaps you can think of some young people you know with mental health issues that you have personal theories about.

During the course, you will unpack the knowledge underlying these figures and explore what is happening both physically and socially during adolescence that might help us to understand these differences. Before that, it’s worth going ‘back to basics’ to consider what ‘mental health’ actually is.

2 What do we mean by ‘health’ and ‘mental health’?

Can you be healthy without good mental health? Ever since 1946, the World Health Organization’s original definition of health has been upheld:

> ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’.

Figure 5

You’ll see that it takes a very wide view of health that includes the mental and social. Certainly, if your mental health were poor you would feel unwell, or at least lack a sense of wellbeing. Many healthcare professionals and researchers argue, however, that the perfect state of health and wellbeing described above is unattainable. Taking this argument further, perhaps it is even harmful for our mental health to suggest that we should somehow aim for this unachievable goal.

Physical and mental health are interdependent, so for example, people who are living with a long-term chronic health condition such as type 1 diabetes or **cystic fibrosis** may experience challenges to their mental health. Conversely, people who are experiencing mental illness may take less care of their physical health or engage in behaviours that exacerbate their mental health difficulties. Either way, individuals who are unwell will experience a combination of symptoms and challenges that are likely to be physical, mental and social.

2.1 The impact of mental health

As previously indicated a mental health problem can show itself in different ways and usually interferes with some aspect of everyday living. The Mental Health Foundation says:

> Good mental health is characterised by a person’s ability to fulfil a number of key functions and activities, including:
>
> - the ability to learn
> - the ability to feel, express and manage a range of positive and negative emotions
> - the ability to form and maintain good relationships with others

- the ability to cope with and manage change and uncertainty.

(Mental Health Foundation, 2020)

Now work your way through Activity 4.

Activity 4: The impact of mental health problems

Allow about 15 minutes

Think of a young person you know, who you think may have a mental health problem, or you are generally concerned about. If you can’t think of anyone, consider a fictional character, or someone older that you know.

Figure 6: Young people who have suffered with their own mental health.

Once you have someone in mind, think about whether they may be struggling with any of these ‘key functions and activities’:

- ☐ The ability to learn
- ☐ The ability to feel, express and manage a range of positive and negative emotions
- ☐ The ability to form and maintain good relationships with others
- ☐ The ability to cope with and manage change and uncertainty

Discussion

Did you tick one or more of them? It is important to note that a person who is struggling in any of these areas does not necessarily have a mental health problem. These kinds of difficulty are warning signs though, and you will find out more about warning signs in Session 2.

Now watch this short clip in which John Goss, a counsellor who works with the youth counselling service YIS, describes what he experiences with young people who come to see him. Make a note of the two ways in which he describes how they might present with issues.

Video content is not available in this format.
Video 1: John Goss and experiences with young people.

Provide your answer...

Discussion

John mentioned that young people who present with depression can start to withdraw from friends and are less motivated. Some young people experience compulsions to behave in particular ways that are driven by anxiety. You will recall in the opening interview where a parent describes how they initially become concerned about their child when they withdraw from their friends and socialising and then began to show signs of compulsive behaviours.

3 How has the concept of mental health evolved?

The history of ideas about mental health is not, as many people expect, a straightforward journey of progression where things steadily improve, and we understand more about how to treat mental illness. Ideas about the nature, causes and best ways of treating or responding to mental health problems have changed significantly over time, influenced by a variety of factors, including the social and cultural context.

Activity 5: What causes mental health problems in adolescence?

Allow about 10 minutes

What do you think causes mental health problems in young people? Spend a few minutes jotting down your thoughts below.

Provide your answer...

Now, go to the poll and select a possible cause that is closest to the one you have written.

Interactive content is not available in this format.

Discussion

A review of research worldwide conducted after 2010 (Choudhry, 2016) found that people’s beliefs about the causes of mental health problems fell into three broad categories:

- Stress from social pressures and life events
- Supernatural and spiritual reasons
- Biomedical, including genetics (anything to do with how the body works)

The media have popularised the idea of young people being ‘snowflakes’, dubbed ‘emotionally weak and lacking resilience’ although academic Shelley Haslam-Ormerod (2019) claims this is unfair and insulting ‘because it encourages stigma and evokes hatred’.

Before the 20th century, people commonly believed that mental illness was caused by supernatural forces. Correspondingly, treatment, often involving physical restraint, was based on religious or superstitious reasoning (Jutras, 2017). Since then, debates about the role of biological versus psychological factors in causing mental illness have dominated, as you will see next.

In the psychology camp, Sigmund Freud (1856–1939) pioneered **psychodynamics**, a theory about how the mind works based on the idea that mental illness resulted from

unresolved unconscious issues arising in childhood. Treatment involved encouraging the patient to talk about past events.

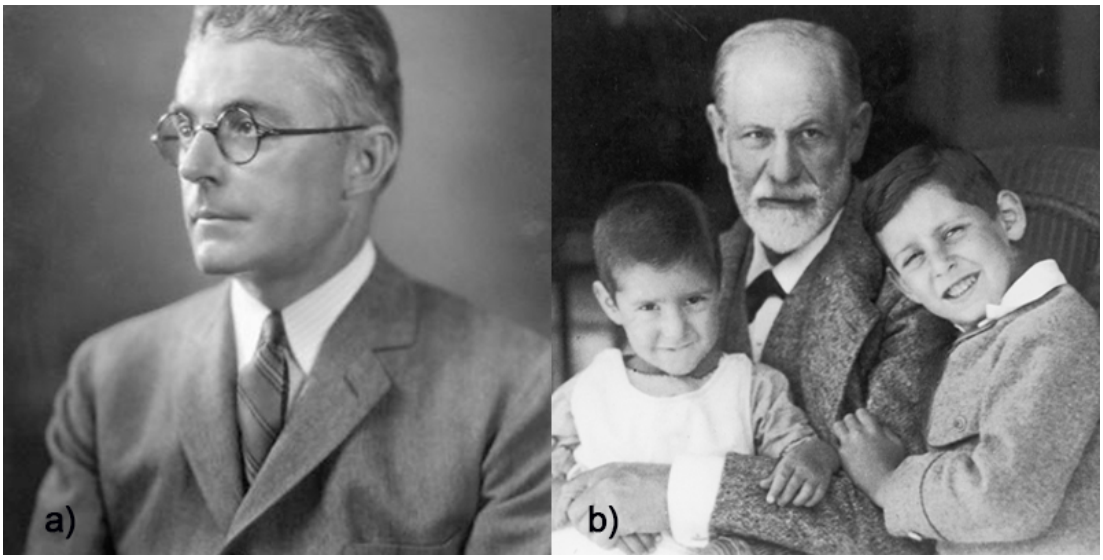


Figure 7: a) John Watson and b) Sigmund Freud

By contrast, the **behaviourist viewpoint** (initiated by John Watson (1878–1958)) assumed that people became ‘conditioned’ to display certain maladaptive behaviours. The proposed solution was further conditioning by applying rewards and punishments to encourage the desired behaviour, partly supported by the well-known dog experiments conducted by the Russian physiologist Ivan Pavlov (1849–1936). In these experiments it was discovered that the dogs could be ‘conditioned’ to salivate even when food was not present by other stimuli that were associated with the food such as the ringing of a bell.

The modern **bio-medical perspective** views mental health problems from an illness perspective, identifying inherited genes, hormonal changes and alterations in how the brain works as underlying a range of ‘mental illnesses’. Treatment involves medicines that act on the way the brain works, as well as lifestyle advice based on knowledge of the links between brain health and body health. Immense efforts continue in research laboratories to understand and treat the possible biological foundations of mental health problems. Modern **psychological perspectives** assume that people can be supported to think differently about challenges to their mental health and learn to manage them with or without the support of medicines.

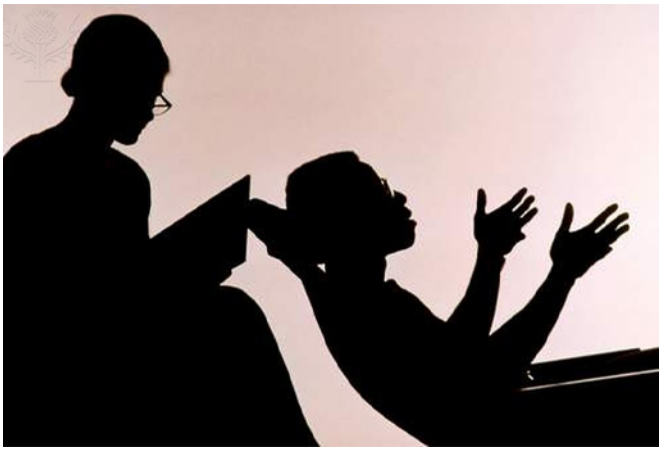


Figure 8

You will learn more about the modern approaches in sessions 4 and 8, but next, you consider some of the cultural aspects of mental health.

3.1 Identity, language and stigma

Having a mental health problem, and the language used to describe it, can have a profound impact on how a person sees themselves: their sense of identity. This point was reinforced by Ron Coleman:

> In the early 1980s I was diagnosed as schizophrenic. By 1990, that was changed to chronic schizophrenic and in 1993 I gave up being a schizophrenic and decided to be Ron Coleman. Giving up being a schizophrenic is not an easy thing to do for it means taking back responsibility for yourself, it means you can no longer blame your illness for your actions. It means there is no disease to hide behind, no more running back to hospital every time things get a bit rough, but more important than any of these things it means that you stop being a victim of your experience and start being the owner of your experience.
>
> (Cited by Laurance, 2003, p. 137)

Social perspectives used to understand mental health tend to be wary of attaching labels to people. To some extent, there is a view that everyone has at least some problems with their mental health at some point in their life. Under the social approach, factors such as poverty, unemployment, inequalities, oppression, divorce and living in a deprived area are seen to lead to ‘stress’ and ‘distress’, which are reactions to difficult circumstances rather than being illnesses (U’ren, 2011; Smail, 2005).

However you think about the characteristics of mental health problems, in cultures around the world it can be difficult to shake off the stigma that surrounds it.

Figure 9: Some people continue to be treated harshly for mental health issues.

The idea of **stigma** was first described by the American social psychologist Erving Goffman (1963), as the cause of a ‘spoiled identity’. Here Goffman is describing how individuals are often seen as different in some way, by virtue of how they look, act or behave and the impact that this can have upon how they feel and value themselves. Research exploring stigma includes careful analysis of groups of individuals who are excluded, rejected, blamed and devalued in some way (Scrambler, 2009).

In the next activity, you’ll watch a video of some young people talking about their experience of mental health stigma.

Activity 6: Stigma

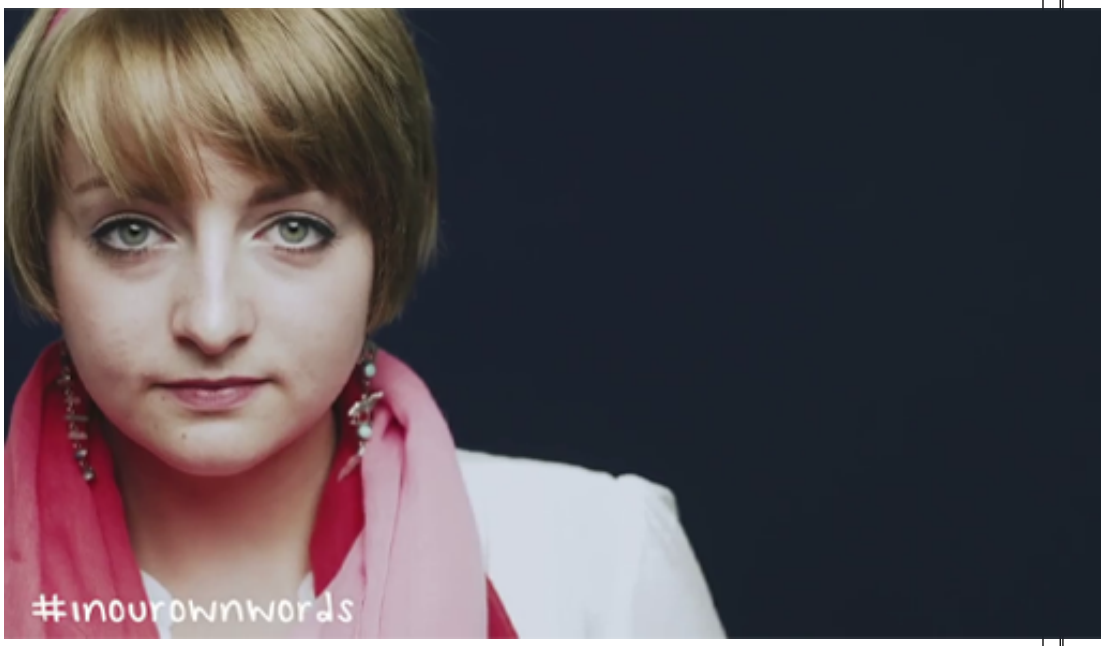
Allow about 20 minutes

Watch the video of a group of young people talking about their mental health and when they first started experiencing difficulties during adolescence. How do the young people describe the stigma they have experienced? Stop and start the video as much as you like.

Write down a list of bullet points which reflect the stigmatising experiences these young people describe. You can write these as a list of words or phrases.

Video content is not available in this format.

Video 2: Mental health in our own words



Provide your answer...

Discussion

Your notes might have gone something like this, although there are several ways you might have interpreted these brief accounts.

- Feeling alone.
- Feeling like people don’t really understand you.
- Feeling isolated.
- Wanting to be treated as a ‘normal’ person.
- People not realising you are ill or that you are unwell.
- People expecting you to look and act in certain ways because of your mental health.
- Being called names like ‘schitzo’.

Name calling, feeling alone, singled out and devalued in some way are just some of the ways in which these young people talk about their experiences of being viewed as different and the stigma related to their mental health difficulties.

Social scientists spend a lot of time interpreting accounts of people’s experiences. Gathering a range of personal experiences can help to build and test theories. Here, you have been applying theory – a definition of stigma – to some real-life accounts.

3.2 #oktosay

Stigma poses a significant obstacle to tackling mental health, partly because it makes people reluctant to talk about their problems. Encouraging people to open up about their

problems is now the focus of many high profile media campaigns. Many celebrities, including the UK royal family, are spearheading initiatives such as ‘#oktosay’ in social media to get people to talk about their mental health. In the next video, you’ll see the musician Stormzy talking about his mental health.

Activity 7: Talking about mental health

Allow about 20 minutes

Watch the interview with Stormzy below and consider what effect it has on you. Does it make you feel more likely to talk about mental health?

Video content is not available in this format.

Video 3: Interview with Stormzy

As you watch, think too about the relationships between mental health and

- access to opportunities to talk
- support networks
- trying to appear strong and able to cope.

Provide your answer...

Discussion

You may feel a certain degree of empathy for Stormzy who talks about his experiences of depression which were compounded by the pressures he felt to appear strong and able to cope with the new challenges that accompanied his musical career.

As you work through this course, you’ll learn more about how people can be supported to talk about their problems and therefore understand the issues better.

Talking about mental health can often be demanding because people may not have the words they need at their fingertips. One gets the sense that Stormzy has become

more comfortable in sharing his experiences through his music and using his experiences to encourage others to talk.

As you saw earlier, language can be hurtful and affect a person’s sense of identity. Language plays a big part in shaping people’s experiences. Language is also shaped by certain cultural perspectives. As a result, what different people mean by the words they use may differ, as Johnstone, a clinical psychologist, argued:

> How quiet do you have to be before you can be called withdrawn? How angry is aggressive? How sudden is impulsive? How unusual is delusional? How excited is manic? How miserable is depressed? The answers to all these questions are to be found not in some special measuring skill imparted during psychiatric training, but in the psychiatrists’ and lay people’s shared beliefs about how ‘normal’ people should behave.
>
> (Johnstone, 2000, p. 219)

This takes you to a short introduction to mental health policy.

4 Mental health policy

The UK government, along with many others around the world, accepts that childhood experiences can have a 'lasting impact' on mental health through to adulthood, and that more needs to be done to support children and young people who are experiencing mental health problems (CQC, 2017). The figures you looked at in the first section relating to the apparent rise of mental disorders in young people are concerning, but they only recognise children and young people who have been diagnosed with a 'mental disorder'. The problem is wider than these statistics, however, because there are many more families who are concerned about the mental health of their young people and many young people choose not to disclose or share their experiences. They aren't reflected in the statistics because they may never have sought help or perhaps do not want to admit their concerns. Ideally, the aim would be to intervene sufficiently early to prevent, as far as possible, mental disorders from developing.

The Care Quality Commission (CQC) in the UK recognises that for too long people have had to fit in around a fragmented system rather than accessing services designed around their needs. Designing services around individual needs is commonly referred to as person-centred care. As well as becoming centred on the needs of children and young people, services need much better coordination so that it is clear what is available and how to access it. In 2018, the CQC recommended:

- joint action across government to make children and young people's mental health a national priority
- a clear 'local offer' of the care and support available to children and young people
- that everyone who works, volunteers or cares for children and young people should be trained to encourage good mental health and offer basic mental health support
- inspectors should look at what schools are doing to support children and young people's mental health (adapted from CQC 2019)

These grand aims would result in huge benefits for adolescent mental health. There is a clear element of prevention here too, in the ambition to train people to 'encourage good mental health' and offer basic support. Restricted availability of public resources, however, poses a significant difficulty in delivering these recommendations. Not only is it costly to train families, staff and volunteers to staff services adequately, but changing practices also requires a change in culture, which depends on good leadership. Some of the necessary leadership comes from charities, and the charity MIND is actively pushing for change.

Activity 8: MIND

Allow about 15 minutes

Visit the MIND website and pick out about three of the policy areas to explore. Scan each of the three or so pages you land on and jot down a short summary of the work MIND is doing.

MIND website (Remember to open this page in a new window or tab, so you can refer back to OpenLearn and make some notes.)

Then, think about the impact of organisations such as MIND in influencing policy. How important do you think it is for an organisation like MIND to be actively engaged in putting forward a citizen’s viewpoint?

Provide your answer...

Discussion

Three examples here are:

- The page about ‘Mental Health Act Review’ shows how MIND ensured that patients’ perspectives were forefront in the review, by facilitating people to feed in directly to the process.
- The page about ‘Talking therapies’ explains how MIND are part of a coalition calling for the maintenance and development of talking therapies on the NHS.
- The page about ‘Our work in Parliament’ explains how MIND is making sure that MPs are well informed about mental health issues and briefs them on important factors in preparation for parliamentary debates.

Thinking about the role of charities such as MIND, it’s clear they act on behalf of people who need support and ensure that their needs and perspectives are kept high on the government agenda. It would be very difficult for individuals to lobby government in this way, and individual service providers may not see the whole picture of what people need.

There is considerable political momentum building for improving the mental health of young people. Much of the success will depend on everyone who has contact with young people, not least their parents and teachers, having the skills to support them appropriately.

5 This session’s quiz

Check what you’ve learned this session by taking the end-of-session quiz.

Session 1 practice quiz

Open the quiz in a new window or tab then come back here when you’ve finished.

6 Summary of Session 1

The main learning points of this first session are:

- The percentage of adolescents experiencing mental health problems has risen steadily since 1999, as surveys carried out in England have shown. There are differences between boys and girls in the ages at which problems develop.
- Mental health comes under the umbrella of overall health, and cannot easily be separated from physical health. Mental health problems can interfere with a person’s daily activity and ability to function.
- Treatment of mental health problems has been based historically on a range of beliefs about what is causing the problem, from religion and superstition, to psychology and medical explanations. Although it is now widely accepted that one of the first solutions to preventing or supporting a mental health problem is to talk about it, stigma often prevents people opening up about their problems.
- The ambition of policymakers is to revolutionise mental health care and to make it designed around the needs of citizens and to help promote good mental health.

In the next session, you will explore adolescence. What is adolescence, and what is normal behaviour during this transitional stage of development? Some of the mysteries of the adolescent brain will be revealed, and you will come to understand that this is a special and important time in a person’s development.

Now move on to Session 2.

Session 2: Understanding adolescence

Introduction

Welcome to the second session of *Introduction to adolescent mental health*, in which you will learn about the stage of development known as **adolescence**. You will also have the opportunity to draw upon many of the insights you gained in Session 1 about mental health and its complexities. To get started, watch a short video in which two young women – Martha and Josie – talk about what it was like to be an adolescent.

Video content is not available in this format.
Video 1: Reflecting on adolescence

In this second session, you will learn how 'adolescence' is defined and why it is a time of development in a person's life that brings its own set of challenges. You'll gain some understanding of young people's experiences, as well as what is going on in their brains at the same time. It isn't always clear what is 'normal' when it comes to adolescent behaviour and mental health, indeed the very idea of what is normal can be questioned. This session will conclude by trying to shed some light on the idea of normality as it applies to adolescence.

Learning Outcomes

By the end of this session, you should be able to:

- describe important aspects of development during adolescence

- explain how changes in the adolescent brain make adolescence a unique period of development
- outline the range of social challenges to mental health that may be experienced during adolescence
- discuss the idea of 'normal' and 'abnormal' adolescent behaviour.

1 Introducing adolescence

Often associated with the teenage years, adolescence is a transitional stage of development, both physically and emotionally.

Figure 1

Marked as a period of development from being a child to becoming a young adult, adolescence is described by many theorists as a time of '**storm and stress**', often associated with particular behaviours, such as moodiness and irritability. But are these accurate depictions of adolescence? The first activity will help you to consider your own thoughts about adolescent characteristics.

Activity 1: Storm and stress

Allow about 20 minutes

Step 1: What thoughts, emotions and behaviours do you associate with adolescence? Choose your top four from the list. Please note, there are no right or wrong answers. To open up the discussion for this step, once you have selected your choices continue to click all the other options and select 'Check Your Answer'.

- ☐ Moodiness
- ☐ Impulsiveness
- ☐ Risky behaviour
- ☐ Sensitive to peer pressure
- ☐ Argumentative
- ☐ Loneliness
- ☐ Staying up late
- ☐ Embarrassment
- ☐ Thrill seeking
- ☐ Boredom
- ☐ Importance of friendships
- ☐ Enjoying sport participation

Discussion

You probably found it hard to choose just four, but you may have found it helpful to base your choices on someone you know, or even your teenage self. Everything on the list can be attributed to adolescents generally, although not every adolescent would

necessarily experience all these things. You can probably think of some adults who fit these descriptions too. People commonly assume that adolescence is a particularly difficult emotional time, and even a time of crisis.

Step 2: Now, watch this video of a comedy sketch depicting ‘Kevin’s thirteenth birthday’ from the BBC series ‘Kevin and Perry’ starring Harry Enfield.

View at: youtube:dLuEY6jN6gY

Video 2: Kevin’s thirteenth birthday (The Open University is not responsible for external content.)

Note down anything that reminds you of becoming a teenager!

Provide your answer...

Discussion

You probably found many moments of amusement and familiarity! One particularly noteworthy moment is when Dad says, ‘he’s losing the power of rational thought’.

The idea that adolescence is a time of crisis (or ‘storm and stress’) goes back to **Psychologist G. Stanley Hall** (1904) who described it in very unflattering terms, claiming that, ‘[the period of adolescence] is strewn with wreckage of body, mind, and morals. There is not only arrest, but perversion, at every stage, and hoodlumism, juvenile crime, and secret vice’ (Hall, 1904, p. xiv). Hall believed that young people were in the grip of powerful biological changes that they could not control.

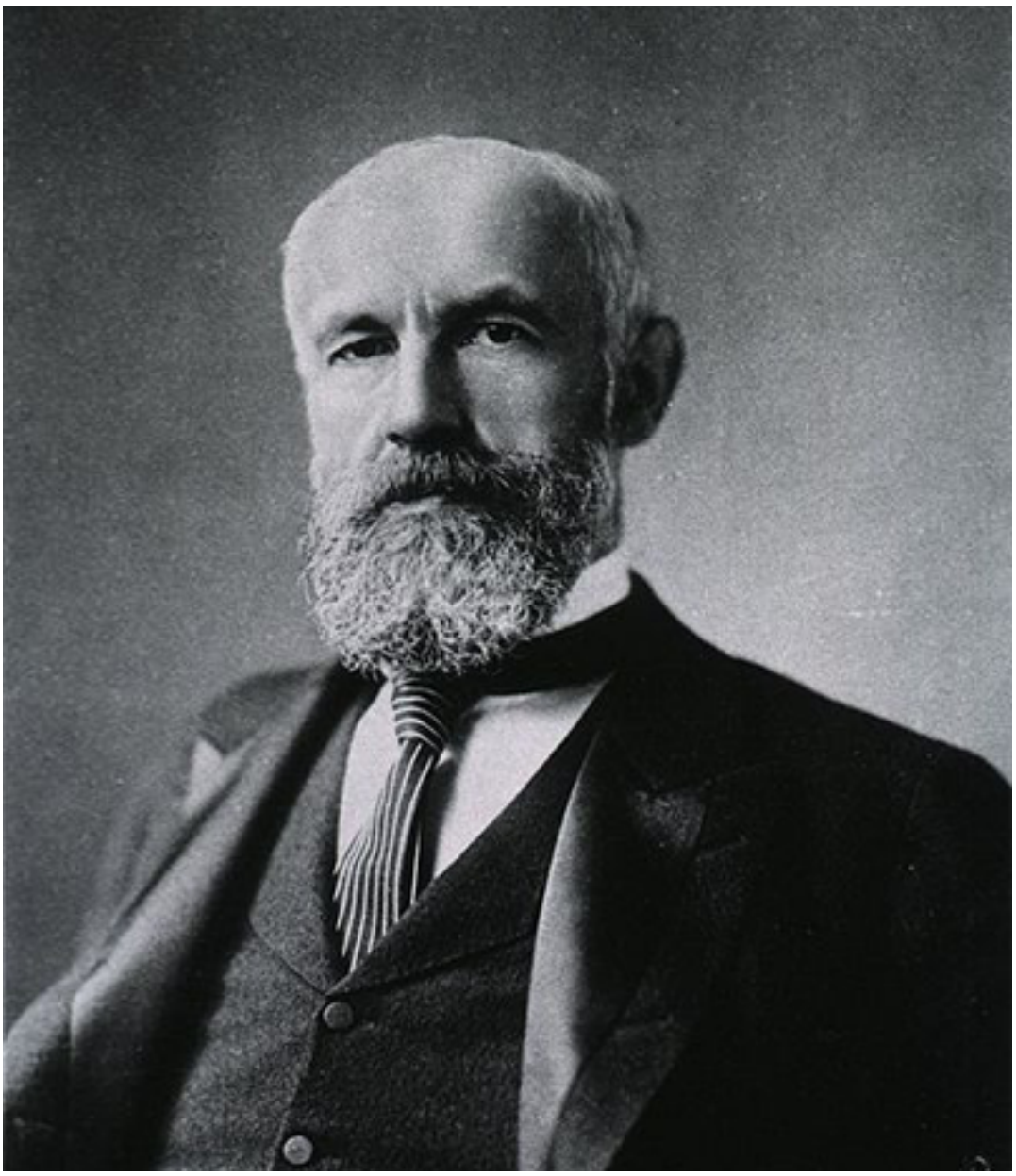


Figure 2: Stanley Hall

Although he acknowledged that adolescence could be a time of creativity, and crucial to the later development of personality, he also saw it as a time of instability, extremes and contradictions. For example, he saw that young people:

- wished for solitude and seclusion, but also longed to become embedded in friendships and romantic relationships, which took on an overwhelming importance in their lives
- were liable to be full of energy and creativity, but also to descend into gloom and despair
- were capable of idealism and sensitivity, and yet could be extremely cruel and callous
- yearned for idols and for people to look up to and yet rejected ideas of authority and the status quo.

Attitudes have changed since Hall's time. Adolescence is not necessarily a time of storm and stress. Along with the term 'crisis', these troublesome-sounding concepts may be unhelpful because they perpetuate the idea that adolescence is a problem. Many adolescents do not experience conflicts or crises, and move easily from childhood to adulthood. Nevertheless, Hall's theories of the characteristics of young people have remained highly influential and have coloured subsequent research.

1.1 A time of rapid change

When does a child become an adolescent, and when does adolescence end? These may sound like simple questions, but the answers are not simple. Here are a few definitions of the timing of adolescence. Click on each box to see the explanation. There is a long description button below the figure if this is easier to learn from.

Interactive content is not available in this format.

Interactive Figure 3: Definitions of the timing of adolescence

There are many ways of viewing adolescence, and at its core it represents a time of rapid development initiated by hormonal changes. Next, you consider some of the detail.

1.2 Body changes

In adolescence, young people are going through significant physical changes brought on by puberty. They are growing taller, developing secondary sexual characteristics, and their bodies may well be changing in ways that they cannot recognise or that they actively dislike. They are becoming sexual, responding to members of the opposite sex in different ways, or becoming attracted to members of their own sex. The body is a primary site of identity and clearly these physical changes will have a great impact on who they are, on whether they see themselves as a child, on whether they understand themselves as sexual or sexually attractive, and on how they behave with this knowledge.

In girls, changes include breast development, menstrual periods, widening hips and growth of pubic hair. In boys, the testicles, scrotum and penis enlarge, facial and pubic hair grows, their voices deepen and they experience 'wet dreams' (Wiley and Corey, 2018). Changes in body composition during development mean that girls accumulate relatively more body fat while boys develop relatively greater muscle mass (Abreu and Kaiser, 2016). Figure 4 summarises the main features of puberty:

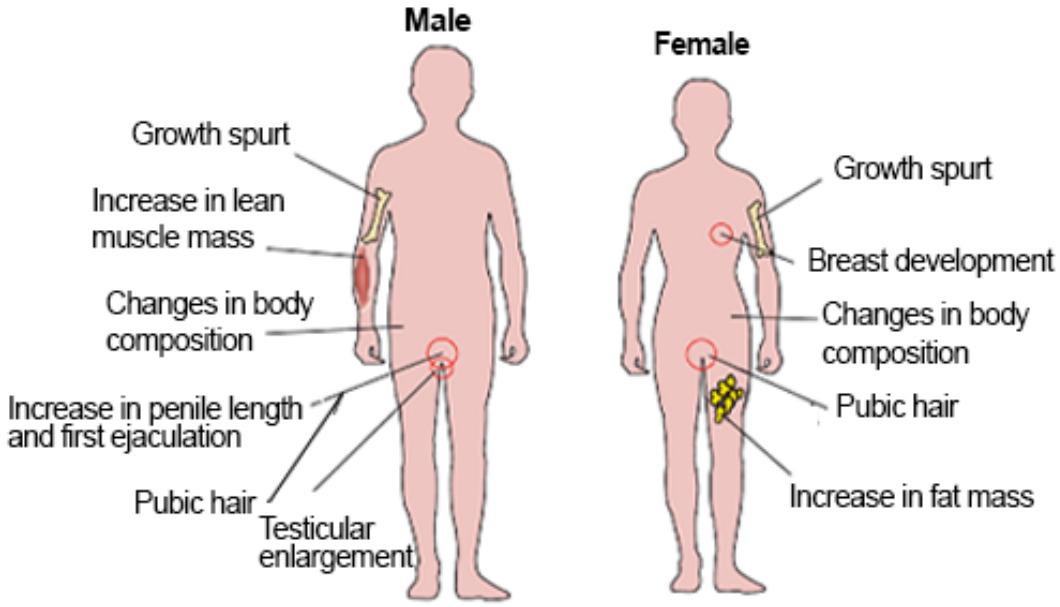


Figure 4: Physical changes and secondary sexual characteristics that appear during puberty.

Activity 2: What body changes mean to young people

Allow about 10 minutes

Spend a few minutes thinking about the implications of changes during puberty for young people. You might have vivid memories of your own experiences.

Discussion

You may have thought about young people becoming self-conscious about the visible changes. Girls might begin to experience harassment in public places (‘wolf whistles’ for example). Boys may feel peer pressure over penis size or their voice dropping. You might have memories of your first bra or your first facial shave (depending on your sex). There will be a whole range of implications, and they can be quite individual.

1.3 Social changes

In the opening video, Martha and Josie talk about adolescence as a time of great change and often confusion. Whilst they describe many of these changes as challenging, particularly the pressures that many friendships bring, they also reflect on adolescence as a period of excitement marked by increasing responsibilities and new experiences. During adolescence, social spheres are expanding, often coinciding with a move to larger schools and a greater range of options for leisure activities or paid work. There is a tendency to move away from reliance on adult role models (e.g. their parents and caregivers, teachers and mentors) towards an increased emphasis on striving for autonomy, individuality and self-reliance. Friendships rise in level of importance for many and young people rely more on the opinions of friendship groups for approval rather than

parents and other caregivers. This need for peer group approval can however, enforce risky behaviours such as drinking alcohol or smoking cannabis (Kehily and Pattman 2006).

The centrality of friendships lasts throughout adolescence but falls off by late adolescence when the importance of belonging to a crowd or a particular group is replaced by the need to become part of a more intimate relationship. In the next activity, you'll think about elements of adolescent relationships.

1.4 Adolescence and emotion

At the onset of puberty, there are clear changes occurring in the brain on a young person's journey towards emotional maturity. As you will see in the next section, adolescence is a time of great change in brain development, with implications for how young people recognise and regulate their own emotions (Yurgelun-Todd, 2007). These changes also appear to bring about an increased risk of problematic behaviours and emotions (Steinberg, 2005).

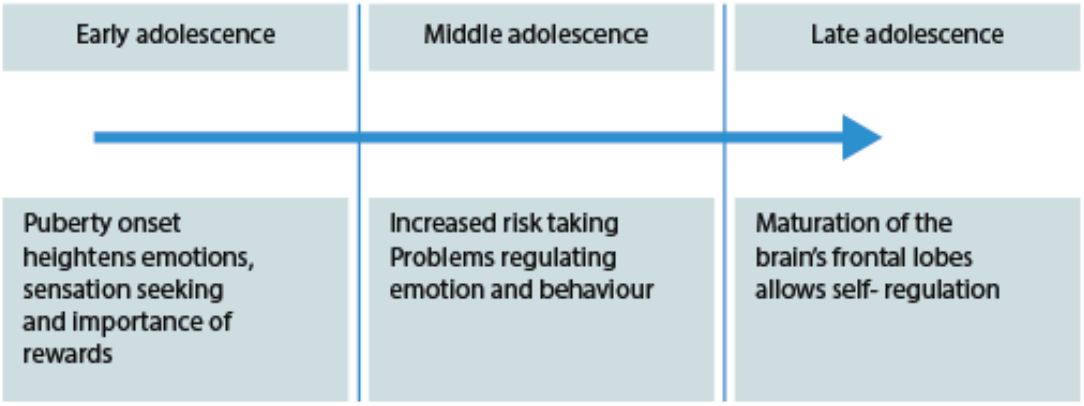


Figure 5: Typical trajectory for adolescent emotional development, adapted from Steinberg (2005)

You may remember that young people are beginning to distance themselves from their parents and caregivers. This means that adolescents may find themselves relying on their own slightly 'wobbly' emotion regulation capacities at a time when they are facing new social challenges.

1.5 Challenges of adolescence

In early adolescence there tends to be a heightening of emotions where young people often seek thrills and challenges (Steinberg, 2005). There is some evidence that adolescents experience greater extremes of high and low emotion (Larson *et al.*, 1980) and that average daily mood becomes more negative between the ages of 9 and 14 (Larson and Lampman-Petraitis ,1989). Perhaps some of the stereotypes about adolescence actually contain a grain of truth!

Figure 6: Kevin the teenager

It has also been found that having a boyfriend or girlfriend is particularly associated with wide mood swings (Larson *et al.*, 1996) and it has been argued that this is one of *the* major sources of stress and emotional pain for many adolescents (Larson *et al.*, 1999). For young people who do not identify as heterosexual ('straight'), the emotional challenges may be even greater. The next activity asks you to consider a range of adolescent challenges.

Activity 3: Adolescent challenges

Allow about 15 minutes

Watch the video again (from the Session 2 Introduction).

Video content is not available in this format.

Video 1 (repeated): Reflecting on adolescence

What do you think are the most important challenges that the young person is facing? Jot down a few notes next to each of these:

physical	*Provide your answer...*
emotional	*Provide your answer...*
social	*Provide your answer...*

Discussion

Martha and Josie reflect on their own experiences during adolescence as a challenging time, characterised by intense emotional experiences, physical changes, enhanced responsibilities, increasing demands in education and learning and pressures amongst peer groups to look and behave in particular ways. They also reflect on adolescence as a period that brings new and exciting opportunities to socialise and be more independent.

Some of the most enlightening research of recent years has come from neuroscience and neuropsychology. You'll explore many of these themes next, through a 'neuroscience lens'.

2 The adolescent brain

Understanding more about adolescent brain development can help you to understand how to support a young person's mental health. Neuroscience is the scientific study of the nervous system. According to neuroscientists, adolescence constitutes a period of significant transformation in the brain. Neuroscience has advanced considerably since the late 1980s when new imaging techniques such as those you may have already heard of including **CT scans** and **MRI scans**, have allowed detailed images to be made of living brains. These images have allowed scientists to understand more about how brains function and develop.

The brain is the 'control centre' of the entire nervous system, which comprises nerve cells that transmit messages within the brain as well as between different areas of the brain and the rest of the body. In different parts of the brain, signals from the body are translated into perceptions, feelings, thoughts and actions.

You may be aware that various areas of the brain perform different functions. For example, the occipital lobe at the back of the brain (see diagram below) is responsible for converting the nerve signals originating in the eye into images that you can perceive as 'sight'. The two areas of the brain that have received the most attention from neuroscientists studying adolescence are:

- the prefrontal cortex
- the limbic system.

Study Figure 7 to familiarise yourself with the locations and broad functions of the prefrontal cortex and the limbic system before moving on to the next activity.

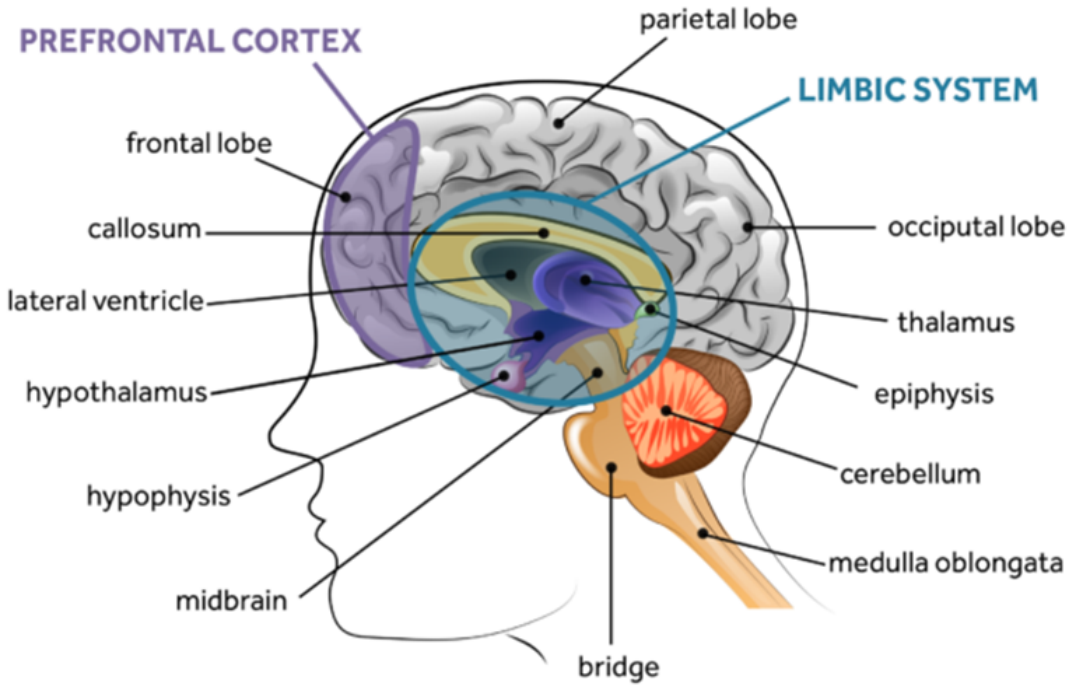


Figure 7

Activity 4: Brain changes during adolescence

Allow about 40 minutes

Step 1: Watch the first 4 minutes of the TED Talk [to 4.04], in which Sarah-Jayne Blakemore describes some of the changes occurring in the brain during adolescence. Jot down three (or more) pieces of information that you find interesting.

Sarah-Jayne Blakemore's TED talk: The mysterious workings of the adolescent brain

Provide your answer...

Discussion

Did you get any of these?

- MRI scans have helped to show that brain development continues well beyond the first few years of life, contrary to what people previously believed
- The brain continues to develop into our 20s and 30s.
- The prefrontal cortex is proportionately bigger in humans than any other species
- The prefrontal cortex is important for planning, inhibiting inappropriate behaviour, understanding other people, and self-awareness.
- Grey matter volume peaks in early adolescence (around 12) and then declines.
- Grey matter reduction is known as 'pruning', removing the 'weaker branches' and fine-tuning the brain.

The grey matter is where the 'thinking' occurs in the prefrontal cortex, and the white matter carries messages between different parts of the brain.

Step 2: Watch the TED talk from the 4.04 minute point to 8.30. in which Sarah-Jayne Blakemore explains how functional MRI scans have shed light on social functions of the brain. She also describes an experiment. Before you move to the next step, make predictions of the outcomes of the experiment. Select one each from the two pairs of statements. Note that in psychology experiments 'conditions' are situations that participants are subjected to.

○ Both adults and adolescents found the task more difficult with the 'director' than with the 'rules only' condition.

○ Only adolescents found the task more difficult with the 'director' than with the 'rules only' condition.

and

○ The ability to take someone else's perspective in order to guide their behaviour is well developed in early adolescence.

○ The ability to take someone else's perspective in order to guide their behaviour is still developing in mid to late adolescence.

Step 3: Watch the TED talk from 8.30 to 11.39 to discover the outcomes of the experiment. Then, consider for a moment how many aspects of adolescent behaviour could be a reflection of normal brain development.

Discussion

The outcomes of the experiment showed that:

- Both adults and adolescents found the task more difficult with the 'director' than with the 'rules only' condition.

- The ability to take someone else's perspective in order to guide their behaviour is still developing in mid to late adolescence.

Hold your initial thoughts about the link between adolescent behaviour and their brains as you move to the next step.

Step 4: Watch the TED talk from 11.39 to 14 minutes (to the end) and consider the following questions:

- What does Sarah-Jayne Blakemore say about how adolescents process emotion?
- What benefits could there be in having an 'adolescent brain'?

Make notes here:

Provide your answer...

Discussion

In adolescence the limbic system, which is involved in emotion reward processing, becomes hyper-sensitive to the rewarding feeling of risk-taking. At the same time, the prefrontal cortex, whose role is to control impulsive behaviour, is still under development. This may explain the thrill-seeking behaviour of adolescents. In their drive to become more independent from parents and impress their friends, they can also succumb to peer pressure to take more risks.

Brain research has implications for people who work with children and young people because it shows that the brain is particularly adaptable and adolescence is an excellent time for learning.

Linking adolescent behaviour with brain development can help people accept adolescence and some of the behaviours that are displayed then as a normal process rather than see it as abnormal or deviant. Risk-taking and peer pressure are two characteristics that are strongly associated with adolescence, and you'll consider these further next.

2.1 Peer pressure and risk taking

You have already learned about an experiment, in which two different 'conditions' (the 'director' and 'rules only') were tested with different age groups.

Figure 8: Adolescents may take more risks when with peers

Psychologists Gardner and Steinberg (2005) conducted an experiment to explore age differences in risk taking. They asked their participants to play a computerised driving game in which they were able to take risks (e.g. driving through an amber or red light) in the pursuit of accruing points, with the aim of getting as many points as possible. They split participants into three age groups (13-16, 18-22, 24+) and assigned them randomly to one of two conditions – playing alone or in the company of two age-matched peers.

Their findings (see figure below) demonstrated that risk taking was greatest in adolescents in the company of their peers, followed by adolescents who were alone. Young adults took greater risks when with their peers, although this was of a lower magnitude, and adults took fewest risks both when alone and with peers.

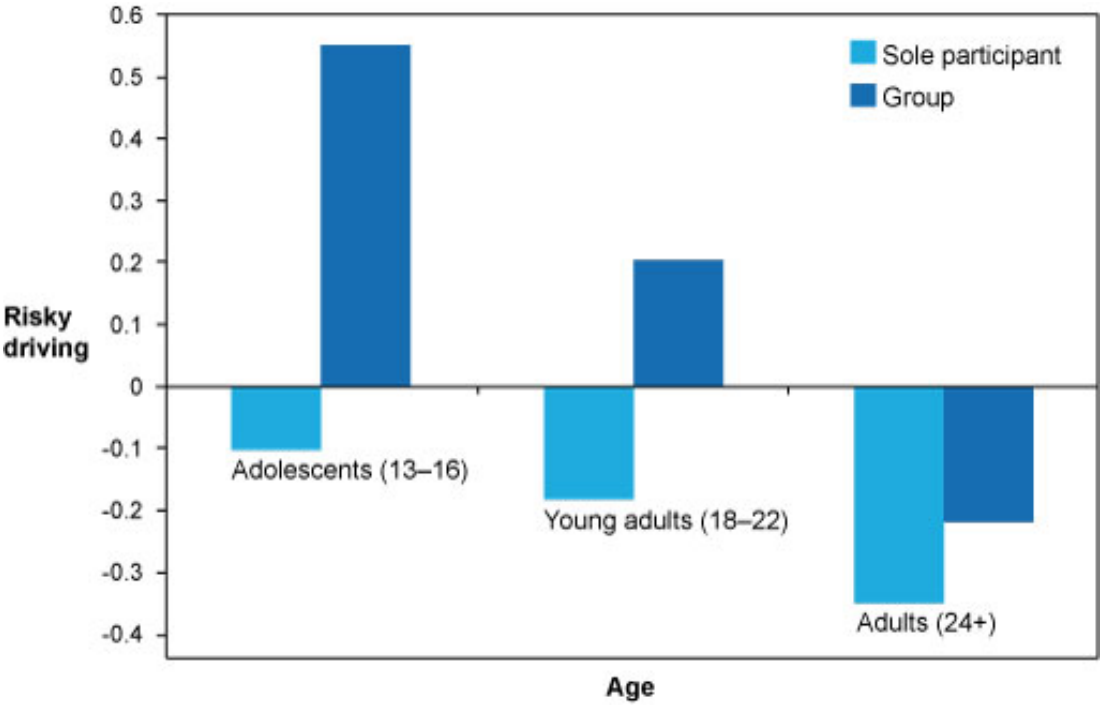


Figure 9: Interaction between age of participant (adolescent, young adult, adult) and individual v. group performance on a computerised game of risky decision making (Gardner and Steinberg, 2005)

This study appears to demonstrate that peers have an important role in adolescent risk-taking, and supports the assertion that peers become of greater significance during adolescence. This is, of course, a laboratory-based study and how this relates to actual real-world processes is unclear.

It is still not well understood how an individual's experiences and behaviours may influence their brain development, or what the implications of certain experiences or learning opportunities in the adolescent period are for the subsequent adult brain. This area of brain development is known as 'experience-dependent plasticity' (Dow-Edwards *et al*., 2019, p. 2). 'Plasticity' refers to the ability of the brain to adapt its structure and function in response to accumulated experience and behaviours. A classic example of plasticity is learning to play a musical instrument, in which the nerve pathways involved in controlling movements, reading music and listening to the sounds produced, are reinforced with practice (Herholz, 2012).

Research focusing on the effect of alcohol or drugs on the developing adolescent brain has revealed that these substances can interfere with normal brain development (Dow-Edwards *et al*., 2019; Spear, 2018). It may be encouraging to know that there are signs that young people are beginning to reject social pressures to drink alcohol (Larm *et al.*, 2018; Vieno *et al*., 2018). In the next section, you'll consider some of the other challenges of social pressures.

3 The social world of adolescence

The social world of adolescents is central to their health and wellbeing. It can make young people feel vulnerable as well as provide opportunities for support. In this section, you will consider vulnerability in more detail.

Figure 10

In the opening activity, you will reflect on the social context of adolescence, the pressures it places on young people, and how they might respond.

Activity 5: Identifying sources of pressure

Allow about 10 minutes

Step 1: First, jot down the first thing that comes to mind about adolescent social pressures, e.g. the pressures to meet expectations of other people in their social world of family, friends, peers, communities.

Provide your answer...

Answer

Did you base your answer on your own experience or someone you know? It can be easier to tune into your own feelings than to understand someone else's world. Those the course team brought to mind were social media pressures, conflicts with parents and concerns about educational performance.

Step 2: Watch this video and make a note of some the factors that are mentioned by John Goss.

Video content is not available in this format.
Video 3: John Goss on sources of pressure

Provide your answer...

Discussion

Below are some sources of the social pressures young people experience. You may also have picked up some of these from the video at the beginning of this session.

- Managing friendships
- Family relationships
- Romantic relationships
- Exam pressures
- Health concerns about self or others
- Lack of clear career motivations/ambitions
- Bullying
- Fitting in with social groups
- Social media
- Caring for others
- Loneliness or social isolation

Step 3: Read the list and think about a young person you know. How many of these pressures do you think they may be experiencing? **Tick the three most important ones to you**. There are no right or wrong answers here. To open up the discussion for this step, once you have selected your choices continue to click all the other options and select 'Check Your Answer'.

- ☐ Managing friendships
- ☐ Family relationships
- ☐ Romantic relationships
- ☐ Exam pressures
- ☐ Health concerns about self or others
- ☐ Lack of clear career motivations/ambitions

Discussion

It is worth bearing in mind that even if a young person seems to be sailing through life and coping well, there's a good chance they will still be experiencing a significant number of social pressures. A young person who is clearly having difficulties is more likely to need some support to manage them, and you will find out more about this in Session 6.

Some social situations can be difficult and challenging. You'll consider the challenges of bullying and loneliness next.

3.1 Bullying

Bullying is an extreme form of social pressure.

Figure 11

According to Bullying UK (2019), bullying can be defined as: 'repeated behaviour which is intended to hurt someone either emotionally or physically, and is often aimed at certain people because of their race, religion, gender or sexual orientation or any other aspect such as appearance or disability.'

If you have any experience of bullying, you will appreciate that bullying can be subtle, cumulative, and not easy to describe to someone. The bullies themselves may be struggling to handle their own situation. In the next activity, you will watch a video created by young people who have experienced bullying.

Activity 6: Anti-bullying campaign

Allow about 10 minutes

Watch this anti-bullying campaign video and make a note of the main message you take from it.

View at: youtube:wrTJIp14O-w

Video 4: Winners of Anti bullying campaign video - Virus by PQA Torbay (The Open University is not responsible for external content.)

Provide your answer...

Discussion

The video expresses some of the ways in which a person can feel the effects of bullying, e.g. blame, manipulation, insecurity. It also makes clear points about the links between bullying and mental health (of both the victim and the bully).

Bullying is a common experience. A large Canadian study on the extent of bullying in young people found that 58% of girls and 68% boys had experienced some form of bullying during a year (Salmon *et al.*, 2018). Types of bullying included physical threats or injuries, ridicule, saying something bad about their race or culture or sexual orientation or their appearance, and applying pressure in social media. Cyberbullying can be particularly difficult to escape as it can spread rapidly through social media (Hill *et al.*, 2017)

Bullying can be particularly hurtful in the context of adolescence where peer relationships are so pivotal. Loneliness can also inflict pain in adolescence, and you'll explore this next.

3.2 Loneliness

Adolescents are driven to form friendship groups, from which they gain a sense of belonging and in which they can form their own sense of identity. Feeling 'left out' for any reason can lead to loneliness. Loneliness research is an important area for improving understanding of how to help young people who are experiencing loneliness. According to UK (England) statistics, about 10% of 16 to 24-year-olds report feeling lonely 'often/always' and 23% report feeling lonely 'some of the time', which is significantly greater than people in older age groups (ONS, 2018). Comparable figures are not available for those under 16.

Research carried out during the COVID pandemic indicates how many children and young people find social isolation exceptionally difficult and challenging to their mental health and may add to many worries they have about their own health and the health of their loved ones.

You can read more about the impact of the COVID pandemic here (remember to open these links in a new tab or window, so you can return to the course when you are finished):

- Teenagers' mental health under severe pressure as pandemic continues - new research
- Pandemic takes toll on young's mental health, says report
- The impact of COVID-19 on linguists and their mental health
- Grief and COVID-19: Mourning what we know, who we miss and the way we say goodbye
- Five ways in which COVID-19 has impacted on progress in global health
- Coping in isolation: Time to Think

- How can Adult Carers get the best support during Covid-19 pandemic and beyond?
- How does COVID-19 affect cancer treatment?

Later in this course you will also have the opportunity to hear about young people's experiences during lockdown and the impact of COVID on adolescent mental health.

Loneliness researcher Gerine Lodder has given a TED talk on adolescent loneliness. To get a sense of a young person's experience of loneliness, work with the video in the next activity.

Activity 7: the experience of loneliness

Allow about 20 minutes

Step 1: Watch Video 4 from the beginning to the 3.30 minute point. What are first the two misconceptions about loneliness Gerine Lodder describes?

Video content is not available in this format.

Video 5: What you don't know about adolescent loneliness | Gerine Lodder | TEDxGroningen

Provide your answer...

Discussion

The two misconceptions are:

Loneliness is only a problem in older people

Loneliness is just a normal part of growing up

It is important to realise that feelings of loneliness are to some extent normal – as part of a normal range of emotions – yet chronic loneliness can be debilitating and problematic.

Step 2: Continue watching Video 4 to 4.32 minutes. Notice what Gerine Lodder says about the effects of loneliness on a young person's health.

Discussion

Loneliness affects young people's mental health, causing depression and lower self esteem. It can also affect physical health and wider success in society. We should pay attention to our children's social health, because it has an impact on everything else.

Step 3: Continue watching Video 4 to the end. Write down the third misconception and the 'real' explanation:

Provide your answer...

Discussion

The third misconception is that young people are only lonely because they are on their phones all the time. The 'real' answer is that they are lonely because they have no access to peers, may lack the social skills, may feel captured inside their own heads, in the way they perceive their social world. Fortunately, encouraging young people to talk about their relationships can help.

Later in this course you will focus on the different strategies and approaches that can be used to support a young person who is experiencing mental health difficulties perhaps in relation to feelings of loneliness and bullying.

You have covered a lot of ground so far, thinking about the characteristics of adolescence. In the next section, you'll consider the implications of all this in relation to how people might set the limits on what is 'normal'.

4 What's 'normal' and 'abnormal'?

Adolescence is often viewed very negatively, with young people seen as out-of-control, irresponsible, threatening, lazy, discontented, sexually obsessed, naive and difficult to deal with. A young person is often seen as a troublemaker or as a nuisance who must 'grow up'. They are sometimes discriminated against in a way that would be unthinkable for other sections of the population – banned from shopping centres, for example, not because they have been proved to be troublemakers but because of the assumption that they will cause difficulties. This sense of social exclusion is another challenge that young people have to face, and the dislike of young people that is sometimes expressed indiscriminately in the media also contributes to adolescents' identity, albeit in a negative way. It is important to note that concerns about the behaviour of young people is not new. For example, in the 1960's there was a lot concern about the behaviour of members of the youth subcultures the 'mod and rockers', such that Stanley Cohen (1972) described it as a 'moral panic' in being a sensationalist and over the top reaction. In the 1990's there was a similar panic about EMO pop bands which were thought to encourage young people to undertake acts of self harm.

Earlier in the course, you found that many young people today seem to be experiencing an increase in mental health problems. What is certainly clear is that there has been an increasing concern in the media and elsewhere about young people's mental health, resulting in a range of reports and initiatives. Take a look at these headlines:

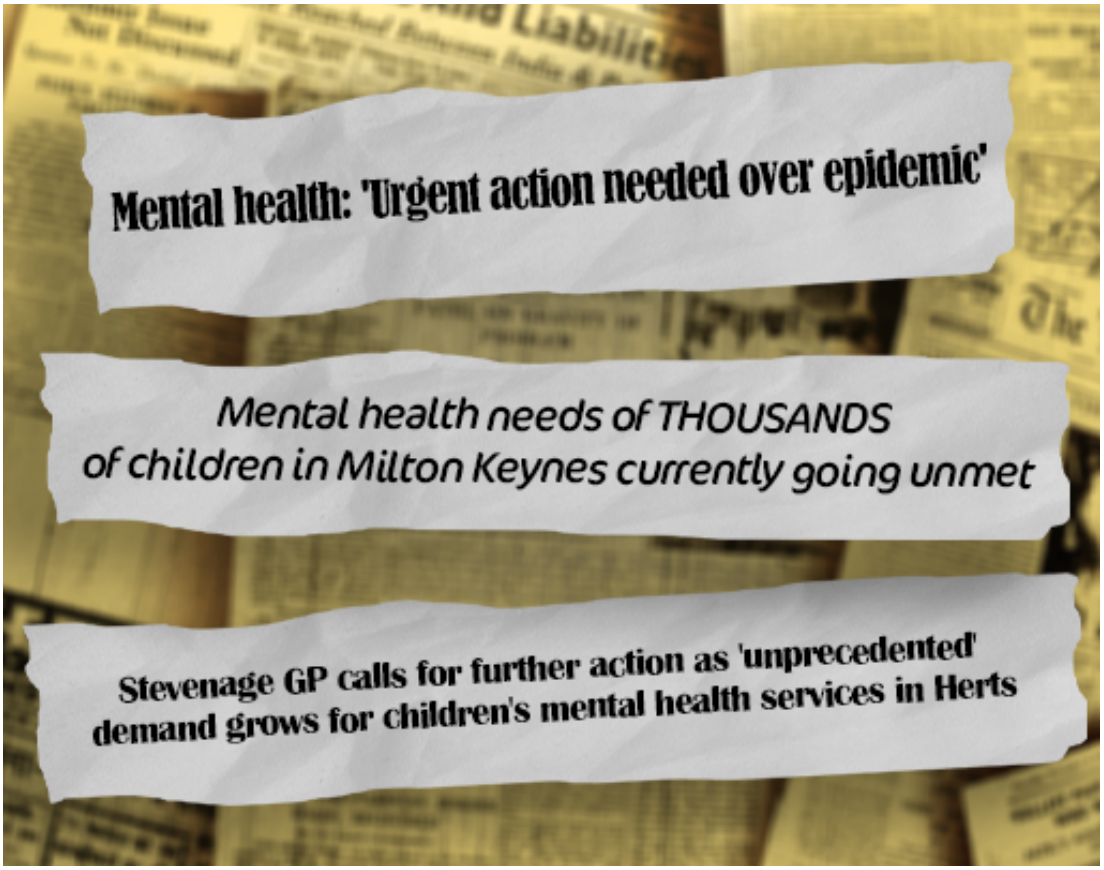


Figure 12: News headlines

It can be difficult to know when a young person needs help, and what kind of help they might need. In the next activity, you will engage with an interactive case study to see how well you are able to recognise a problem and assist a young person.

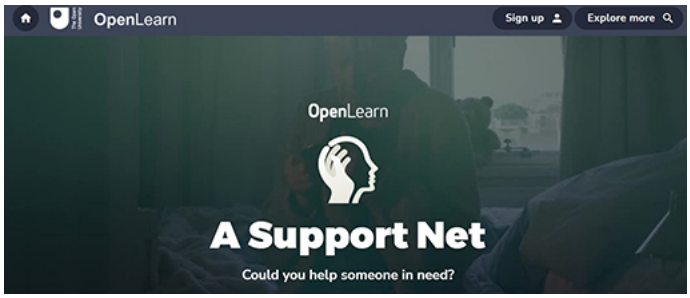
4.1 Recognising a problem

For this activity, it's not about getting it right - it's about exploring different ways of understanding young people and the different approaches that can be used to support them.

Activity 8: Helping Lily and Ethan

Allow about 20 minutes

Go to the opening page of the interactive case studies, and select either Lily or Ethan. Work through the whole activity with one of them.



Click here to explore the activity. Remember to open the link in a new window or tab so you can refer back to the course when you are ready.

Discussion

Did you identify the issues Lily or Ethan were dealing with? If you have time, you might want to repeat the activity with the other case.

Are you any closer to deciding what a 'normal' adolescent looks like? Changes in the brain, which are independent of cultural judgements about adolescence, indicate that you can expect swings in emotion, a greater tendency to take risks, and immature decision-making abilities as the norm. You might expect more arguments as adolescents test their social boundaries. When young people reach a point where they become unable to function in a way that promotes their longer-term health and wellbeing, you may have cause for concern. Some of this ability to cope with difficulties will be discussed in Session 5, which is about **resilience**.

Mental health difficulties, similarly, become a cause for concern when the young person is struggling to cope. The diagram below, produced by the UK Centre for Mental Health, shows a spectrum in which there may be no clear dividing line between the transitions from trouble-free mental health, a situation where a young person is coping well with challenges, to points where they struggle or become unwell. As you continue through this course, you'll refer to this spectrum periodically.

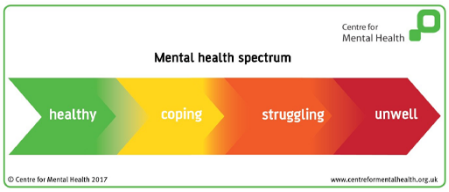


Figure 13: Mental health spectrum

5 This session's quiz

Check what you've learned this session by taking the end-of-session quiz.

Session 2 practice quiz

Open the quiz in a new window or tab then come back here when you've finished.

6 Summary of Session 2

The main learning points of this session are:

- The long-standing idea that adolescence is a time of crisis (or 'storm and stress') is partially supported by more recent research although it is also evident that the influences on adolescent are complex and cannot be reduced to such a general-isation. Adolescents are living through changes in their bodies, their social world and the ways in which their emotions guide their behaviours.
- Brain changes during adolescence, which have been discovered by the use of MRI and fMRI imaging, affect the way adolescents make decisions and learn. During this time of transition, young people may engage in risk-taking and become more receptive to peer pressure. Brain plasticity means that this is a good time for learning as well as susceptibility to the effects of alcohol and drugs.
- Sources of difficulty in the adolescent's social world include bullying and loneliness, which are heightened by the drive to feel a sense of belonging to friendship groups.
- There is no clear dividing line between 'normal' and 'abnormal'. Encouraging young people to talk about what is happening in their lives can help them to cope and make healthy decisions.

Now go to Session 3.

Session 3: Different dimensions of adolescent mental health

Introduction

Mental health becomes a problem when it interferes with daily life.

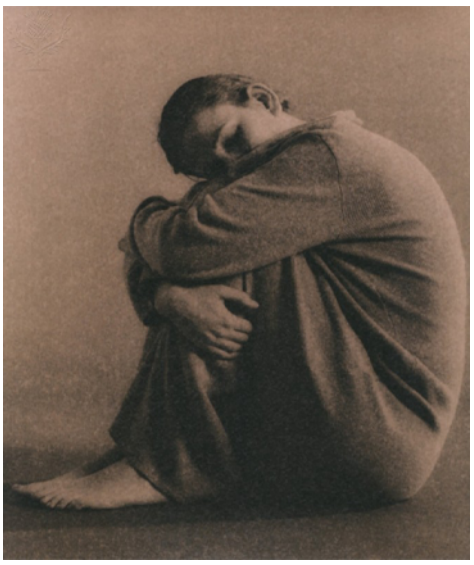
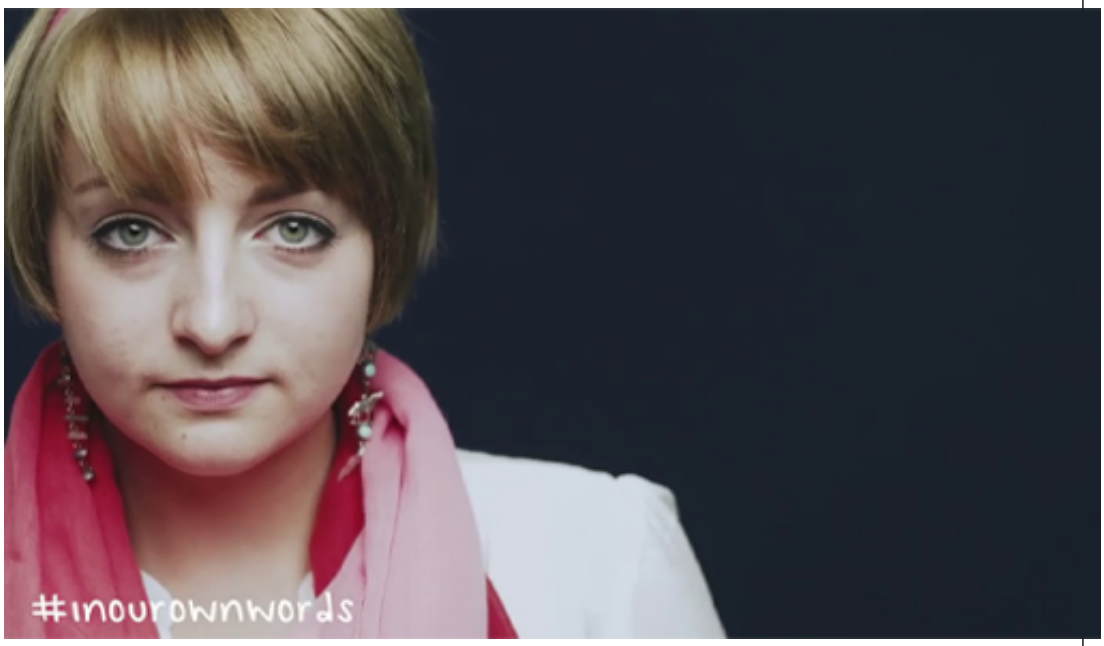


Figure 1

Although individuals vary, there are certain signs and behaviours that can signal that a young person is struggling with their mental health and in this session you'll learn about some of them. Mental health depends on social, emotional and psychological wellbeing. The causes of mental health problems are often a combination of biology (how the brain and body work, especially in response to stress), psychological traits (e.g. personality type), the social environment (life experience), and sometimes certain chemical substances (such as alcohol or marijuana). A tendency to develop mental health problems can run in families, although the reasons for this are complicated and may include inequalities and poverty that run between generations. There is still a great deal of debate among researchers about how these factors interact. However, most experts now agree that there is rarely a single cause.

To get started on understanding some of the different dimensions that can affect mental health, watch the video, which features a group of young people describing their own experiences of mental health problems.

Video content is not available in this format.
Video 1: Mental health in our own words



This session will introduce you to four sets of common mental health problems, starting with anxiety and depression. Anxiety and depression are commonly used terms, and you will get below the surface to discover what they mean. Anxiety and depression can sometimes develop into other behaviours such as eating disorders and self-harm. On your journey through this session, you may encounter material that can be unsettling, although we hope that the knowledge and understanding you gain will help you to become a more effective supporter of young people who are struggling with their mental health. If you are affected by any of the course material please refer to our support notes at the end of this session.

Learning Outcomes

By the end of this session, you should be able to:

- describe some of the characteristics of a range of mental health problems
- recognise the potentially unhelpful behaviours that can arise with mental health problems
- identify measures that enable you to help young people who are experiencing mental health problems.

Some conditions are not covered here, for example, bi-polar disorder, Obsessive Compulsive Disorder and schizophrenia, including auditory hallucinations and substance abuse. You can find links to information about these conditions in the Further reading section.

1 When does mental health become ill-health?

According to the World Health Organization, 'Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others' (WHO, n.d.).

There may be no clear dividing line between a situation where a young person is coping well with challenges, to a point where they struggle or become mentally unwell. As you can tell from the video you watched in the session introduction, problems with mental health can unfold gradually to a point where the young person and the people around them realise they have a serious problem. In the next activity, you'll revisit the video and consider where to place these young people on the mental health spectrum.

You first saw this spectrum in Session 2. At the green 'healthy' end, there would be no particular cause for concern, except to ensure that the young person has the support and skills necessary to deal with everyday life. In the yellow 'coping' zone, the young person may be experiencing difficulties and need extra help to prevent any problems developing further. In the orange 'struggling' zone, the problems may become more visible and it is possible a diagnosis of a mental health problem will be made. An 'unwell' young person who has a very serious problem may need highly specialised help.

Activity 1: A spectrum of mental health

Allow about 20 minutes

Think about the mental health spectrum in Figure 2 and consider each of the case studies below of young people who are experiencing emotional challenges. As their stories progress, think about where they would be on the spectrum.

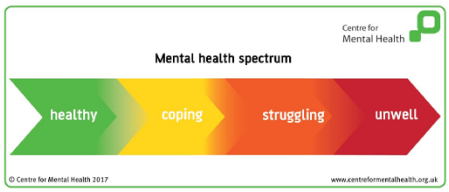


Figure 2: Mental health spectrum (repeated from Session 2.)

Case 1: Jack

Jack had surgery and found it really difficult to play sport and go out with his friends, he found it really hard to cope with this. He became really sad and spoke to a teacher at school who tells him he needs to pick himself up and get on with it. But then as he continued to struggle to get to sleep, he then started to find it hard to get up in the morning and struggled to concentrate in lessons. He finally got help when he refused to go to class.

Case 2: Suzie

Suzie is shy and got bullied at school as a result. This really affected her self esteem and confidence. It also started her worrying when speaking in groups. This kicked off anxiety and she found it hard to enter particular classrooms where she knew the bullies were – she started missing these classes.

Case 3: Bob

Bob started questioning their gender identity from the age of 15. This became a big problem when they shared it with a friend who then broke their confidence and now the whole of her class know. They started to self harm and found they woke up in the middle of the night and could not get back to sleep. Their swim teacher noticed the marks on their arm were bleeding and reports it to her mum.

Discussion

The spectrum can be a useful tool for understanding the varying nature of mental health. Although mental health problems are very particular and personal to the individual, their experience also takes place within the context of wider social and environmental influences. As you can see from these case studies, each of the young people moved through a range of emotions, and that recognising the difference and the point at which it was interfering with their life was crucial and reflected when the adults around them recognised there was a need for a solution.

Although mental health problems can sometimes make people feel trapped in cycles of unhelpful thoughts, feelings and behaviours, it is important to realise that with the right help solutions can be found. Going forward in this course, you'll come across many examples of how family and friends as well as professionals can help young people.

Everyone has set-backs that can make them feel low, sad or anxious. However, we often know when all is not as it should be, and the next section considers when anxiety becomes a problem.

2 Anxiety

Anxiety is a normal response to situations that may threaten wellbeing. Signs of anxiety usually include feelings of being frightened, worried, nervous or panicky, and these feelings can be useful if you need to respond to a threatening situation.

Figure 3: An illustration of depression

It is perfectly normal to feel anxious before an exam, the results of which can determine future opportunities. It is also normal to feel anxious in an encounter with a growling dog, which could pose a threat to your physical safety. Many of us will empathise with the feelings of anxiety that can be heightened during a viral pandemic that also pose real threats.

If anxiety persists, young people may have difficulties sleeping, eating and being able to concentrate. When anxiety becomes a more generalised feeling that interferes with everyday life over a lengthy period, it is no longer a useful feeling and it can become a mental health problem. In the next activity, you'll read about Kim who is having a problem with anxiety.

Activity 2: Kim's anxiety

Allow about 10 minutes

Read the case of Kim, who is experiencing problems with anxiety. Then, jot down some notes in response to the following questions:

- Which aspects of Kim's experience might lead you to believe she is 'struggling' rather than 'coping' with anxiety?
- Are there any aspects of her experience you might consider 'normal'?
- What makes it difficult to decide?

Kim, who is 15, feels stressed and exhausted all of the time, sleeps badly, and has frequent headaches. She worries persistently about her schoolwork. Each morning on a school day, she gets a 'nervous tummy' and sometimes she stays off school because of this. The problem started a couple of years ago when her parents were having terrible

rows, at which point she felt incapacitated with anxiety. Since then, her parents have split up and she now lives with her grandparents.

Provide your answer...

Discussion

- Signs that Kim is ‘struggling’ include her exhaustion, headaches, taking time off school with minor symptoms. Her worries about school work, which could be normal for many, sound as though they are becoming a problem that she cannot resolve alone.
- Kim’s ‘nervous tummy’ is a common experience for many people, young and old when feeling excited or challenged by a situation. Perhaps in her anxious state she is interpreting it as a bad thing rather than recognising its power simply to signal that she is facing a challenge.
- Everyone faces anxious situations, and problematic anxiety develops over time, so the whole picture is important when deciding whether anxiety is a problem.

Feelings of anxiety may follow life events and certain trigger experiences. For many, although not all young people, learning how to regulate and manage their feelings can be helpful. Session 6 will introduce ways of helping young people.

3 Depression

Depression, thought of as a problem with low mood, is generally a feeling of sadness accompanied by a sense of hopelessness, emptiness, and the loss of interest in things one used to enjoy.

Figure 4: Depression

Young people who are depressed are more likely to be irritable or show aggression than adults with depression. They may also refuse school, perform progressively less well in education, and isolate themselves from family and friends (Roberts, 2013). Young people with depression often find it difficult to sleep, or perhaps feel sleepy or tired for large parts of the day. They may express feelings of worthlessness or guilt, and find it difficult to concentrate. You may also notice changes in their appetite.

Activity 3: Elliott's depression

Allow about 10 minutes

Read this case of Elliott, who is experiencing depression:

> Elliot, who is 16, has had difficulty sleeping in the past few months and is frequently tired. He has been spending more time alone and, despite complaining of boredom, has little energy or desire to go out with his friends. His parents have noticed that he has been much more irritable than normal and that he doesn't seem to be doing much homework these days. When asked about these changes, he says he feels worthless and that nobody likes him.

- Which aspects of Elliott's experience might lead you to believe he is 'struggling' rather than 'coping' with his low mood?
- Are there any aspects of his experience you might consider 'normal'?

- What makes it difficult to decide?

Provide your answer...

Discussion

- Signs that Elliott is ‘struggling’ include his tiredness and poor sleep over several months. Also, he seems to have stopped socialising. Expressing his worthlessness and low self-esteem is a clear sign he is struggling.
- Elliott’s irritability and lack of homework might be explained by something that happened at school that is upsetting him, which could be thought of as a ‘normal’ response.
- It can be difficult to decide, partly because it is common for adolescents to feel tired in the mornings if they are adjusting to the changes in their body clock, and Elliott’s irritability might be taken to be normal teenage behaviour, but it could also be part of his depression. As with Kim’s case, the key to identifying a struggling young person would be to notice a combination of factors over a length of time.

Many of the signs of anxiety and depression can look similar, and it will help to talk to a young person you are concerned about. You’ll explore ways of encouraging a young person to talk in Session 6. The next section explores eating disorders, which can sometimes arise when a young person is depressed or anxious.

4 Eating disorders

Eating disorders most commonly start in the mid-teens and can become serious illnesses.

In economically advanced countries, it is estimated that the proportion of adolescents and young adults experiencing eating disorders is approximately 3% (30 in a thousand) females and 0.1% (one in a thousand) males. It is easy to underestimate the amount, however, because not everyone seeks help and it can be difficult to conduct surveys that are truly representative of a community (AYPH, 2019).

Figure 5: Eating disorder

According to the National Institute for Health and Care Excellence (NICE), an eating disorder is when you have an unhealthy relationship with food which can take over your life and make you ill. It might involve eating too much or too little, or becoming obsessed with controlling your weight (NICE, 2017, p. 2).

Eating disorders can be a way of coping and/or expressing emotional distress. Causes of eating disorders are varied and are thought to include:

- low self-esteem, depression or anxiety

- family history of eating disorder and inherited genes
- relationship difficulties, peer pressure to be thin or bullying (Bould *et al.*, 2017).

A young person with anorexia nervosa, for example, becomes preoccupied with weight and body shape and tries to lose weight by restricting food intake, exercising, inducing vomiting or using laxatives. Limiting food intake can be a way of feeling in control and coping with life but the young person can also feel as though the illness controls them. It is common to deny weight loss, have an extreme fear of gaining weight and resist offers of help.

In the next activity, you'll hear about three types of eating disorder.

Activity 4: Dealing with an eating disorder

Allow about 10 minutes

Watch this video, a cartoon-style explanation of different eating disorders.

Video content is not available in this format.

Video 2: Different eating disorders

Pick out three common themes relevant to all the types of eating disorder mentioned in the video: Anorexia nervosa, Bulimia nervosa, and Binge eating disorder.

Provide your answer...

Discussion

Here are three themes that can be picked out:

- Obsession with body shape and food intake.
- A sense of control or lack of control over eating.
- Being secretive about eating.

You may also have noticed the warning signs to look out for, such as noticeable weight loss, feeling tired and cold, eating very fast or very slowly, frequently going to the bathroom after eating, and excessive exercising.

4.1 Early intervention

Early intervention in the case of an eating disorder makes a substantial difference in reducing the ongoing distress and improving outcomes. In Figure 6, you'll see figures from a survey conducted by the UK charity BeatED in 2017, which shows that it took on average 69 weeks before recognising a young person had an eating disorder and it took a further 39 weeks before the young person sought medical help.

Figure 6: The average time (weeks) spent waiting by under 19s for eating disorder treatment.

Reasons for the initial delays vary. The next activity helps you to consider some of these.

Activity 5: Reasons for a delay in seeking help for an eating disorder

Allow about 10 minutes

Which of the following could be reasons for the delay in a young person recognising they have an eating disorder and seeking medical help? Tick any you think may apply.

- ☐ Perceived stigma of mental health problems
- ☐ Family tensions making communication difficult
- ☐ Not realising the problem is serious
- ☐ Not knowing what to say or how to say it
- ☐ The young person is good at hiding their problem
- ☐ Lack of information about eating disorders
- ☐ Denial of the problem
- ☐ Most people are already well informed and know how to deal with an eating disorder

Discussion

Did you realise that they could all apply except for 'Most people are already well informed and know how to deal with an eating disorder '?

Eating disorders can create tensions and guilt in families and parents may find it difficult to help effectively (Eklund and Salzmann-Erikson, 2016). An interesting study of South Asians living in the UK found that they:

- worried about the stigma associated with mental health
- thought eating disorders could be easily fixed
- worried about privacy and confidentiality within their communities
- warned that these issues were not confined to this ethnic minority.

(Wales et al., 2017).

There is also some evidence that 16-25-year-old males do not recognise an eating disorder in themselves because they consider it a female problem (Räisänen and Hunt, 2014) and that this is a stereotype entrenched in the media (Maclean *et al.*, 2015).

Early identification is important in all mental health problems and it can sometimes prevent the development of unhealthy behaviours such as self-harm, which you will consider next.

5 Self harm

Similar to eating disorders, self-harm is an expression of emotional distress. People who self-harm tend to use it as a coping strategy for handling intense feelings such as anger, distress, fear, worry, depression or low self-esteem (SelfharmUK, 2020a and b). Have a look at the statement from the Royal College of Psychiatrists:

> Self-harm happens when you hurt or harm yourself. You may:
>
> - take too many tablets – an overdose
> - cut yourself
> - burn yourself
> - bang your head or throw yourself against something hard
> - punch yourself
> - stick things in your body
> - swallow things.
>
> It can feel to other people that these things are done calmly and deliberately – almost cynically. […]Some of us harm ourselves in less obvious, but still serious ways. We may behave in ways that suggest we don't care whether we live or die – we may take drugs recklessly, have unsafe sex, or binge drink. Some people simply starve themselves.
>
> Royal College of Psychiatrists (2016)

Activity 6: Reactions to self-harm information

Allow about 10 minutes

Read the statement from the Royal College of Psychiatrists again and note your immediate responses, selecting from the list below. Use the text box to record any further thoughts or reflections you may have. Please note, there are no right or wrong answers.

- ☐ Difficult to fully grasp.
- ☐ It must be attention seeking behaviour.
- ☐ I know someone who has done this.
- ☐ Perhaps they don't feel the pain like others do.
- ☐ I wouldn't know how to help someone with this problem.

Provide your answer...

Discussion

Some people have described self-harm as a way to express something that is hard to put into words; to reduce overwhelming emotions or thoughts; a means of escaping traumatic memories; a way to communicate to other people that you are experiencing severe distress; and/or to have a sense of being in control. As you will see in the next activity, the physical pain is real and self-harm is rarely a deliberate 'attention-seeking' act.

According to the charity Young Minds, self-harm affects up to 1 in 5 young people. An analysis of medical records has indicated that instances of self-harm are rising (Morgan *et al.*, 2017). Self-harm is mainly done in private and is often hidden, and it is a very sensitive topic, so the reliability of data about young people who self-harm has to be considered carefully. For example, has there been a genuine increase in self-harm over the past few decades, or merely more reporting, help seeking and acknowledgement of the issue?

The charity YoungMinds has written a summary of warning signs for self-harm:

> There are many signs you can look out for which indicate a young person is in distress and may be harming themselves, or at risk of self-harm, the most obvious being physical injuries in which:
>
> - you observe marks on more than one occasion
> - they appear too neat or ordered to be accidental
> - the marks do not appear consistent with how the young person says they were sustained.
>
> Other warning signs include:
>
> - secrecy or disappearing at times of high emotion
> - long or baggy clothing covering arms or legs even in warm weather
> - increasing isolation or unwillingness to engage
> - avoiding changing in front of others (may avoid PE, shopping, sleepovers)
> - absence or lateness
> - general low mood or irritability
> - negative self-talk – feeling worthless, hopeless or aimless.
>
> 'At first we thought he was just accident prone, it was easy to miss, he always had an explanation as to how he'd got hurt.'
>
> (Source: Young Minds, 2020, p.3)

You will see some similarities with other mental health problems such as eating disorders, and it is important to realise that the accumulation of signs should raise warning signals.

5.1 Breaking the self-harm cycle

Self-harm is an expression of emotional distress, or of relief of unbearable tension and a sign that something is seriously wrong – it can also be an attempt to communicate internal distress and a need for help. For these reasons, and because of the physical damage people may inflict on themselves, witnessing self-harm in someone you care for or about can be distressing. It can also be puzzling, trying to understand what drives a person to hurt themselves in these ways. If, however, a young person is brave enough to seek help in relation to these behaviours, this should be considered an act that has taken courage and needs a sensitive response.

Figure 7: The self-harm cycle

There are no clear-cut explanations about why people begin to self-harm. Reasons that have been put forward include a reaction to specific difficult or unpleasant experiences, and a way of dealing with something that is happening now or that happened in the past. Other common reasons suggested are:

- bullying
- difficulty at school
- sexual, physical or emotional abuse
- failure of relationships (Smith, 2013, p. 5).

Given the highly individual nature of this type of act, it is important not to make too many assumptions. The next activity will help you to consider these issues further.

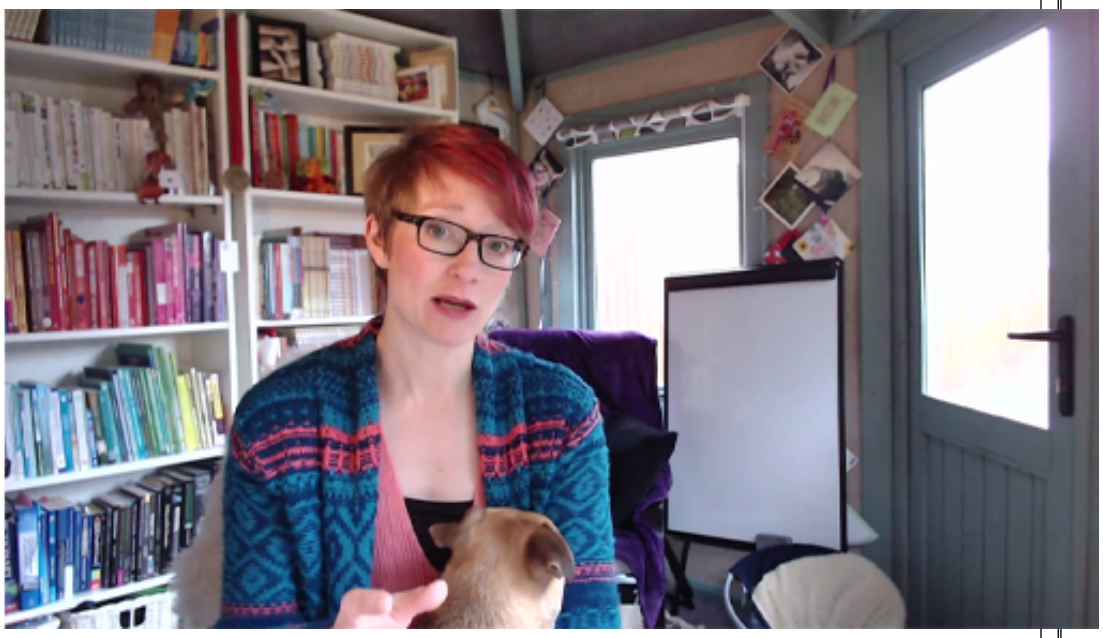
Activity 7: Understanding the self-harm cycle

Allow about 15 minutes

Watch the video 'Understanding and breaking the self-harm cycle' presented by Child and adolescent mental health expert Pooky Knightsmith.

Video content is not available in this format.

Video 3: 'Understanding and breaking the self-harm cycle' presented by Child and adolescent mental health expert Pooky Knightsmith.



If you know someone who is self-harming, make a note of one or two things you might be able to do to begin breaking the cycle.

Provide your answer...

Discussion

Understanding how a young person can get stuck in the self-harm cycle is a good starting point. Act as early as possible, remembering that talking about the problem is a good thing. Also, exploring 'healthy' coping strategies as alternatives to self-harm may be helpful. You may have picked up early in the video that telling someone to stop can be unproductive in the absence of effective coping strategies to replace the self-harm. It is also important to reassure a young person that they can step out of this cycle of self-harm and even though they may revert to these behaviours during difficult times, with help and support they can find healthy coping strategies.

If you are interested in more detail about how to help, see the further reading section.

Sadly, young people who self-harm are more likely than average to contemplate suicide. The next section will deal briefly with this difficult topic.

6 Suicide

Young people face many challenges growing up. You will have already noted that adolescence represents a period of considerable physiological and psychological change, which brings with it new opportunities and experiences. This can be both daunting and exciting and yet as the Mental Health Foundation (2003) stress, for some young people these emotional challenges can be too much to bear.

Suicide is rare at any age and is often undertaken as a last resort in response to emotions, problems and challenging circumstances that overwhelm an individual. It is particularly associated with feelings of hopelessness that things will never get better and a feeling of a lack of control over the future.

The latest available UK figures (at the time of writing) show that in the age group 10-14, the suicide rate is 0.4 per 100,000 and in the 15-19 age group it is 6.7 per 100,000. The highest suicide rates occur in the age group 45-49 (18.1 per 100,000). Suicide is considerably more common in males than in females (ONS, 2019).

If you have studied the course up to this point, you'll already have some understanding of the emotional challenges for adolescents. In particular, young people may struggle with self-esteem issues and self-doubt. As with all mental health problems, the key to helping is to start a conversation. The infographic in Figure 8 summarises how to help using the WAIT acronym shared by the Mental Health Foundation:

Figure 8: Suicide prevention advice

An important message to take from this advice is that directly asking a young person about whether they are having suicidal thoughts will **not** increase the likelihood of suicide. Contrary to the fears of many, asking about suicide 'can start a potentially life-saving conversation' (Mental Health Foundation, 2020). Talking to a young person and encouraging them to share their concerns is vital and will enable you as a parent, carer or practitioner working with young people to seek specialist guidance and support.

If you are concerned about a young person who is showing signs of distress, disclosing their thoughts about suicide or eliciting changes in their behaviour there are avenues of support available to you. If a young person shares suicidal thoughts or feelings with you, it is important that you take them seriously and seek guidance about how to best support the young person and to protect them from undertaking actions which may cause their death. It may be helpful to talk to their carers or parents. Or if you are their parent or guardian talking to the GP about these disclosures will help you to plan what you need to do. !Warning! Calibri not supportedOther immediate sources of help include:

- Samaritans offer a 24-hours a day, 7 days a week support service. Call them FREE on 116 123. You can also email jo@samaritans.org
- Papyrus is a dedicated service for people up to the age of 35 who are worried about how they are feeling or anyone concerned about a young person. You can call the HOPElineUK number on 0800 068 4141, text 07786 209697 or email pat@papyrus-uk.org
- NHS Choices: 24-hour national helpline providing health advice and information. Call them free on 111.

7 This session's quiz

Check what you've learned this session by taking the end-of-session quiz.

Session 3 practice quiz

Open the quiz in a new window or tab then come back here when you've finished.

8 Summary of Session 3

The main learning points of this session are:

- A helpful way of thinking about mental health is that it exists on a ‘spectrum’ representing anything from healthy functioning through ‘coping’ and ‘struggling’ to becoming ‘unwell’. People can move along this spectrum in both directions.
- Anxiety and depression are emotional responses to life’s challenges, in which a young person begins to find it increasingly difficult to cope and may be struggling. Listening and encouraging the young person to talk about their difficulties is an important first step in helping.
- Eating disorders and self-harm can become habitual ways of coping with emotional distress. Recognising these problems at an early stage can mean the young person receives professional help sooner. Parents, teachers and other caregivers can all play a role in breaking the cycle of harm.
- There is risk of suicide in young people who are struggling with their mental health, and the WAIT! Suicide prevention advice can help you to intervene if you are concerned about someone.

Finally, listen to Tanya Byron summing up some of the issues you have considered in this and the previous sessions.

Audio content is not available in this format.

Audio 1: Interview with Professor Tanya Byron

Now go to Session 4.

Session 4: Recognising mental health problems

Introduction

As indicated in session 1, the way in which we talk about mental health varies from person to person. In general, particularly when it has a major impact on their ability to function, a person who is feeling ‘extremely sad’ or ‘very worried’ may be diagnosed with a mental health condition, for example, ‘depression’ or ‘anxiety’. However, in other cases, such feelings may be viewed as understandable reactions to events that will pass with time. A person who seeks to make sense of their mental health problems may come to understand it in the context of their life experience, while a health professional may be looking for evidence of specific ‘symptoms’ to see if a psychiatric diagnosis is appropriate.

Figure 1: Early symptoms of mental health illness

Behind the scenes, some mental health practitioners are continually seeking the right balance between making mental health a medical problem, or seeing it as a continuum along a line of ‘healthy’ to ‘unhealthy’ adaptations to life’s stresses. In this session, you will explore the different ways in which mental health is viewed.

To get started, listen to Tanya Byron again, this time talking about different professional approaches to recognising mental health problems. She uses a number of technical terms, but don’t worry too much about this now, as you’ll explore these in Activity 1.

Audio content is not available in this format.

Audio 1: Interview with Professor Tanya Byron

Learning Outcomes

By the end of the session, you should be able to:

- recognise the range of professionals who are able to help an adolescent with mental health problems
- outline the perspectives that professionals draw on to diagnose a mental health problem
- explain the role of social media in shaping perceptions of mental health
- debunk some common misconceptions about mental health.

1 Diagnosis and sense-making

The causes of mental illness are disputed, complex and are underpinned by differing theoretical perspectives – which are also referred to as models.

Figure 2

What this means is that there are different types of explanation:

Table 1: The different perspectives

A social perspective	focuses on the environment and the different roles that people play. It also considers adverse experiences, negative life events and childhood adversity, such as exposure to violent behaviour, poverty, abuse, bereavement, parental divorce or separation, parental illnesses and/or non-supportive school or family environments
A psychological perspective	emphasises the role of thought and emotional processes and individual cognitive development in how a person will interpret their negative life events and how this may possibly affect their behaviour
A biomedical perspective	looks at brain structure and function, and is likely to see mental health problems/illnesses in relation to how the brain works and is influenced by hormones and an individual's genes, with other issues merely operating as triggers

In reality, none of these three perspectives alone can provide all the answers to what causes mental health problems in adolescence. They are often combined in what is called a bio-psycho-social model which recognises the importance of considering biological, social and psychological factors when attempting to understand and treat a young person's mental health. The National Institute for Clinical Excellence (NICE) is a government run organisation whose guidelines suggest that when healthcare professionals are assessing children and young people, they should routinely record social, educational and family situations. This includes the quality of interpersonal relationships

(both between the person and other family members and with their friends and peers), thus acknowledging that family issues need to be taken into consideration.

Next, you'll return to Tanya Byron's interview offering her perspective on assessing a young person's mental health as a clinical psychologist. In the activity, you'll 'unpack' the extract of Tanya Byron's interview with Professor John Oates.

Activity 1: Unpacking the terminology

Allow about 20 minutes

Step 1: Below is the transcript for the interview extract. Read through it and hover over the highlighted technical words to access the glossary definition for each.

Tanya Byron: Well in a sense when I'm working with my colleagues, when I'm working with my teams, and we are assessing a young person, we tend to think in sort of blocks of **theory**, and in a sense through careful assessment, both **qualitative** assessment with the young person, with their family, often with schools and teachers. And sometimes with their friends. I mean if the young person, for example, is very depressed, or unable to communicate, friends are often a very useful resource of information. We are literally sort of kicking down different **hypotheses** that we may have about why this young person is presenting in crisis. So, to begin with we might wonder whether there are some **neuro-developmental** issues, is there something actually at a brain level that is making life increasingly challenging through this complex time? We obviously want to know what is going on at home, is there a specific amount of stress, risk factors, whether it is abuse or domestic violence, or just discord, marital breakdown and discord in the home that is contributing to this young person's difficulties. Some young people may show very context-specific difficulties. So if I'm meeting young people where they are generally doing okay, but struggle really specifically at school, and are getting a lot of negative feedback, beginning to feel like they have failed, maybe becoming the person that they are being told they are, so it becomes a self-fulfilling prophecy, they stop thinking, they stop learning, they misbehave. We might then want to explore specific learning difficulties, you know, finding young people with very good **IQ**s, but actually with **learning difficulties**, whether they are to do with **sensory integration**, or to do with **dyslexia**, or **dyspraxia**. Whatever we are looking at, it would help us explain why this young person, understandably struggles in that particular learning context.

John Oates: So that sounds pretty wide in the sorts of theoretical orientations you are drawing on, but are there specific therapeutic approaches that you take, or would you say you really have to match that to the case?

Tanya Byron: We do have to match therapeutic approaches to the case, which is why the most effective way of working with a young person, because of the system that they bring with them, is within a **multi-disciplinary team**. So, even though I would lead the team, I would rely on the expertise of my colleagues, who come from different skillsets, to be able to contribute to the assessment. And then sometimes themselves do further specific assessment, for example educational assessment, or neuro-developmental assessment. Sometimes you know much more sort of specific – we might have to scan some young people's brains, erm, or even more **psychotherapeutic colleagues**, who might want to work with families and understand the family narrative. So it is quite complex, and in a sense as a consultant my role is to sort of navigate that, and to … what we do as clinical psychologists is we create what we call a **formulation**. In a sense

we are creating an **evidence-based narrative** to the presenting difficulties. And actually just explaining to a young person, and their family what we think might be behind what is going on for them can be a very empowering experience, because once you understand a problem, to some degree you are almost in a much better position to try and solve it. So, yes, it is about navigating the complexities, sticking with an **evidence-based model**, and evidence based **therapeutic approaches**. And always working collaboratively with the young person, because obviously they need to be very much central to the treatment, they need to take ownership of it. It is their life, and so they also need to inform us and help us understand where we might not be quite hitting it in the right place for them. Communication is vital really.

Discussion

Professionals who work in a particular field of practice develop a specific vocabulary that can sometimes make communication difficult between people with different types of life experience or expertise. It is important not to feel intimidated when faced with specialist language you are not familiar with, and perfectly acceptable to ask for further explanation in a conversation with a specialist. Professor John Oates is a specialist academic and would have been familiar with the language. You are provided with a glossary here but in other circumstances, a good dictionary is invaluable, especially if you are sent a letter or read something that is full of terms you don't understand! It is also important to note that healthcare professionals base their practice on the best evidence. By contrast, the 'myths' perpetuated on social media and in everyday life are based on very little evidence.

Step 2: Have another look at the three theoretical perspectives in the table. Which perspective do you think Tanya Byron is drawing on most in this interview extract?

- ○ Social
- ○ Psychological
- ○ Biomedical

Discussion

Tanya is predominantly talking about a social perspective here.

1.1 The case of George

Various people can become involved in trying to make sense of any particular individual's mental health problems, including:

- the mentally distressed adolescent themselves
- their friends, family members and others who interact with them socially
- mental health and other professionals who have developed and use various theories, therapies and forms of treatment and support to explain and respond to an adolescent's mental health problems.

In practice, all these different parties will have a view on what is happening and why, and what ought to happen next when an adolescent is (or appears to be) distressed. In some cases, these different views can contribute to a range of support options that complement each other. On the other hand, there can be times when these different views can lead to

contradictory ideas about what the young person needs. For instance, does someone who is feeling anxious much of the time need counselling or medication? Or do they need help to change a situation at school or at home, which might be causing their anxiety? In the next activity, you'll consider the case of George.

Activity 2: Understanding George

Allow about 15 minutes

Read the case of George.

George

George has just celebrated his 14th birthday. He invited a few friends to come go-karting over the weekend, and his mother Liz was relieved that it had all gone well, because she was aware he hadn't seemed happy at school lately.

On the following Monday, however, George is reluctant to get up for school. This is nothing new, but it's all the more disappointing after the promising weekend. Liz coaxes him out of bed as usual, which is a long-drawn-out process, and helps him and his younger sister to get ready at the same time as getting herself ready for work. In the end, she gets angry with him as the frustration and weariness set in. She instantly feels bad about that and decides she must have a proper talk with him when they get home in the evening.

That evening, she prepares a meal she knows both children really like. She calls them both to the table, but George refuses to join them. His sister Jenny tries to help persuade him, to no avail. Liz doesn't want any more battles so she leaves George's meal on the table and eats with Jenny. She wishes she had a partner who could back her up at times like this, but she is divorced from the children's father and has met someone new who she is still getting to know.

Liz feels her frustration growing again and wonders if this is the right time to have a 'proper talk' with George. Eventually, she decides she is more worried than angry and goes up to George's room. She gives him a hug and sits on the bed with him. She asks him what is wrong. After some time, George confides that when he sits in the classroom he feels on edge, shaky, and his knees tremble. He sees other children are misbehaving and when the teachers get angry it makes him shake more.

He also tells her that he feels other children are picking on him in the corridors, but can't tell her exactly what they are saying or doing. Liz is concerned that he is so stressed by it all that he can't talk about it. She is also worried that he does not have a secure group of friends who could support him. It also transpires that George is lying awake at night and is getting very little sleep.

The next day, Liz takes time out of work to speak to the deputy head at George's school. He tells her that George is working well and looks happy at school, although is sometimes distracted in the classroom. He reassures her that they have strict policy on behaviour, and that they take all concerns seriously. It's not the first time Liz has gone to the school with her concerns, and she feels that they aren't being taken seriously. Sometimes, she can't get George to go to school at all, and she is really worried that he could be falling behind.

George becomes increasingly reluctant to leave the house over the following weeks, and Liz makes an appointment with their GP. George says very little during the appointment, and he appears withdrawn. The doctor suggests that George may be experiencing moderate depression and anxiety, and offers to make a referral to

CAMHS (Child and Adolescent Mental Health Service). He also suggests that George might need to take **antidepressants**, but in the first instance recommends that George make an appointment to see the school nurse to talk things through.

Liz goes home with George and feels emotionally adrift. She believes she has let George down in some way and can't see a way forward. She feels an immense sense of guilt and thinks back to a few years ago when she needed to take antidepressants during her marriage breakdown. She considers that perhaps her own struggles with depression have rubbed off on George somehow. Having only moved to the area recently, she doesn't have any close friends nearby to really confide in, and her attempts at doing so with new acquaintances haven't led to any real sense of support.

Based on what you know about anxiety and depression and adolescence, what do you think might be causing George's problems? Select as many as you like from the list below:

- ☐ A brain abnormality
- ☐ Adolescent brain development making George more emotionally sensitive
- ☐ No sense of belonging to a peer group
- ☐ Family break-up
- ☐ He doesn't like Mum's new partner
- ☐ Liz's history of depression
- ☐ He's jealous of his sister
- ☐ He is naturally reserved
- ☐ A cascade of issues arising from poor sleep
- ☐ Issues at school
- ☐ Friendship issues

Discussion

To an extent, it is sensible to not rule out anything from the list if you wanted to work out how to help George. You may have wondered what would constitute a 'brain abnormality', given that scientists are still working out what is normal in adolescence, and that people exist on a diverse spectrum of personalities and capabilities. Medical treatment with antidepressants is an attempt to adjust the chemical balance at brain synapses to improve mood, assuming that there is an abnormality to correct. As you found in Session 2, adolescence is a time of greater emotional sensitivity, so this could partly explain George's situation. And you'll see in Session 6 how important sleep is for young people. There are several social reasons why George might be unable to cope, especially if he does not have a strong network of friends. Issues at home and disruption of family relationships can also contribute. His mother's depression could indicate an inherited tendency to depression.

Theoretical models can help to organise thinking around what can seem a very complex picture, as you'll see next.

1.2 Determinants of health

A young person's social context can bring a wide range of factors to bear on their health and wellbeing. One of the most useful models for representing these factors is this one by

Dahlgren and Whitehead (1993; cited in Dahlgren and Whitehead, 2007) in the figure below.

Dahlgren and Whitehead's model has been widely used by academics and practitioners to guide their thinking about health.

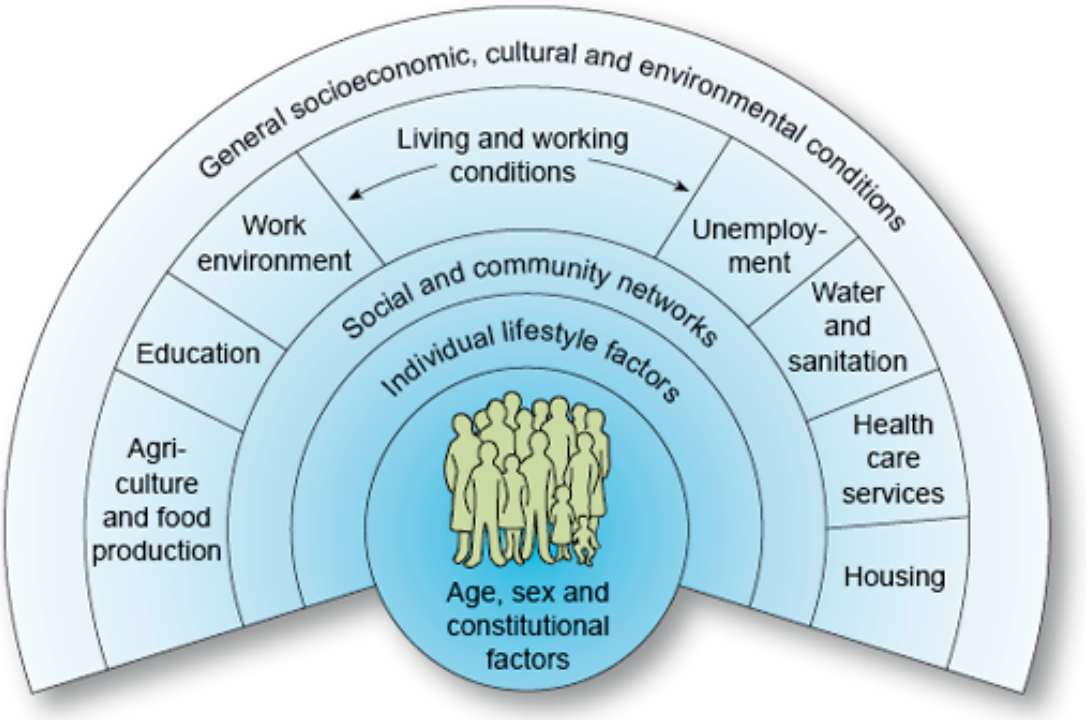


Figure 3: The determinants of health (Dahlgren and Whitehead, 1993; in Dahlgren and Whitehead, 2007)

Dahlgren and Whitehead's model depict layers of influence on health. This model maps the relationship between the individual, their environment and health. Individuals are at the centre. Surrounding them are influences on health that can be modified. The first layer represents individual behaviour and lifestyle that can potentially enhance or damage health, for example the choice to smoke or not. The next layer refers to wider social and community influences, which can either provide mutual support or lack of support. The third layer represents structural factors, including housing, working conditions, access to services and provision of essential facilities.

The 'age, sex and constitutional factors' in this model apply to both the biomedical and the psychological perspectives, although each will focus on different 'constitutional factors'. Individual lifestyle factors are also critical to the biomedical and psychological perspectives since diet, exercise and sleep, for example, can directly affect mental health, and mental health can affect lifestyle.

Activity 3: George's social determinants

Allow about 10 minutes

Study the diagram in Figure 3 and think for a moment about how they might apply to George.

Discussion

The wider range of factors related to the community and the person's wider social, cultural and economic environment primarily make up the social determinants of health. In George's case, many of the social factors, including his family situation, would fit in to the 'social and community networks' part of the model. If you were helping George, you might also consider what is happening in his education setting and whether the healthcare services were able to respond to his needs. Considering the socioeconomic conditions, if George lived in a relatively deprived community he would be more at risk of ill health than if he lived in a relatively affluent community (Marmot *et al.*, 2020). Unfortunately, it is unlikely that an individual practitioner can change a young person's socioeconomic circumstances.

A variety of professionals draw, to varying degrees, on this wide range of factors to make sense of a young person's mental health. You'll learn more about this next.

2 Professional approaches

There can be a surprising range of professions and practitioners involved in helping young people with mental health problems. The next activity will get you thinking about what you already know.

Figure 4

Listen to this interview of a parent talking about their child's mental health and the different professionals that can provide a supporting role.

Audio content is not available in this format.

Audio 2: Providing a supportive role.

Activity 4: A range of professions

Allow about 10 minutes

How many types of practitioner (or professions) work in the mental health field? Have a look at the list here and tick one that you feel most confident about. This is a polling tool, which will feed your inputs into a larger picture of all the learners engaged in this course.

Interactive content is not available in this format.

Reflect on the following: which was the first type of practitioner or profession that came to mind, and why do you think they were the first one that you thought of?

Discussion

Your response to this activity will depend very much on your own experiences. Did anything surprise you in the poll results? How did your responses compare to those of your fellow learners?

Have a look at Figure 5 below for a summary of the professions and teams that can be involved.

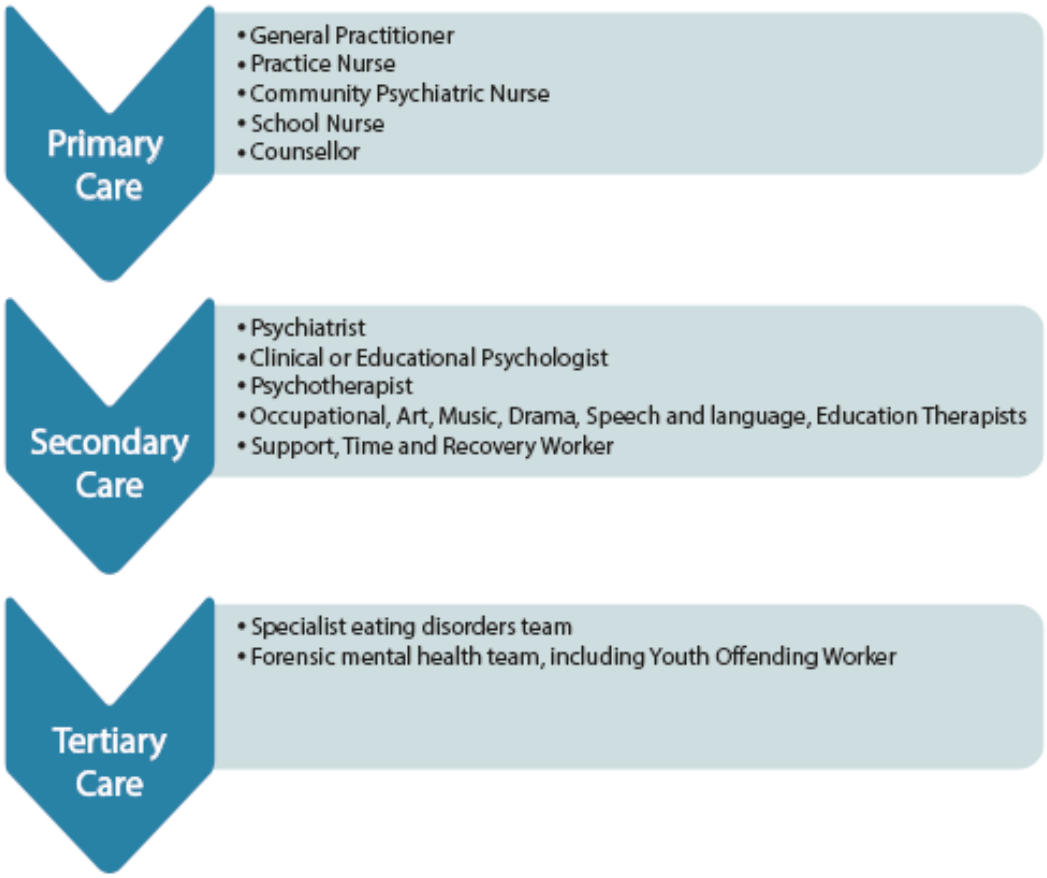


Figure 5: A treatment hierarchy of professions and services.

Primary care is usually the first point of contact for people when they become unwell, for instance, when they experience symptoms that are of concern to themselves or others. Primary care is also usually the 'gateway' to receiving more specialised care.

Secondary care is for someone who has received primary care and is referred to the next level of care. These services are usually consultant-led (with a psychiatrist as the clinical lead) and include mainstream out-patient services like Child and Adolescent Mental Health Services (CAMHS), as well as in-patient psychiatric units.

Tertiary care is for someone who requires a highly specialised team of professionals. This may involve someone being treated by an eating disorders team (e.g. in an in-patient unit for people with severe eating disorders) or in a forensic mental health facility (i.e. in a facility treating offenders who have severe and enduring mental health problems). You will recall a parent describing the route through which her daughter was able to receive the support she needed for her mental health in Audio 2. This included a GP consultation followed by therapeutic counselling.

2.1 Comparing medical approaches

Psychiatry is a branch of medicine that deals with mental health. Doctors such as general practitioners and psychiatrists draw on models of illness to assess a patient and provide a diagnosis. The biomedical model forms the basis of modern medical practice, although

there are few doctors nowadays who would not also draw on social and psychological explanations of mental ill health.

Biomedicine explains health in relation to biology. It attaches importance to learning about body structure (anatomy) and systems (physiology) and understanding mechanisms like the circulation of blood, hormone functions and the workings of the brain. This view offers a particular and distinctive way of 'seeing' and understanding health in relation to the body. Certain tests establish what is wrong and medicines are given as a cure or to alleviate symptoms, or surgery repairs or replaces defective body parts.

Figure 6: The Brain – Cerebral cortex viewed under the microscope.

The biomedical model tends to focus attention on the individual, not groups of people or the health of society more generally. Under this model, health services are geared mainly towards sick people and high value is placed on specialised medical services. Doctors and other qualified experts act as gatekeepers to services. The main function of a health service is remedial or curative, aimed at getting people back to productive lives.

In the next activity you'll consider two contrasting medical approaches.

Activity 5: Different viewpoints

Allow about 20 minutes

Step 1: First, think back to George's appointment with the GP. What aspects of the consultation would suggest that the GP was taking a biomedical viewpoint? Do you think it's important that George has the opportunity to express how he feels?

Provide your answer...

Discussion

We noticed aspects that indicated the service was geared towards George as the 'sick person'. He offered a medical diagnosis, and the treatment recommendations were

aimed at George as an individual – either medication or seeing the nurse at school. It appeared that George may not have been able to access the Child and Adolescent Mental Health Service (CAMHS) without going via his GP, and this placed his GP in the position of gatekeeper who could either grant or deny access to this specialist service.

George was also very quiet, and this is important when considering how George understands his health and what sort of support he feels might help. It builds upon an 'expert' model of the GP knowing, diagnosing and prescribing. It seems that both George and his mum were probably still far from having the chance to talk.

Step 2: Next, watch this short video of a child and adolescent psychiatrist talking about her work.

Video content is not available in this format.
Video 1: Mental health in children and young people, Dr Su Sukumaran

What aspects of her description of her work suggests she is taking a broader view of the problems adolescents present with?

Provide your answer...

Discussion

Dr Sukumaran explained that she explores the whole family situation and what is happening at school, as well as encouraging the young person to talk. You may have realised that this thorough exploration of a situation takes much more time than is available in a GP consultation, and this could explain why she is able to take a much wider view.

Symptoms may overlap between diagnoses or may not meet the criteria for a particular 'disorder', but still require treatment. You may have noticed that George's GP thought he

had a combination of anxiety and depression. Taking these issues as well as the views of patient groups into consideration, there has been a move over recent years, and particularly within the UK, towards a more tailored approach to diagnosis and management of mental health that takes the lead from and actively involves the patient (Gask *et al*., 2009).

With the emergence of **biological psychiatry** and modern advances in brain and **behavioural sciences**, most mental illnesses are increasingly presumed to have a neurobiological basis, even if that basis is, as yet, poorly understood.

2.2 Potential sources of conflict

Multidisciplinary teams, which comprise a range of different professions, can be effective because they combine a range of skills and perspectives to help a young person. Although they aim to work together for the benefit of the young person they are helping, there can potentially be conflict between professions, partly because they might be taking different perspectives on diagnosis and treatment. Family members may also feel in conflict with healthcare professionals if they have strong personal views on the use of medication or talking therapies, or labelling their children with a stigmatising diagnosis.

Clinical Psychologist Lucy Johnstone argues that a medical diagnosis 'turns "people with problems" into "patients with illnesses"' and that this can be damaging because the medical meaning essentially displaces the person's own understanding of their situation and their sense of self (Johnstone, 2018, p. 31). Moreover, she continues, psychiatric diagnoses commonly lead to a sense of stigma and shame 'by locating the difficulties within the person' (p. 35) rather than their social environment and life story.

The psychologist's alternative to a medical diagnosis lies in the 'psychological formulation'. According to Johnstone (2018, p. 39), 'it is the difference between the message "you have a medical illness with primarily biological causes" and "your problems are an understandable emotional response to your life circumstances."' In creating a psychological formulation, the service user and the practitioner combine their knowledge and skills and together reach a 'best guess', or hypothesis, about the roots of the problem and agree a way to move forward.

The next activity will allow you to compare and contrast the perspectives of a psychiatrist and a clinical psychologist as they explain their professional allegiances and discuss how they would help a young woman called Mandy.

Activity 6: A psychiatrist and a psychologist

Allow about 20 minutes

Watch the two videos of a psychiatrist Dr Elizabeth Venables and a psychologist Dr Marion Bates talking about their work. What are the similarities and differences? Can you identify any potential source of conflict?

Video content is not available in this format.
Video 2: Dr Elizabeth Venables

Video content is not available in this format.
Video 3: Dr Marian Bates

Table 2: Similarities and differences

Similarities	*Provide your answer...*
Differences	*Provide your answer...*

Discussion

Comparing and contrasting are useful analytical skills that are commonly used in academic and professional life.

Table 2 (completed): Similarities and differences

Similarities	They both have to be registered with a professional body or council. They are both interested in finding out about the person's life story and the therapeutic benefits of talking. Both recognise the biological, psychological and social aspects of mental health.
Differences	The psychiatrist is medically trained and can prescribe medication and in fact medication appears to be central to her work. By contrast, the psychologist does not prescribe medication. The psychiatrist aims to arrive at a diagnosis, whereas the psychologist avoids making a diagnosis and works with the client's own language for describing and understanding their problem. There seemed to be the potential for conflict over whether or not a diagnosis was needed.

Next, you'll consider the role of social media in shaping perceptions of mental health.

3 The role of social media

Social media is a big part of the lives of many of us now, but social media has become a part of a young person's social world to an extent that was unthought of when Dahgren and Whitehead created their model (introduced in Section 1.2) containing the social determinants of health.

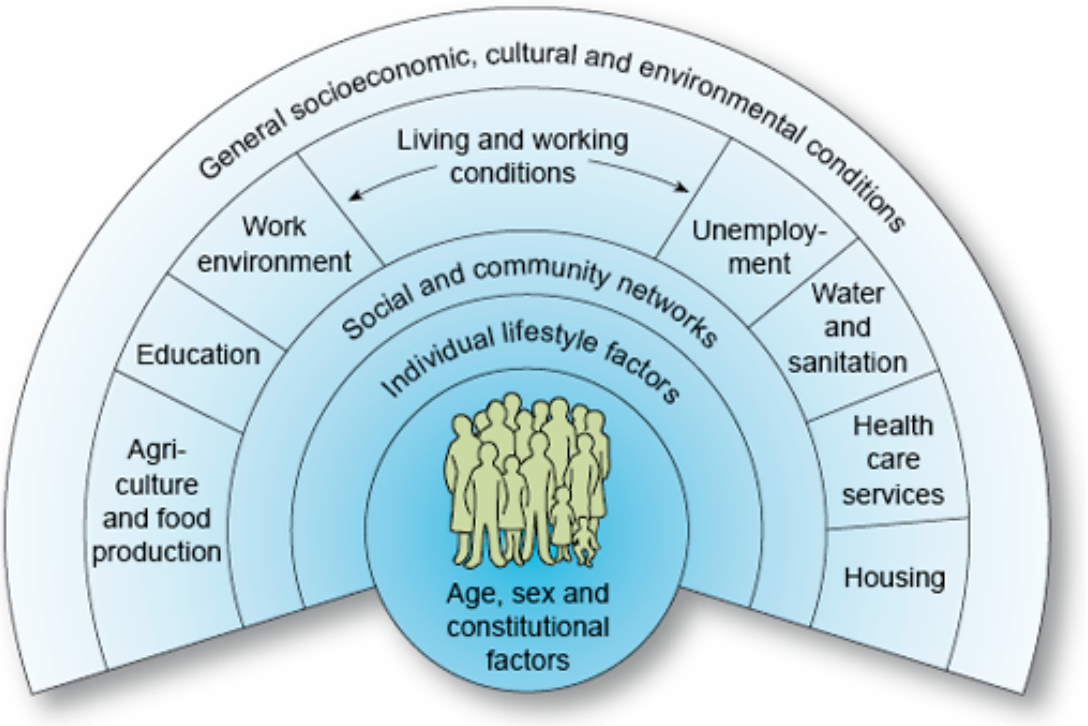


Figure 3: (repeated from Section 1.2) The determinants of health (Dahlgren and Whitehead, 1993; in Dahlgren and Whitehead, 2007)

The reference to 'Communites' mentioned in the diagram would now extend to media 'friends' and 'followers' as well as online discussion forums.

Research continues to explore the impact of social media on mental health. While social media is often discussed in negative terms, the relationship young people have with social media is quite complex. In the next activity you will listen to an interview where two young people, Martha and Josie reflect on their own social media use and discuss its impacts.

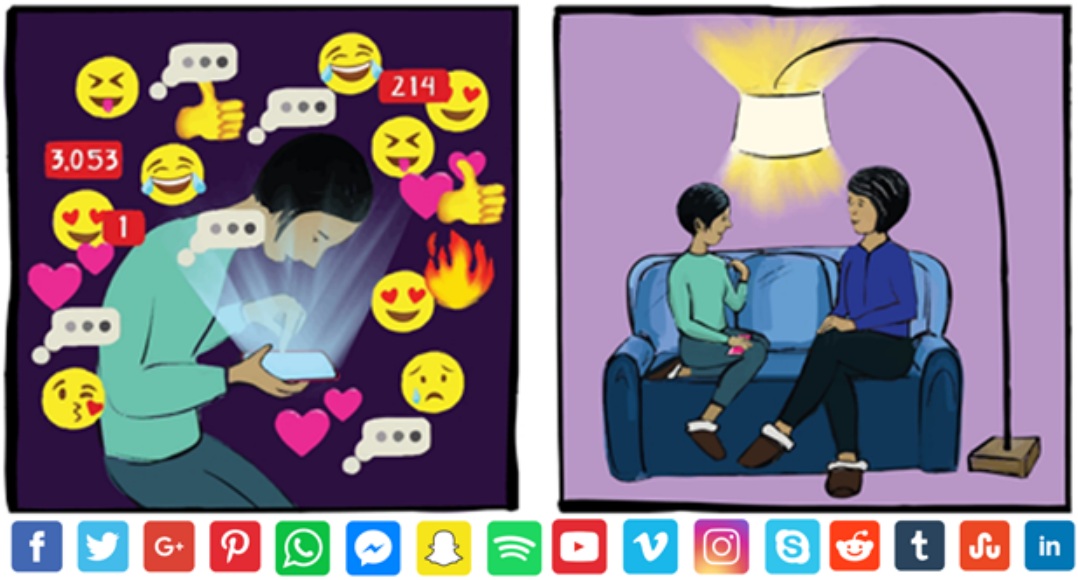


Figure 7: Different types of social media

3.1 Young people and social media

Listen to the following interview with Martha and Josie talking about the impact of social media and ideas of perfection.

Activity 7: Ideas of perfection

What are the key messages presented here? Write down a few bullet points.

Audio content is not available in this format.

Audio 3: Ideas of perfection

Provide your answer...

Discussion

Martha and Josie discuss how social media has the capacity to present unrealistic ideas about people's lives and to perhaps encourage other young people to adhere to ideas of perfection. They both criticise the impact that social media influencers can have upon young people in presenting only the positive highlights and an image of their life which isn't necessary real or healthy.

Unlike local communities, social media contacts can be invisible to parents and other caregivers and it can be difficult to know anything about what a young person is seeing and with whom they are interacting. This can be a source of concern for many parents.

Social media can, however, become a source of support for many young people who are struggling with their mental health, and this will be discussed in Session 7. In the next section, you'll focus on the role online communities can play in shaping the way people regard their mental health, sometimes in a harmful and unhealthy way.

3.2 Images of perfection?

Young people can spend a great deal of time engaging with social media in very different ways. From social media platforms, messaging and communication applications, online television or radio and online games, young people share images, communicate, learn and play using these different media.

Activity 8: Body shaming

Allow 40 mins

Watch Video 4 of a young person Chessie King who is a YouTuber interested in online digital media and particularly body images. As you watch, make notes which address the following questions:

- How are young people influenced by the reactions of others via social media?
- How might cyber bullying impact upon a young person's mental health?

Video content is not available in this format.

Video 4: Cybersmile and Chessie King Body Positivity Campaign

Provide your answer...

Discussion

This video highlights the many pressures that social media can exert and here it is presented in relation to body image and the pressure to look a certain way. Many young people experience body shaming and report being the victims of online trolling.

Online trolling is a name used to describe persistent and often seemingly random comments made in an online community to provoke emotion and reaction. Research indicates how online trolls often intend to seek attention by causing upset and distress in others, whilst hiding behind their screens.

4 Common misconceptions about adolescent mental health

In the general population, views about what mental health problems are and what causes them are likely to have come from personal experiences or 'common sense' understandings picked up from other people or the media. Such views may not be particularly influenced by academic research and writing, nor are they necessarily informed by professional interests in the topic.

Activity 9: Reflecting on common misconceptions

Allow about 10 minutes

Read through the misconceptions about mental health below and then reflect on this.

Interactive content is not available in this format.

Interactive Figure 8: Misconceptions about mental health. There is a long description button below if this is easier to learn from.

Interactive content is not available in this format.

Interactive Figure 9: Misconceptions about mental health

Reflect on the issues raised above.

- What are your own thoughts and views on some of the information and misinformation disseminated in the media?

Provide your answer...

Discussion

It's more than a simple matter of awareness or of public perception. Different perspectives and insight gained through personal as well as professional experiences are important to understanding mental illness, and those who are affected by, and living with mental health conditions. The way we perceive an issue, in what light we view a particular topic, greatly influences our thoughts and behaviours, and how we relate to, understand or come to terms with our own and other people's experiences. We can see things from positive, negative or neutral viewpoints. Mental ill health is clearly an emotive, deeply personal and sensitive discussion area. A better understanding of the issues, the scientific and clinical backdrop to headline news, a closer examination of the evidence (which is often controversial), and informed

debates around key issues, will help to dispel misconceptions and misunderstanding, and eliminate stigma.

5 This session's quiz

Now it's time to complete the Session 4 badge quiz. It is similar to previous quizzes, but this time instead of answering five questions there will be fifteen.

Session 4 compulsory badge quiz

Remember, this quiz counts towards your badge. If you're not successful the first time, you can attempt the quiz again in 24 hours.

Open the quiz in a new tab or window then come back here when you've finished.

6 Summary of Session 4

The main learning points of this session are:

- Social, psychological and biomedical perspectives can help practitioners to make sense of mental health problems. Determinants of mental health extend from aspects of the person that cannot be changed through to their behaviours, social networks, and wider characteristics of the communities where they live.
- Professionals who work in the mental health field can take contrasting approaches to their work, and this can create the potential for conflict. Mostly, however, they are keen to combine their skills productively to help the young person.
- Social media form a significant aspect of the friendship networks and wider communities for many young people. Social media can sometimes distort how young people view themselves through contagion and social comparisons using images and misinformation.

You are now halfway through the course. The Open University would really appreciate your feedback and suggestions for future improvement in our optional end-of-course survey, which you will also have an opportunity to complete at the end of Session 8. Participation will be completely confidential and we will not pass on your details to others.

Now to go Session 5.

Session 5: Understanding resilience in adolescence

Introduction

Although the term resilience is now widely used in media reports and discussions about mental health, ongoing debates continue to examine what the term really means.

Figure 1

The term is often used to describe an individual's capacity to endure stressful conditions and to bounce back from challenging situations and circumstances. Some academics, psychologists and psychiatrists have spent their careers trying to understand resilience, and they continue to debate its essence. Whilst they may differ in their definitions of what resilience means, they share a commitment to its value, especially in relation to supporting robust mental health. In this session, you will explore these debates around the meaning of resilience and how resilience can be nurtured in young people.

One thing there is some agreement about is that resilience, much like a muscle or a set of skills, can be learnt and developed, but it takes practice. First, you will hear from some young people who have shown resilience through coping with adversity. As you work through the session, you'll refer back to this from time to time.

This video provides insights into young people's views about resilience and what it means to them.

Video content is not available in this format.
Video 1: What Does Resilience Mean To Young People? | YoungMinds

Learning Outcomes

By the end of the session, you should be able to:

- define resilience and describe its features
- identify and engage with the debates around resilience
- outline what schools, families and certain communities can do to promote resilience in adolescents
- discuss the features of adversity that can require a young person to be resilient.

1 Why is resilience important?

A growing body of research suggests that learning the skills to cope with everyday challenges during childhood and adolescence can reduce the likelihood of developing stress-related illnesses such as depression and addiction in later life (Cooper, Montgomery and Sheehy, 2018).

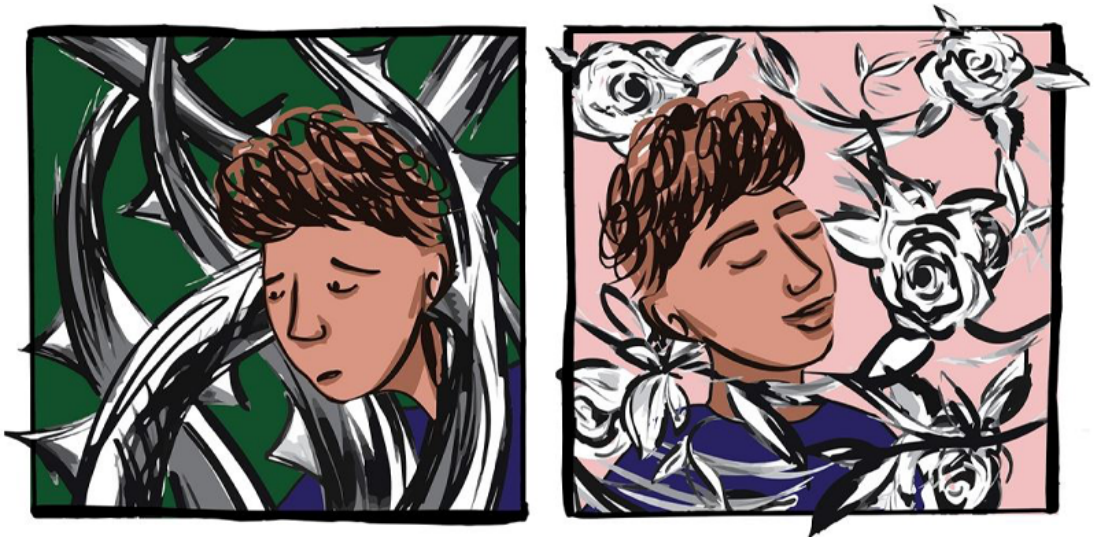


Figure 2

Developing resilient behaviours to endure and adapt to stressful life experiences are clearly important life skills. Yet there are clear differences in how young people react to stressful situations. This leads many parents and practitioners to question why some young people appear more able to bounce back from life's challenges and show fewer signs of anxiety than other young people. Even young people raised within the same family can demonstrate startling differences in how they react to and cope with stressful events. In the first activity, you will reflect on these issues.

Activity 1: Reflecting on resilience

Allow about 10 minutes

Spend a few minutes thinking back to a time when a young person that you know needed to respond to challenging circumstances. Do you think the young person demonstrated resilience? What was it about their response that made you think that? Jot down your thoughts here:

Provide your answer...

Discussion

If you thought their response was resilient, perhaps you noticed how the young person seemed to come through relatively unscathed, bounced-back quickly or perhaps appeared wiser in some way. If the response was not resilient, perhaps you noticed them struggling over a long period or not adjusting well to new circumstances. These are just a few suggestions, and there are many other observations you could have made.

Now that you have started thinking about what resilience might look like, you'll study definitions of resilience next.

1.1 Defining resilience

As you saw in the introductory video each of the young people described resilience in a different way. This reflects the academic perspective of this concept in that there are no standard definitions of resilience. While there have been attempts to quantify and measure it, most studies look at the concept qualitatively – as one group of researchers argued, 'Rather like beauty, resilience may be said to lie in the eye of the beholder.'(Gilligan *et al*.,2014, p.1.).

Existing definitions of resilience have similar components, which involve doing well 'against the odds', coping, and recovering (Rutter, 1985; Stein, 2005).

- Psychologist Ann Masten and colleagues (1990) define resilience as the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances.
- Social researcher Robbie Gilligan (2000) defines it as a set of personal qualities that helps a person to withstand many of the negative effects of **adversity**.
- The British Psychological Society (2019, p. 2) defines resilience as 'reduced vulnerability to environmental risk, the overcoming of stress or adversity, or a relatively good outcome despite risk experiences.'

The next activity will help you to untangle some of the technical language in these definitions.

Activity 2: Highlighting key terms

Allow about 10 minutes

Re-read the three definitions given above and then have a go at highlighting some terms below.

Interactive content is not available in this format.

Discussion

Definition statements are usually focused and condensed pieces of text. You may have wanted to highlight a large number of the terms.

This activity is designed to help you notice some of the variations between the definitions. Is resilience 'successful adaptation' as stated in statement 1 or is it 'withstanding the negative effects of adversity' as suggested by statement 2? (You'll explore meanings of adversity in the next section).

In the first statement the word 'adaptation' gives a sense of learning and changing in response to experiences. While in the second statement the word 'withstand' portrays more of a focus on survival. In the third statement 'reduced vulnerability' appears to recognise resilience as a protective factor, and the word 'overcoming' draws our attention to the challenges and having a good outcome.

You can also discern a contrast between the idea of resilience being a *process* (statement 1) as well as being a *quality* in a person.

When deciding if a young person is showing resilience, be aware that what might appear to be coping or resilient behaviour may be nothing of the sort. A young person developing anorexia might appear to be coping well if they are handing in their homework on time at school and seemingly getting on well with friends. As social workers Brigid Daniel and her colleagues note, 'some young people who appear to be resilient may in fact be internalising their symptoms' and while they may appear to cope in the short term are actually suffering greatly (Daniel, Wassell and Gilligan, 2010, p 70). When practitioners refer to 'internalising symptoms', they mean that a person may be developing anxiety or depression and becoming withdrawn, rather than giving out more open signs of distress such as aggression or impulsiveness, or dramatically falling behind at school. It is therefore important to consider all aspects of a young person's behaviour when reflecting upon whether they might be struggling with something.

By now, you have probably realised that the concept of resilience is far from clear cut. But how far would you consider that resilience is embedded in an individual? The next activity asks you to decide.

Activity 3: Your views on resilience

Allow about 10 minutes

Study the quote in Figure 3 from the National Scientific Centre on the Developing Child and consider what you think it means. Do you agree with it? Vote whether you agree or disagree, using the poll below.

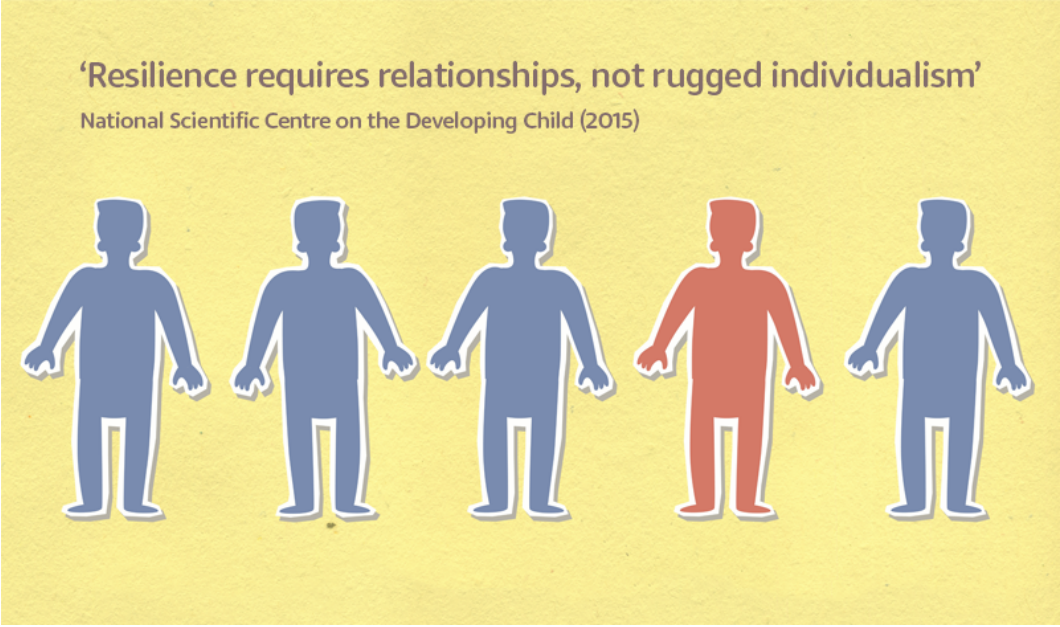


Figure 3

Interactive content is not available in this format.

The National Scientific Centre declaration drew upon academic research showing that one important reason why young people can overcome adversity is having one stable and committed caregiver or adult. It is suggested these relationships provide scaffolding that helps to buffer the effects of the adversity and help young people to adapt to changing circumstances.

Before looking further at resilience, it will help to consider next what people understand by the term ‘adversity’.

2 Adversity

Adversity is commonly defined as ‘a difficult or unlucky situation or event’ (Cambridge Dictionary, 2020). In the world of resilience research, however, adversity is expressed more strongly, as traumatic and potentially harmful events or situations. Among children and young people, resilience shows itself most markedly in being able to cope with adverse situations such as living with drug-using or alcohol-dependent parents, severe traumas such as abuse, or the death of a close relative or friend that results in the loss of security and support.

Parental divorce and a long-standing illness in a parent or caregiver are unfortunately relatively common sources of adversity. You may remember in session 2 one of the young men we interviewed mentioned his parents separating as a source of distress. According to the UK Office for National Statistics (2015), in 2014, lone parents with dependent children accounted for 25% of all families that have dependent children in them. Additionally, researchers Payler, Cooper and Bennett (2020), estimated that parent or caregiver illness could affect approximately 20% of young people aged 11-17. These situations can bring additional burdens and caring responsibilities for these young people.

Adversity can also stem from the wider socioeconomic environment, for example, neighbourhood violence, terror or war, natural disasters, pandemics and poverty (Masten and Barnes, 2018). Multiple negative life events and adverse circumstances often expressed as ACEs (Adverse Childhood Experiences) are currently a focus of concern due to their effect on wellbeing and on future health, and a growing body of research is examining how experiences during childhood and adolescence can affect health later in life (Hughes *et al.*, 2017).

Figure 4

The recent COVID-19 pandemic has introduced adversity into the lives of many young people. Sources of difficulty have included health and money concerns, abrupt changes in daily routines with school closures and families confined to their homes, and a contraction of the usual support networks (Casebourne, 2020). However, research is also showing that there have been some positives. In the next activity, you’ll hear some young people talking about their experience of life during the pandemic.

Activity 4: COVID and resilience

Allow about 15 minutes

Listen to Josie and Martha.

Audio content is not available in this format.

Audio 1: Josie and Martha on the effect of COVID-19.

As you listen make notes on how the young women reflect on what they feel is the potential impact of COVID on young people's mental health.

Provide your answer...

Now watch Bartholemew, Ed and Louie who also reflect on the impact of the pandemic. Make notes on their views.

Video content is not available in this format.

Video 2: Reflections

Provide your answer...

When you have listened to both clips, think about the different ways in which the young people demonstrate resilience.

Provide your answer...

Discussion

While Josie and Martha talk about the potential impact of COVID on young people's mental health in relation to not being able to see as many friends and having to self-isolate they also discuss what they consider to be some of the positive effects of the pandemic which encouraged them to have some 'breathing space' and reflect on what is important in their life and particularly the value of 'slowing down'.

Similarly, the young men discuss how they 'enjoyed' aspects of the pandemic which they felt enabled them to learn how to 'enjoy life' in different ways and to appreciate the value of friendships in keeping them sane.

You may have noted how the young people demonstrated the capacity to adapt to a challenging life circumstance.

There are two slightly paradoxical ways of looking at the relationship between resilience and adversity. One way is to accept that people *develop resilience* through successfully coping with challenges. Another way is to recognise that people can be *rendered less resilient* through adverse experience and circumstances that have made them more vulnerable. Young people who are rendered more vulnerable through adversity are more likely to experience anxiety or depression, exhibit behaviours which many may define as 'disruptive' and, in some cases, turn to substance use (Hughes *et al*.,2017, Oldehinkel and Ormel, 2015). Later on, you will explore how these two scenarios can happen.

In the next section, you'll consider an example of disruptive behaviour, which can be a sign of living with adversity.

2.1 Disruptive behaviour in adversity

Adversity can refer to a variety of different life experiences and can impact children and young people in different ways.

Figure 5

> Living with a family health crisis is one example of adversity which can be a very lonely, isolating and exceptionally stressful experience for young people. The next activity introduces you to Amy, whose mother developed multiple sclerosis when Amy was 10-years-old. Looking back as a 20-year-old, Amy felt that her unmet need for support had resulted in her behaving in ways that others judged as disruptive behaviour. She found the caring responsibilities, school, and the uncertainty surrounding her mother's ill health very challenging, and she left school to be home educated at 13 years old.
>
> (Bennett, Cooper and Payler, 2017).

Activity 5: Amy

Allow about 20 minutes

Step 1: Read the extracts below which are taken from a research interview with 20-year-old Amy. Can you think of any reasons why she felt unable to cope with the adversity of living with her Mother's illness?

> 'They [school] didn't ever try getting help for me. Mum and dad tried, like when I was in primary, I had a counsellor, but I didn't really understand it

then either, so I didn't get why I was being take into a room on my own for an hour to talk about my problems.' (p. 34)

'I was labelled a problem child. I was sent out of lessons, I was made to sit in the head teacher's office and stuff like that. Mum and dad had to come in quite regularly for meetings and stuff but no-one could quite pinpoint what was causing it and stuff. When we look back now, coz obviously it was the time that mum was being diagnosed as well, they don't think I knew how to cope with what was going on, didn't know how to process it…then it just got a whole lot worse in secondary school.' (p. 38)

'I had I don't know how many years of feeling no-one cares. Not caring, pushing you to the side, labelling you as something you're really not, that kind of thing.' (p. 41)

Provide your answer...

Discussion

It appears that although some of the people around Amy tried to find ways to help her, they didn't seem to understand what her needs actually were. It seems Amy was also struggling to verbalise and comprehend her own emotions and she did not have the support to develop coping skills and strategies.

Step 2: Eventually, Amy received help from HOPE, a UK charity that provides a variety of support programmes for children and young people living with a loved one who is seriously ill. Volunteers and youth management staff working for HOPE are also young people who have experience of a family health crisis. This is what Amy said about the experience:

'It was quite useful. People just talked about their ways of coping with stress and anxiety and that. Which is quite good because it's kind of like talking to strangers but although its people you've never met before you trust them because they're part of Hope, so you know, that was a quite interesting thing to be part of.' (p. 45)

Why do you think she felt able to trust the 'strangers' in the HOPE community?

Provide your answer...

Discussion

Perhaps Amy felt an affinity towards these young people who had experienced similar challenges. They had all attended HOPE because of a health crisis that had happened to them. As suggested earlier in this session, resilience can emerge from relationships. 'Feeling understood' can be therapeutic in itself.

Mental health practitioners need to determine how a young person's social environment may be affecting their health, while being aware of how this might interact with physical and mental developmental changes in adolescence. As you will appreciate, exploring the social environment can be very complex and covers sensitive territory, not least because parents and other caregivers may blame themselves when their child faces challenges to their mental health, and can feel threatened by perceived stigma of other people towards their children.

According to a recent review of the research on the effect of multiple adverse childhood experiences on health (Hughes *et al*., 2017), adverse childhood experiences (ACEs) are most strongly associated with sexual risk-taking, mental ill health, self-harm, problematic alcohol or drug use and violent behaviour later on in the child's life. These are associations, meaning that although there is a link between ACEs and subsequent poor mental and physical health, this is not to say that ACEs *will cause* poor health in later life and it is important to note that there is no clear evidence of a cause and effect relationship. Poor health is not an inevitable outcome of ACEs. Supporting resilience in young people who experience adversity can be the key to preventing the harmful consequences of adversity.

Next, you'll consider what makes young people resilient.

3 Born or made resilient?

Not all children and young people will be affected by the effects of adversity, which begs the question: what are the protective factors, and what enables some young people to be resilient? The common assumption is that resilience arises from dynamic interactions between genetic predisposition and a person's life experience. From the mid-20th century, academics, psychologists and psychiatrists have been studying resilience in young people, identifying innate protective factors, for example optimism and creativity, combined with external protective factors, chiefly the support they receive from those who care for them (Richardson, 2002). Neuroscience has opened a window on what happens in the brain in adversity and in the development of **resilience**. You'll look at this next.

3.1 The brain, neuroplasticity and resilience

Scientists have developed some understanding about what happens in the brain when people are exposed to stressful situations, and about how the adolescent brain differs from the adult brain. Combining this scientific knowledge can help deepen understanding about resilience in young people and demonstrate how good social support can influence changes in the brain via neuroplasticity.

In session 2, you found that in adolescence the prefrontal cortex is undergoing significant change. This area of the brain is used for the 'executive functions' of planning, inhibiting inappropriate behaviour, understanding other people and social awareness. During adolescence, the prefrontal cortex is being re-shaped and 'pruned'. At the same time the limbic system, which is responsible for emotion, is exceptionally active (Blakemore, 2019). Combined, these changes can make young people particularly sensitive to adversity because the prefrontal cortex becomes temporarily less able to interpret and moderate the emotional responses of the limbic system.

The brain pruning and reshaping described above are aspects of neuroplasticity that significantly (but not exclusively) take place during adolescence. In addition, the nerve pathways formed during early childhood and adolescence show neuroplasticity by changing in response to an individual's experiences in life (Schauss *et al*., 2019). Brain activity is highly influenced by social interactions and the wider social environment, whether for better or worse. There is some evidence that adverse experiences can impair development of the prefrontal cortex in young people (Hunter, Gray and McEwen, 2018). On the positive side, neuroscience suggests that supportive social interaction can lead to beneficial brain adaptations and enable a young person to learn resilient behaviours.

Figure 6 demonstrates how potential negative outcomes for a young person can be 'tipped' into positive outcomes by the protective factors of 'warm supportive parenting', 'coping skills', a 'stable environment' and 'positive experiences'. Remember that negative outcomes from adverse experiences are not inevitable.

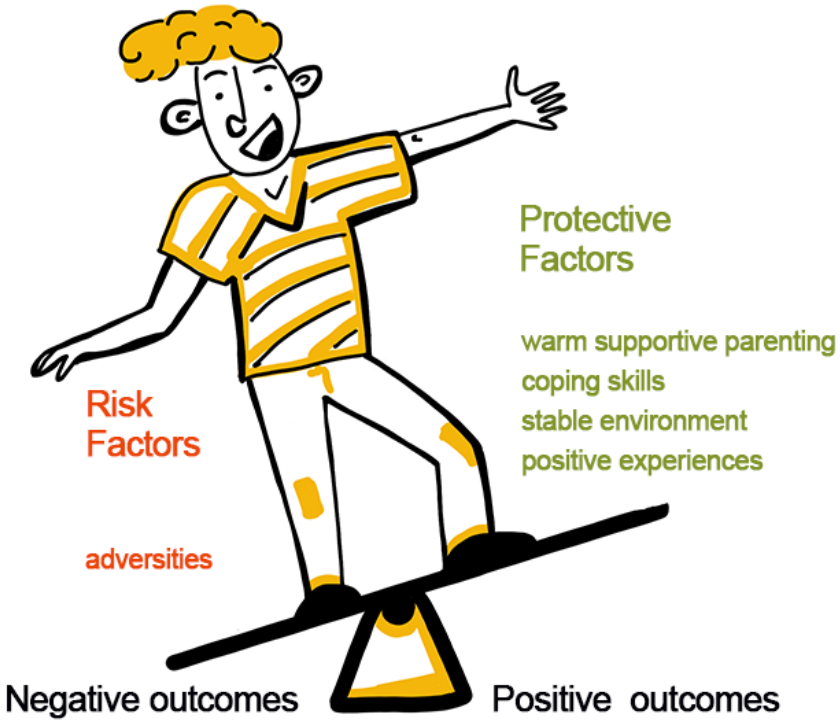


Figure 6

Whatever the social environment, anyone caring for a young person will realise that young people bring their own personal characteristics to any situation. Some individual differences can be attributed to their inherited genes. There is clearly an interaction between ‘nature’, which is genetically determined, and ‘nurture’, which encompasses experience. In the next activity, you’ll learn about a simple but effective analogy for thinking about how interaction between a young person’s genes and the environment can affect the brain.

Activity 6: The resilience seesaw

Allow about 15 minutes

Watch the brief video explaining the dynamic relationship between the developing brain, a person’s genes, and the environment. What is the role of genes, the environment and learning in this process? Write your notes in the table provided.

View at: youtube:1r8hj72bfGo

Video 3: InBrief: The Science of Resilience (The Open University is not responsible for external content.)

Table 1: Notes on genes and the environment

Genes	Environment	Learning (i.e. brain changes)
Provide your answer...	*Provide your answer...*	*Provide your answer...*

Answer

Here's an example of notes on the video:

Table 1 (completed): Notes on genes and the environment

Genes	Environment	Learning (i.e. brain changes)
• Genes shape where the fulcrum is positioned at the start, i.e. whether or not a child has a inbuilt tendency to be more or less resilient • Genes turn up or turn down the effects of chemicals in the brain and body circuits governing the response to stress. It can be thought of as a fine-tuning of the stress response.	• Life experience can also influence the position of the fulcrum • Positive experiences within the community • Responsive relationships and skilled caregivers • Witnessing violence • Poverty • Education	• Management of stress • Problem solving skills • Regulation of behaviour • Ability to plan

Research in genetics can help to explain some differences between young people, indicating that a young person's sensitivity to environmental challenges has genetic origins. For example, Boyce and Ellis (2005) suggested that genetic makeup predisposes how sensitive young people are to the stresses they experience during childhood. Albert *et al*. (2015) reported a specific gene variant among children who appear highly sensitive to their environments and are particularly vulnerable to stress. These genes are linked to chemical receptors in the brain, which in combination with family stress can lead to social and emotional problems later in life.

Studies in neuroscience and genetics strengthen our understanding of the links between the brain, resilience and mental health. However, there is much more research to be done before we can fully explain how these effects interact and neuroscientists are keen to acknowledge the important part played by experiences and influences within the environment. The next section explores further how resilience can be fostered in young people who may have become vulnerable through adversity.

3.2 Fostering resilience

In recent years, the dominant approach to the promotion of young people's mental and emotional wellbeing has been to seek ways of developing resilience and promoting the protective factors that might reduce young people's vulnerability to mental health problems. An example of how these factors are applied in policy can be seen in the work of sociologist Simone Fullagar who examined policy responses to the high rates of suicide among young people in rural areas of Australia. Fullagar reported that policy focused on identifying risk factors such as previous suicide attempts, mental health problems and social isolation, and on promoting protective factors such as social connectedness, problem-solving skills, and readily available mental health services was valuable in supporting young people (Fullagar, 2005, p. 32).

The family therapist and professor of social work Michael Ungar and colleagues (2013) argues that it is important to not just focus on the child or young person and how they can be supported to develop resilience but also on how society can be changed to nurture and foster resilience and remove challenges and barriers that make some children and young people more vulnerable to adversity.

In the next activity, you'll focus on protective factors and consider whether you could apply this knowledge to a young person you know.

Activity 7: The seven Cs of resilience

Allow about 20 minutes

Watch this video – you'll probably need to watch more than once – and work through steps 1 and 2 below.

Video content is not available in this format.

Video 4: The Seven Cs of Resilience: Dr. Ken Ginsburg introduces his Seven Cs of Resilience: Confidence, Competence, Connection, Character, Contribution, Coping, and Control. Content provided courtesy of the Center for Parent and Teen Communication, Children's Hospital of Philadelphia. © 2018 The Children's Hospital of Philadelphia

Step 1: Pick out three or more ways in which you could apply these protective factors with a young person you know.

Provide your answer...

Step 2: Using the polling tool, vote for your favourite of the seven Cs, not just because it speaks most to you, but because it shows where you could develop your own competence as a parent or caregiving adult.

Interactive content is not available in this format.

Answer

Resilient responses to all kinds of challenge can be of immense benefit to the young person and those close to them. Resilience in young people is achievable through everyday-sounding requirements such as:

> ‘a healthy human brain in good working order; close relationships with competent caring adults; committed families; effective schools and communities; opportunities to succeed; and beliefs in the self, nurtured by positive interactions with the world’ (Masten 2015, p.8).

Although it is difficult to imagine such all-round perfection, it can be comforting to know that resilience is not a mysterious quality that either people have or don’t have; resilience can be nurtured.

Next you consider how resilience can be fostered in schools.

4 Resilience in schools

Schools are increasingly seen as major players in creating resilient young people. This was the subject of a detailed report in England, 'Local action on health inequalities: Building children and young people's resilience in schools' (Public Health England, 2014), which explored the different ways that schools could contribute.

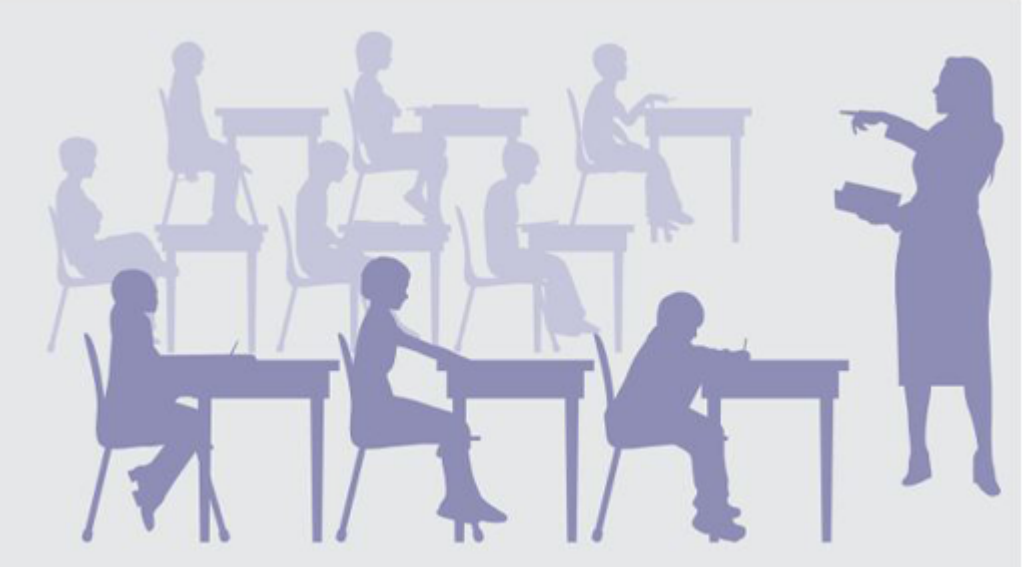


Figure 7

The report considered three levels of resilience support:

Individual:

- improving achievements
- supporting transitions
- promoting healthy behaviours

Interpersonal:

- parents and carers
- teachers and other staff
- friends

School and community

- using a 'whole school' aproach
- the scool as a community hub.

Note that this report deliberately did not separate out young people's mental health from their physical health but considered that resilience relates to the whole of a young person's wellbeing.

The next activity shows you how a secondary school in Brighton has supported its pupils to develop their resilience.

Activity 8: The academic resilience approach

Allow about 15 minutes

Step 1: Watch Video 5.

Video content is not available in this format.

Video 5: The academic resilience approach – integrating approaches to building resilience across a whole school community

Step 2: Now match the examples of resilience support with one of the levels mentioned in the Public Health England report: ‘individual’, ‘interpersonal’ or ‘School and community’.

Interactive content is not available in this format.

Answer

The skills of sorting activities into a category can offer a useful way of making sense of situations and applying logical thinking. It is often the case when considering human behaviour, however, that some things can overlap categories. The student leadership programme, for example, probably fits most closely with the ‘individual’ category, but you could easily argue that is it supporting interpersonal relationships. Ideally, you’d want to include it in both categories.

The school featured in the video clearly had robust systems in place to foster resilience. If you would like to see the whole video for further study, use this link.

Even the most resilient young person can become overwhelmed by the effects of poverty and health challenges, and even the most optimistic adolescent can be deeply affected by

an acrimonious parental divorce. Cooper and Rixon (2017) argue that resilience is not static, and there are positive ('protective') and negative ('adverse') factors that can enhance or undermine it. Many young people do show great resilience in the face of difficulty but this should not be used as an excuse to blame those who do not cope with stress or adversity or to believe that if only they had the 'right' psychological or genetic qualities they could cope as well as their resilient peers.

5 This session's quiz

Check what you've learned this session by taking the end-of-session quiz.

Session 5 practice quiz

Open the quiz in a new window or tab then come back here when you've finished.

6 Summary of Session 5

The main learning points of this session are:

- Resilience can be defined in a variety of ways, although at its heart is a sense of doing well ‘against the odds’, coping, and recovering. Resilience is important in helping young people to cope with difficult life challenges or more serious threats to their wellbeing and learning how to be resilient is a key life skill.
- Adversity can create a resilient response, but it can also render a young person more vulnerable to the knocks in life. Multiple sources of adversity can overwhelm a young person’s resilience resources and sometime adversity can lead to disruptive behaviours.
- Brain and neuroscience studies have identified how the brain adapts in response to experience. Different parts of the brain, especially those that are involved in stress responses, are changed by both adversity and environmental protective factors. Genetic make-up, although it may predispose a person to greater or lower resilience, does not mean they cannot adapt and become more resilient.
- Schools have an important role to play in fostering the resilience of young people.

Now to go Session 6.

Session 6: Supporting young people

Introduction

Figure 1

Supporting young people who are experiencing mental health issues can be challenging for both parents and practitioners. In this session, you will learn about some of the strategies that could make a real difference to any young person you are concerned about. You will draw on knowledge about what can help young people manage their mental health, as well as some insights gained from neuroscience.

To get started, watch this video in which young people who have experienced mental health problems discuss what has helped them.

Video content is not available in this format.
Video 1: Another Way: Young people talk mental health

Returning to the mental health spectrum introduced in Sessions 2 and 3, you might consider that in an ideal world everyone would be sailing along in the ‘healthy’ green zone, with perhaps the occasional dip into the yellow ‘coping’ zone when life becomes challenging. To think about interventions for mental health problems in a simplistic way,

the aim is to help young people who are ‘struggling’ or ‘unwell’ to move to the ‘healthy’ or ‘coping’ end of the spectrum.

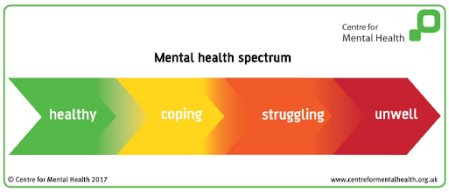


Figure 2: Mental health spectrum (repeated from Session 2.)

This session will begin by asking you to consider how you and others in your community can intervene and support a young person by listening actively and promoting helpful strategies.

Learning Outcomes

By the end of the session, you should be able to:

- explore ways of being a supportive influence to a young person experiencing mental health problems
- improve your active listening skills in helping a young person
- support a young person to manage their own mental health.

1 Parenting and supporting

Practitioners, researchers and policymakers globally are aware of the position of parents, and of other caregivers such as teachers, who often act as a ‘first responder’ to the mental health needs of adolescents.

Figure 3

When faced with a young person who is experiencing mental health problems, however, as a parent or practitioner it is easy to feel isolated and unsure of yourself and at times overwhelmed by the situation. You might at times worry that your efforts are having no impact or may be even doing more harm than good. It is important to acknowledge that anyone who works with or cares for a young person can potentially play an important role

in identifying mental health problems at an early stage. Intervening early can help to improve the health and wellbeing of the young person, as well as those who care about him or her.

Activity 1: Parent and caregiver concerns

Allow about 30 minutes. This activity is in 2 parts.

Step 1: Listen to an interview with a parent talking about their concerns about their child's mental health and reflect on the different feelings and emotions that a parent might experience.

Audio content is not available in this format.

Audio 1: Feeling helpless

Discussion

Parents and caregivers with a child who is experiencing difficulties with their mental health often report feeling helpless and at a loss as to know how to reach out and help their child, particularly as they may become withdrawn and appear disinclined to talk about things. Parents and caretakers may blame themselves for their child's distress and feel a strong urge to try and 'fix' their problems for them. While this is quite a natural response, in this activity you will examine different ways of responding.

Step 2: Now read some of the concerns and frustrations parents and caregivers of young people often express regarding their attempts at supporting a young person. Take the role of a trusted friend and consider what you could say in response to each of these statements that would help to ease the concerns and frustrations. Once you have thought of what to say, click to reveal a comment.

I feel that I am responsible for solving their low mood.

Discussion

As a parent or 'responsible adult', it is easy to think you have to 'fix' things for young people. Although it is true you can play a key supportive role, your main aim will be to enable the young person to work things out for themselves as far as is possible and safe. This allows them to develop their life coping skills and will help them to develop for the future.

It's hard to stay patient and calm when they don't want to communicate.

Discussion

It's very hard to remain calm and just be patient with your child when they ignore you or just refuse to talk things through but then talking about feelings can be really hard, especially when young. Giving your child some time to think things through but knowing that you are there for them and here to listen to them when they are ready to talk is so important.

They can't seem to shake off the negative thoughts whatever I do or say.

Discussion

As parents or caregivers its tempting sometimes try and 'fix' our children's problems. This is very a very natural response. Whilst it is so important to listen to your child,

support them and be there for them, you cannot fix them. Effective support comes from providing a safe space for them to find their own ways of coping and managing how they feel.

I don't want to hassle them with too many questions and become a source of annoyance.

Discussion

Just listen to your child when they come home from school or back from time spent with friends and perhaps have found something difficult or challenging in their day. Don't interrupt and try and solve their difficulties – just listen. It's hard but makes you appreciate how often it feels more about you as a parent or caregiver and how you feel in response to their difficulties. Often young people need to just articulate and move on. As parents and caregivers we want to solve, but often it's more helpful to just listen.

What if they reject my advice and it pushes them away further?

Discussion

It's important that young people develop self-reliance and the capacity to solve their own problems, where possible. Whilst this might not align with your own views and feelings as a parent or caregiver it will empower them to take some responsibility for their own health and wellbeing.

I'm frustrated by their lack of motivation to try anything I suggest.

Discussion

Feeling lethargic and demotivated is a core feature of many mental health problems and so try not to feel too frustrated when your child is not motivated by your suggestions. Try to remain patient, which isn't always easy, and allow them time and space to explore different ideas which in time may motivate them to make some changes.

It is a constant worry and I can feel helpless.

Discussion

It is only natural to worry about your child and feel helpless when you cannot solve their problems for them. If you can remain calm and strong and help them to explore and find the help they need, this will provide important support for them. It also projects an important message to them that you trust them and appreciate that they do have strengths and skills which they can develop for themselves.

This activity required you to exercise empathy, putting yourself in the other person's position and trying to understand what they were experiencing. You may have had similar concerns yourself, and if so, perhaps you found some reassurance from the comments provided here. Coming up with a helpful response can sometimes take practice and will differ with each individual.

A research team in Australia took an innovative approach to researching mental health. They asked parents about their concerns regarding the mental health of their adolescent children, and then also surveyed the adolescents about their perceptions of the issues causing concerns (Cairns *et al.*, 2019). The parents most frequently reported being concerned about drug use, depression, friendships and peer pressure, anxiety, school and study stress, and bullying. Although the young people responding to the survey echoed these matters, they also identified 'sex, sexuality, and gender identity' as

concerns – 'topics that parents reported feeling the least confident talking to their children about' (Cairns *et al*. 2019, p.65). By the end of this course, you should be able to tackle sensitive topics such as these with more confidence.

Before you move on to learning about active listening, have a look next at some advice on talking with your child and particularly the importance of checking in with them and approaching a difficult conversation.

2 Talking and listening

If you are worried out your child or a child you work with, it is important that you set aside some time where you can check in with them and get a sense of how they feel and perhaps how they are managing their lives at that time.

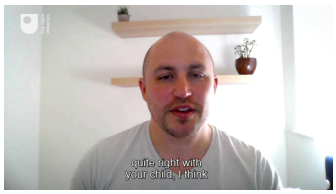
Activity 2: Checking in

Allow about 10 minutes

Watch Video 2 in which counsellor John Goss discusses how you can check in with your child or a child you are working with or know well.

Video content is not available in this format.

Video 2: John Goss: Checking in



As you watch this clip, jot down a few notes on the key suggestions from John.

Provide your answer...

Discussion

John suggests that it can be helpful for you to show an interest in some of the things that your child is involved in as a way of establishing a common ground for further conversations and perhaps conversations which are difficult. He also thinks it is important to be open with them in telling them that you have noticed something has changed in how they are behaving.

An important first step in understanding how your child or a young person you are working with is feeling is to stop and listen to them. This might sound fairly obvious as we all talk and listen throughout our day and yet listening is quite a complex skill. How can you become a better listener? Perhaps you already think you are really good at listening but need to extend your skills to help a young person who is struggling.

2.1 Active listening

Active listening became a professional skill largely thanks to the American psychologist Carl Rogers (1902–1987), who developed a ‘person-centred approach’ to therapy. This approach involved focusing closely on the speaker, not only listening to their words but also to the expression of their voice and other aspects of body language. It also involved portraying warmth and care, helping the speaker feel safe to share unsettling thoughts

and feelings (Barrett-Lennard, 1999). Counsellors often undertake many hours of training to achieve this type of skill. However, it is important to note that on a basic level, a lay person can learn to offer warmth, support, guidance and structure to help someone find solutions.

In the next activity you will reflect on the importance of listening to young people who are experiencing distress.

Activity 3: Just listen

Allow about 20 minutes

Watch Video 3 where Pooky talks about different strategies to talk with and listen to your child. As you watch make notes on the four key messages.

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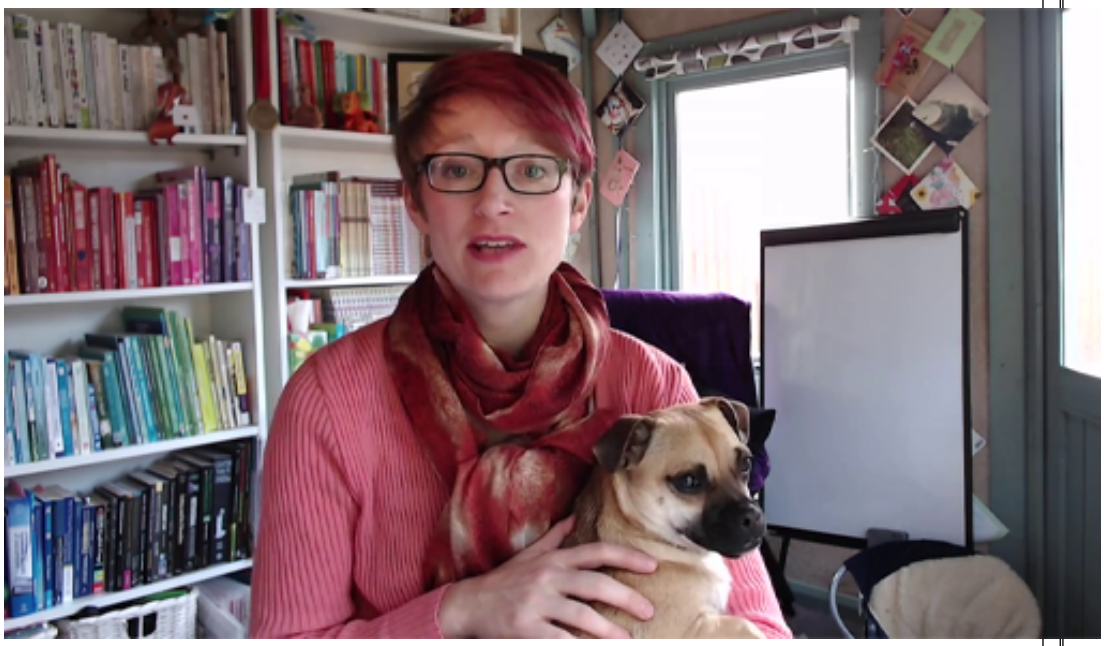
Video 3: 4 ideas for supporting a child with anxiety



1.

2.

3.

4.

Discussion

1. Just listen. Do not fill in the gaps or try and fix things. Try and remain calm.

2. Do not be afraid of silence.
3. Prompt young people to talk. Ask questions and use their words when you summarise and reflect back to them.
4. Agree some next steps.

Active listening is a technique that shows the young person you are giving them your attention and are doing your best to understand what they are telling you. It can encourage young people to talk because it shows that they are being understood and that the information they are sharing is being listened to and acknowledged.

2.2 Question types

Another way of encouraging people to talk and showing you are interested as Pooky suggests is by asking ‘open questions’ rather than ‘closed questions’. An open question invites a free choice of answer, whereas a closed question tends to elicit a ‘yes’ or ‘no’ answer. Compare the two questions below:

1. Did you play football today at school?
2. How did you find school today?

It would be easy to say ‘yes’ or ‘no’ to the first, whereas the second question could open up a range of different answers.

There are also times when a carefully worded observational statement can encourage a young person to confide in you: ‘I’ve noticed you haven’t been catching up with many of your friends, seems like things are difficult at the moment’ (Stem4, n.d., p.1)

Quite often, the challenge is to know what to say next, and how much time you should give if there is a period of silence. Epic Friends, a website that guides young people to support one another, makes the following suggestions for good listening:

- Giving people the space to talk, by not interrupting.
- Don’t immediately dash in with reassurance and solutions.
- Acknowledge what the person is saying, by simply stating what you think you have heard, e.g. ‘it sounds like you don’t know what to do’.
- Notice how you are feeling as you listen, and whether your emotional responses are stopping you from listening properly. (Epic Friends, n.d.)

As a parent or caregiver, it can be easy to feel defensive or guilty when a young person who is close to you shares dark or troubling thoughts. It’s quite normal for parents to feel responsible and to find it difficult to disentangle their desire to ‘solve a problem’ or their fears about being part of the problem, from the process of allowing a young person find their own solution. Bringing your own background anxieties into the conversation can limit your ability to listen openly. Removing your self-defence filters and focusing back to the young person next to you can help them immensely.

It can be easier for therapists than parents to handle a young person’s difficult thoughts and emotions because they are not personally involved in the young person’s life. In Session 8, you’ll learn more about how trained therapists can help. In the next activity

you'll consider how you might approach a difficult conversation and be an 'anchor'; for your own child or a young person you are working with.

Activity 4: 'Be a child's anchor'

Allow about 30 minutes

Watch Video 4, in which two workers from the YoungMinds Parents Helpline share tips for approaching difficult conversations. Then, work through steps a,b and c below.

Video content is not available in this format.
Video 4: Difficult Conversations - Roundup | YoungMinds Parents Lounge

a. Identify one suggestion from the presenters that helps to put your mind at rest, and make a note of it here:

Provide your answer...

b. Identify the five 'top tips' and summarise them below.

Provide your answer...

Discussion

Here are five tips mentioned in the video:

1. Engage first in a 'general' conversation rather than diving in about an issue.
2. Be honest that something is difficult and that you also find it difficult.
3. Always validate the other person's feelings, which means accepting that the emotions they are feeling are real to them.
4. Reassure them with love, support, hope, offering the message that you are there for them.
5. It's not always about providing solutions instantly.

c. Make a note of one phrase that you will find particularly useful.

Provide your answer...

Discussion

Here's an example: 'I know this is difficult to talk about…' Read on to discover suggestions for conversation starters.

2.3 Conversation starters

YoungMinds remind us that parents and caregivers know best when their child is not ready to talk, or not in the right mood. In these situations, it is important that young people know they can re-start the conversation when they are ready. In addition to conversation starters, 'encouragers' can help a young person who is finding it difficult to open up. Conversation starters suggested by YoungMinds (2020) include:

Interactive content is not available in this format.

Interactive Figure 4: Conversation starters (YoungMinds, 2020)

This next activity takes you beyond simply listening towards techniques that can help you to offer practical solutions for your own child or a child you are working with to learn techniques in self-soothing or calming.

Activity 5: Supporting young people to manage their emotions

Allow about 30 minutes

Supporting young people to manage their own emotions and learning self-care and perhaps self-soothing techniques is an important life skill.

Step 1: Watch Video 3 again, and listen to Pooky talk about some of the tips for supporting a child's anxiety and to develop their own self-soothing techniques.

Video content is not available in this format.

Video 3: (repeated) 4 ideas for supporting a child with anxiety

1.

2.

3.

4.

Discussion

1. Listen – stop and listen physical, emotional.

2. Begin to encourage them to question the thoughts and feelings – is it true? Accurate? Question the validity.

3. Practical approach – what are the triggers? Person, place, activity? Can we avoid them? E. g. someone who is a bad influence. Other things can't be avoided and may need to be confronted.

4. Work with them to find ways to soothe and calm. During a time of calm. E.g. breathing techniques, writing, singing, listening to music, drawing, colouring. Put triggers and solutions together.

Step 2: Make yourself a list of soothing and calming techniques you might suggest to a young person you know.

How else can you support the emotional health of a young person? Select from this list, or add your own ideas:

- ☐ Encourage supportive friendships
- ☐ Encourage them to see the positives, despite their difficulties

- ☐ Encourage self-compassion, not blaming themselves or feeling selfish about self-care

Provide your answer...

Next, you'll learn about ways for you and the young people you care about to maintain their mental health by focusing on diet, exercise, and sleep.

3 Food, exercise and sleep

Health and wellbeing are dependent on diet, exercise and sleep, and these three aspects of lifestyle are linked to mental health. Enjoying a family meal, getting out in the fresh air or playing a team sport, and having a good night's sleep could give immediate benefits to a young person's mood. Longer term, healthy living habits promote healthy growth and development of body and brain. This section addresses the questions 'How do healthy lifestyle habits support mental health?' and 'How can you encourage a healthier lifestyle without making things worse?'

As you work through this section, you will notice that much of the evidence for the mental health benefits of these lifestyle factors is nevertheless tentative. It is often not possible to determine whether adopting healthy lifestyles can improve mental health, or whether researchers are just observing that the two are linked for other reasons. This section will guide you carefully through the scientific evidence and mental health practices that link lifestyle with mental health.

3.1 Food and mental health

Adolescents may develop anxieties around eating and body weight, as you saw in Session 3. If you can become well-informed about the characteristics of a balanced diet and understand that no single food source is a panacea for any particular problem, you can put yourself in a stronger position to help.

The UK National Health Service (NHS, 2018) highlights that in adolescence there is a particular need for certain vitamins and minerals:

- Iron (especially in girls)
- Calcium (Particularly for bone and teeth development)
- Vitamin D (to aid absorption of calcium into the body)

The NHS also emphasises the importance of eating breakfast, a range of fruits and vegetables ('5 a day') and cutting down on snacks that are high in fat, sugar or salt. A balanced diet is considered to comprise (NHS 2018b):

- at least 5 portions of a variety of fruit and vegetables every day
- meals based on higher fibre starchy foods like potatoes, bread, rice or pasta
- some dairy or dairy alternatives (such as soya drinks)
- some beans, pulses, fish, eggs, meat and other protein
- unsaturated oils and spreads, eaten in small amounts
- plenty of fluids (at least 6 to 8 glasses a day)

Eating well can help to maintain physical health (which is good for the physical brain, of course), and there is mounting evidence that a balanced diet can support good mental health too (Adan *et al.*, 2019). The missing piece is to do with being able to explain the science with certainty, and to predict with confidence how a change of eating habits will affect mental health. Consider the links between food and mood described in the next activity.

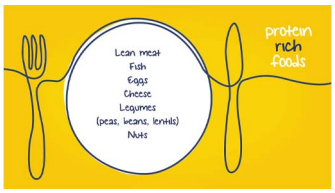
Activity 6: Food and mood

Allow about 20 minutes

1. Watch this video produced by Mind the mental health charity.

Video content is not available in this format.

Video 5: How to manage your mood with food | 8 tips



Notice how they are careful to make links with established knowledge about physical health. Can you pick out one ingredient of a diet that comes over strongly for its effect on mood? Make a note below.

Provide your answer...

Discussion

A fall in the level of blood glucose can affect mood, although aside from certain medical conditions, the body is able to maintain blood glucose within normal limits in most cases (Wilson, 2011). There are other factors associated with eating, such as the uplift in mood by satisfying hunger pangs and the pleasure and rewards of eating something you enjoy.

Evidence is building of a link between the gut microbiome (the trillions of bacteria that exist in your gut) and mood, although scientific understanding of this is still in its infancy. Scientists are beginning to describe the 'gut-brain axis' as multiple channels of communication between the two. Most of the evidence so far comes from animal research, and this is an exciting field of inquiry for human health (Liu and Zhu, 2018).

Although the link between caffeine and mood was made strongly in the video, the evidence so far is of a link between the two rather than caffeine intake actually causing anxiety or depression (Andrews and Smith, 2015). Children and young people are considered to be more sensitive to the effects of caffeine than adults, so it is certainly sensible to monitor caffeine consumption. Caffeine is a mental stimulant, and it is correct to imply that it might disturb sleep. A recent randomised controlled trial, which explored the effects of caffeine on sleep in adolescents, found that caffeine could be particularly harmful in young people in its capacity to interfere with sleep patterns (Reichart *et al*., 2020).

If you are interested in this area and what to find out more take a look at the recent research by Felice Jacka (2019) who has extensively researched the links between food and mood. Her research indicates that an unhealthy diet of processed food can impact young people's mental health which may result from changes in bodily systems such as the immune system, hippocampus in the brain, the stress-response system and the gut. You can also listen to her talk about her research here:
The Ground-Breaking Science of Food & Mood with Prof. Felice Jacka | Stronger Minds on Acast

What could you do to encourage a young person you care about to eat a balanced diet and regular meals? Think about what might be preventing them from eating well. Is it pickiness, or peer pressure, or newfound independence allowing them to explore sweet, salty and fatty food perhaps?

Choose from this list of things that might help, and tick any you think you could achieve or attempt:

- ☐ Being a role model of good eating habits.
- ☐ Talking in a positive way about healthy eating.
- ☐ Involving the young person in meal planning.
- ☐ Involving the young person in food shopping.
- ☐ Involving the young person in meal preparation.
- ☐ Stocking up on healthy snacks.
- ☐ Involving the young person's friends or siblings.

Discussion

If you feel enthusiastic about any of the options, you could start practising some of these options in your daily life.

3.2 Exercise and mental health

Exercise benefits everyone but most people struggle to integrate sufficient physical activity into their lives.

Figure 5

For young people, the World Health Organization recommends 'at least an average of 60 minutes per day of moderate-to vigorous-intensity, mostly aerobic, physical activity, across the week'. (WHO 2020a, p. 25)'. The evidence for the physical benefits of exercise is well established, and the evidence for psychological benefits is mounting. In the next activity you will consider some of the research in this area.

Activity 7: Can 10 minutes exercise a day can improve mental health

Allow about 15 minutes

Listen (or watch) Video 6 where Dr Rangan Chatterjee talks to Dr Brendon Stubbs. Try not to get too bogged down in detailed descriptions of research approaches here. Whilst they are important, it's perhaps more important to consider what the key

messages here are in terms of the amount of exercise and how this can impact mental health. As you listen make a note of three key messages which you feel are important.

Video content is not available in this format.

Video 6: How 10 Minutes Of Exercise A Day Can Change Your Brain: Dr Brendon Stubbs | Bitesize

Provide your answer...

Discussion

There are many important messages presented in this podcast and you may have been surprised that it takes as little as ten minutes a day of gentle exercise and moving to have an impact on mental health. These changes can be quite significant, as Dr Rangan Chatterjee and Dr Brendon Stubbs describe, including neuroplasticity and changes to brain activity and function. Furthermore, they discuss how these changes can take place in a relatively short period of time. This can provide important information for young people who are experiencing mental health problems who may feel lethargic and find the thought of intensive exercise daunting and hard to become motivated for.

WHO (2020b) has claimed that there is 'Strong evidence' that 'physical activity reduces the risk of experiencing depression' (p. 39) and can help to treat existing depression. WHO also warns about the health risks of excessive sedentary behaviour, which can occur, for example, when recreational activities are screen-based rather than physical.

The latest figures suggest that very few young people are achieving the WHO recommended levels of physical activity (Guthold *et al.*, 2020). The figure below, which shows the prevalence of *insufficient* physical activity among school-going adolescents, reveals that globally more than 80% of girls did not achieve the recommended level in 2016, and that boys were only slightly better. There is no clear pattern between rich and

poor countries. The trend shows a slight improvement for boys between 2001 and 2016, and hardly any change for girls.

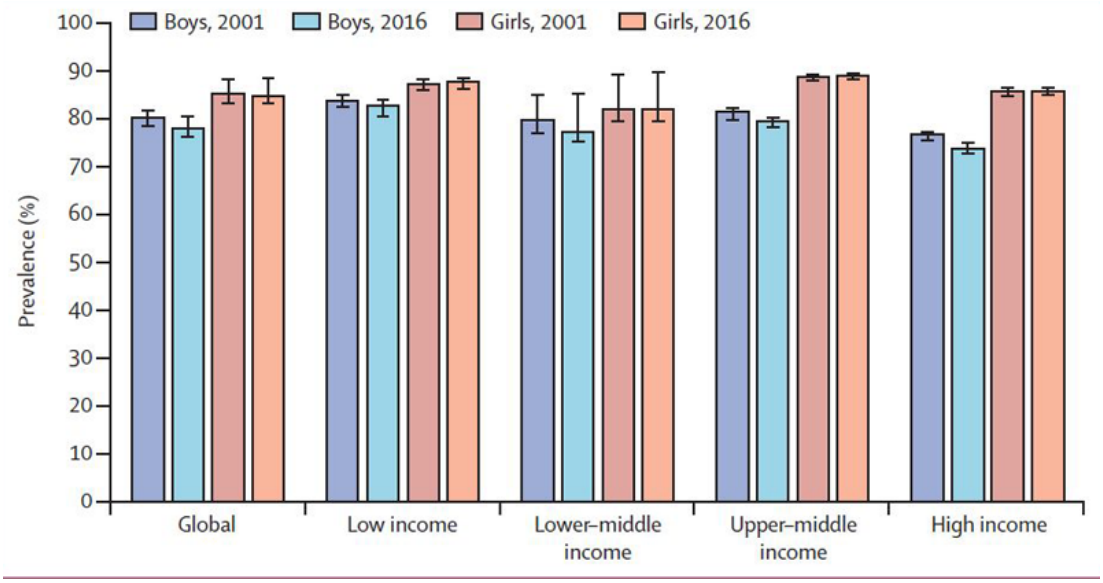


Figure 6: Prevalence of insufficient physical activity among school-going adolescents aged 11–17 years, globally and by World Bank income group, 2001 and 2016 (Guthold *et al.*, 2020)

Research on the relationship between physical activity and mental health usually raises further questions. For example, are team sports better for mental health than exercising alone? A recent European survey study (McMahon *et al.*, 2017, p. 120) found that 'Lowest levels of anxiety and depression and highest level of well-being were found among those participating in team sports'. However, the researchers could not say whether the social aspects of team sport improved mental health and wellbeing, or whether the young people with mental health problems were less likely to engage in team sports.

The amount of exercise required for mental health might not be quite as great as that for maintaining physical health. Indeed, The UK National Institute for Health and Care Excellence (NICE, n.d.) recommends '45 minutes to 1 hour per session, up to three times a week' for an adolescent who has a diagnosis of depression. As more research results become available, people's understanding of the relationship between mental health and physical activity will become more sophisticated. Increasing one's levels of physical activity can benefit some individuals more than others, and it is definitely something worth persevering with, in efforts to boost mood.

Research note

It is difficult to make definite claims about whether physical activity actually *prevents* mental health problems, because most studies are 'cross-sectional'. A cross-sectional study takes a snapshot at a particular time, by conducting a survey, for example. Surveys can determine how many people who engage in a certain amount of physical activity are experiencing mental health problems (providing a *correlation*), but they cannot tell whether the activity is preventing mental health problems from developing. Longitudinal studies, which measure changes over time, can help to fill these knowledge gaps, although the causes of mental health problems are so complex it can be difficult to identify the effects of a single factor. Randomised controlled trials are able to measure the

> effects of a single factor through careful design and the use of sophisticated statistical methods. These are the most difficult to set up, but provide the most conclusive results.
>
> (Howlett et al., 2021).

One of the ways in which exercise is thought to be beneficial is by improving sleep quality (Brand *et al.*, 2017). Daytime exercise is beneficial, whereas vigorous exercise late in the evening can interfere with sleep. Next, you'll explore the impact of sleep on mental health, as well as ways of helping a young person to sleep better.

3.3 Sleep and mental health

You've probably had times when you were unable to sleep and as a result felt tired, grumpy and were unable to concentrate well. Sleep can be particularly important during adolescence. Sleep disruption can exacerbate depression (Baum *et al.*, 2014), and it is widely accepted that good sleep is essential for good mental health. Many young people may report feeling excessively tired when experiencing mental health problems and many parents or caregivers may notice that their child is sleeping a lot or experiencing disrupted sleep.

Before learning more about this, consider how much sleep a young person needs.

Activity 8: Sleep needs in adolescence

Allow about 10 minutes

How much sleep do adolescents need?

- ○ 4-5 hours
- ○ 6-7 hours
- ○ 8-9 hours
- ○ 10 hours or more

Discussion

According to the National Sleep Council, adolescents need around 8–9 hours of sleep. Compare this with other age groups in the figure. The minimum for adults is 7 hours, and you might want to review your own sleep patterns with this in mind.

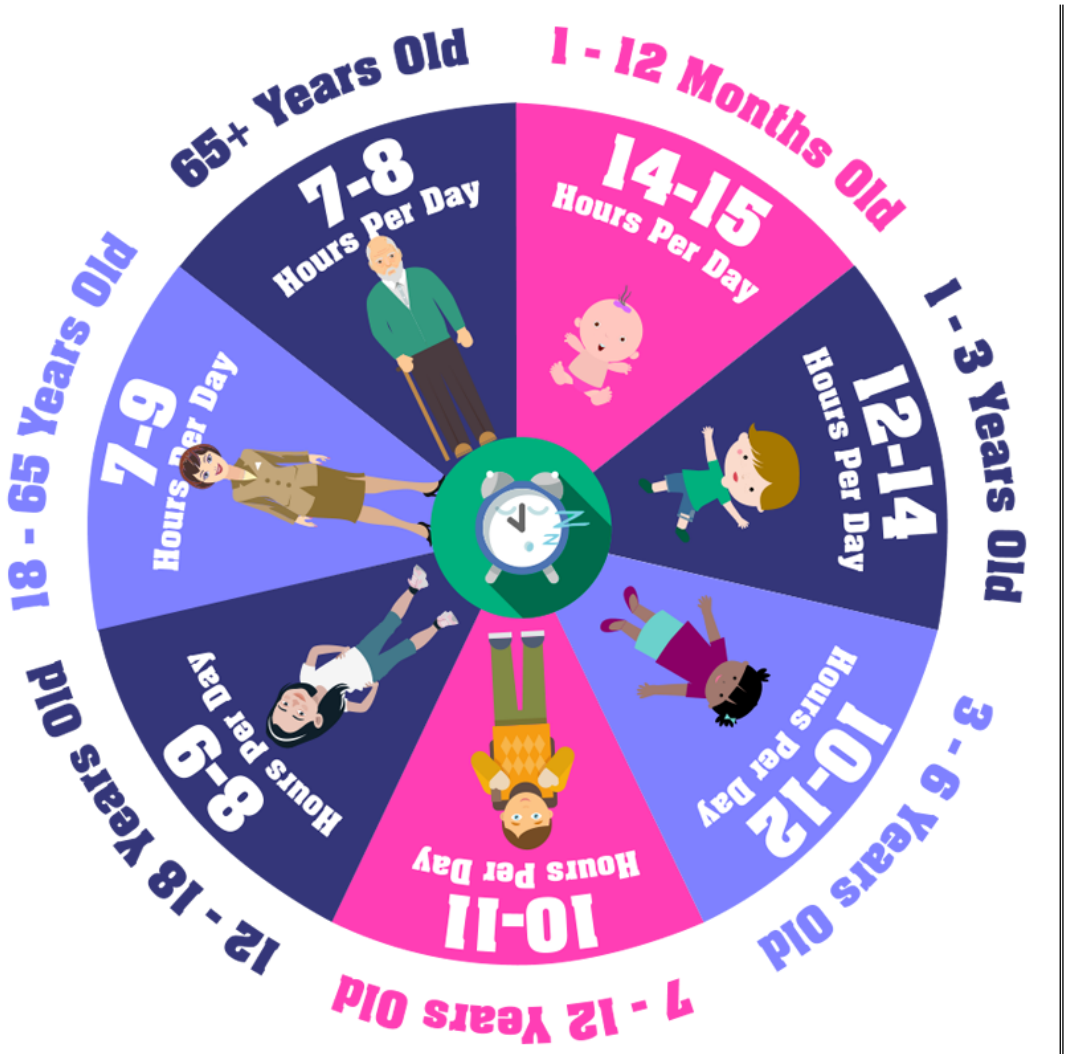


Figure 7

There are some important considerations regarding sleep in adolescence. One is that sleep seems to have an effect on the development of the brain structure in adolescents. It is also understood that restricted or interrupted sleep can affect learning and memory as well as the processing of emotions (Short *et al.*, 2013, Tarokh *et al.*, 2016). There is little doubt that good quality sleep restores the brain, and that the adolescent brain is undergoing significant structural changes. Scientists still have much to learn about the relationship between sleep and the adolescent brain, and this remains an active area of enquiry.

During adolescence, the internal body clock shifts so that a young person tends to go to sleep later at night and wake later in the morning. This shift in body clock tends to disadvantage young people, who find it difficult to wake for school and get to sleep at a good time in the evenings (Crowley *et al.*, 2006).

External factors, such as light, also influence the body clock. Neuroscientists have found that light at the blue end of the spectrum enhances alertness, whereas red light can reduce alertness. Exposure to natural light during the day, which has high levels of blue light, can enhance healthy sleep patterns in young people, and reducing blue light before bedtime can help a young person get to sleep (Studer *et al.*, 2019). There is growing concern over screen use in the bedroom as screens typically emit blue light.

The evidence for the benefits of good sleep is persuasive, so what can you do as a parent or caregiver? The next activity helps to answer this question.

Activity 9: Promoting sleep

Allow about 15 minutes

Decide which of these actions you could take to promote sleep in a young person.

Encourage avoidance of:

- ☐ strenuous physical exercise in the hour leading to bedtime
- ☐ using a smartphone, tablet or PC in the hour leading to bedtime
- ☐ watching TV in the hour leading to bedtime
- ☐ drinking caffeine, particularly in the 4 hours before bed

Things to encourage:

- ☐ reading a book at bedtime
- ☐ listening to relaxing music
- ☐ having a bath
- ☐ change bedroom lightbulbs to ones with a warmer light
- ☐ write down any worries that are interfering with sleep
- ☐ aim for at least 60 minutes' exercise during the day
- ☐ get outdoors as much as possible while it is light
- ☐ a good bedtime routine

Other measures to consider:

- ☐ thicker curtains or a blackout blind in the bedroom
- ☐ using an app to support good 'sleep hygiene' (the good habits that facilitate sleep)

4 This session’s quiz

Check what you’ve learned this session by taking the end-of-session quiz.

Session 6 practice quiz

Open the quiz in a new window or tab then come back here when you’ve finished.

5 Summary of Session 6

The main learning points of this session are:

- Active listening provides opportunities to engage with young people and provide time and space for them to share their feelings. This involves stopping what you are doing, listening without interrupting and trying not to judge a young person or trying to fix them.
- Rather than trying to solve a young person's distress it is important that they learn and are supported in developing life skills in self-soothing and the ability to calm themselves.
- A healthy lifestyle, including a healthy diet, regular exercise and plenty of sleep supports young people's mental health.

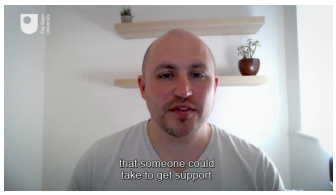
Now to go Session 7.

Session 7: Identifying sources of support

Introduction

A great source of distress for young people who experience mental health problems are feelings of isolation. You will recall in Session 6 that the parents of the young people who were experiencing mental health problems reported that they also withdrew from families and friends. Isolation is often compounded by a sense of stigma. Support networks can be invaluable in assisting young people and their families. It can help them to manage any stigma they may feel in relation to their mental health and help them to feel connected with others who understand the challenges. It can also help them find sources of support. Internet technology has made it possible for people to link with others in the privacy of their homes, and the opportunities to do this continue to develop and have showed some positive results. This has been particularly the case during the COVID-19 pandemic when options to meet in person were limited. In the next video, you'll see counsellor John Goss talking about the various types of support that in their experience young people have access to. Watch now to get a sense of the range of support.

Video content is not available in this format.
Video 1: John Goss: Various types of support



In the video, John talks about the GP and talking therapy with a counsellor, as being two of the main formal support systems that a young person can access. You will learn more about these types of support in this session. However, as John pointed out, it is also important to sometimes engage directly with the young person and/or the people around them to find out what types of things could best support them.

In this session, you will begin by exploring how a secure network of family and friends can help to support a young person. At the beginning of the video, John also talked about the power of support groups in relation to providing spaces for the young person to share their experiences. Some of these can be in person, but as you will discover nowadays many are held online or via social media. When well-managed, these can be a good source of support and this session contains some valuable information on how young people can be

encouraged and supported to use social media for the benefit of their mental health. We will also explore how it can impact negatively and how this can be managed. You will then consider what the charities MIND and YoungMinds can offer to young people with mental health problems.

Learning Outcomes

By the end of the session, you should be able to:

- describe how a support network can benefit a young person experiencing mental health problems
- advise a young person on the best way of using social media for support
- explore a range of self-help resources and decide whether they will be helpful.

1 Family, friends and other adults

Addressing mental health issues is far from a passive process on the part of the young person concerned. Professional support strategies rely on the young person being able to engage actively in the process, as so much of it is about developing relationships with the self and others. As you will see in the case of cognitive behavioural therapy (CBT), which you will look at in Session 8, young people can improve their mental health by challenging and adjusting the ways they think about events and their emotional responses to their experiences.

Dr Ken Ginsberg, specialist in adolescent medicine, advocates supporting young people to develop the skills they need to develop competence in life. You heard him in Session 5 talking about the 'Seven Cs of Resilience'. You'll hear more from him in the next activity.

Activity 1: Nurturing and supporting in adolescence

Allow about 20 minutes

In Session 5 you were introduced to the Seven Cs of Resilience, by Dr. Ken Ginsburg. In the video it was clear that resilience is not one clear definable thing but something that is more complex and influenced by a range of factors, both internal and external to the young person. The topic of Session 7 is about identifying sources of support, so this time we want you to watch the video again, this time focusing this time on ways in which those around the young person can contribute to their resilience.

Complete the table below as you listen to the video again, this time making a note of all the things that those around a young person can help to support a young person's sense of resilience.

Video content is not available in this format.

Video 2 (repeated from Session 5): The Seven Cs of Resilience: Dr. Ken Ginsburg introduces his Seven Cs of Resilience: Confidence, Competence, Connection, Character, Contribution, Coping, and Control. Content provided courtesy of the Center for Parent and Teen Communication, Children's Hospital of Philadelphia. © 2018 The Children's Hospital of Philadelphia

Table 1: Seven Cs of Resilience

1. Confidence	*Provide your answer...*
2. Competence	*Provide your answer...*
3. Connection	*Provide your answer...*
4. Character	*Provide your answer...*
5. Contribution	*Provide your answer...*
6. Coping	*Provide your answer...*
7. Control	*Provide your answer...*

Discussion

Table 1 (completed): Seven Cs of Resilience

1. Confidence	Those around a young person can help by building their self esteem. While also ensuring not to overly place pressure on them to perform.
2. Competence	Those around the young person can notice what skills they have and comment positively on those already in place and further influence the development of new skills.
3. Connection	Having circles of adults who 'see' them, and who are reliable can help young people connect. It also gives them security to meet challenges that arise.
4. Character	Those around the young person can help to provide boundaries for them and connections with family.
5. Contribution	Helping young people know that they matter but also knowing that they can reach out to others for a helping hand is a clear part of contribution. But it's

	important to know that this is done 'in kind' and that there is no pity that comes with it.
7. Coping	Telling young people what not to do by shaming them doesn't work, so those around the young person need to work with them to help them learn better ways to cope by modelling this behaviour.
8. Control	Young people begin to have a sense of control within their homes and watch how those around us teach us be in the world. Those around them can also teach them responsibility.

1.1 Fostering supportive networks

The value of a supportive social and family network should not be underestimated. In Session 5, you found that having a supportive social network is a key feature of resilience. A strong social network also instils a sense of belonging, which can promote wellbeing. Psychologist Nathaniel Lambert and colleagues (Lambert *et al.*, 2013, p.1425) identified that 'Having a sense of belonging is to have a relationship with people, or a group of people, that brings about a secure feeling of fitting in.' Therefore, when considering a person's social network it will also be useful to think about the quality of the relationships.

Research has shown that parents, best friends, peers, relatives, siblings, teachers and other practitioners and members of the community can all be a source of secure relationships for a young person (Buckley *et al.*, 2012). Look at the diagram in Activity 2, which gives an illustration of a close social network for a young person.

Working out who is part of a young person's social network can be a first step towards helping the young person to access support from trusted sources. The next activity will help you to map out the social network of a young person you know, and invite you to do the same for yourself.

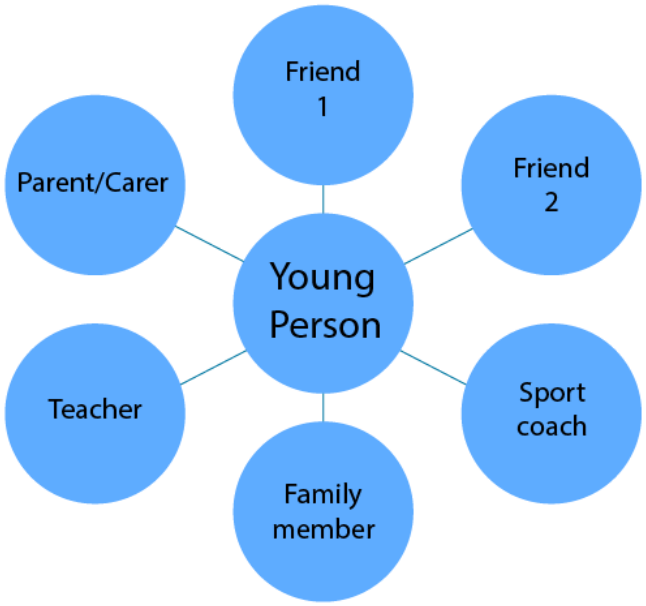
Activity 2: Social support networks

Allow about 30 minutes

Spend a few minutes thinking about the people in the life of a young person you know well. It could be a family member, friend, neighbour, or someone you know from education or sports activities. It might be a young person you know about through another adult.

Fill in the social network for this young person the best you can. Then, consider which of these relationships might be the strongest for providing a sense of belonging or trust. You might find it helpful to think back to Ken Ginsberg's advice about how to support an adolescent with their competence in organisational, communication, self-advocacy skills, and to understand how to handle peer pressure.

Interactive content is not available in this format.
Interactive Figure 1: Mind mapping



Why not do the same for yourself? Being in a position to support others means that you also need a good social network for your own wellbeing. Consider who might be able to provide good quality support to you. It may be that there are a few individuals who provide slightly different aspects of the support you need.

Discussion

There are no right and wrong answers to this activity as each individual's personal circumstances are different. It is likely that some of the relationships you have identified include people the young person knows really well and may be emotionally close to, such as family members or friends, while other relationships, though important, are with people whom they are not emotionally close to, such as fellow students, members of a social group or team members. It is important to note that emotional closeness in relationships of course depends upon the quality of the relationship they share with network members. What the activity highlights is that each person is part of a network of relationships of different kinds and varying degrees of importance.

Note that networks may change over time; they grow, shrink and shift. As a person moves through adolescence, their peers may become more important than their close relatives. School transitions and changing family dynamics can be disruptive and adapting to these changes should be seen as a natural part of development.

1.2 Managing barriers

In Activities 1 and 2 of this session you have seen how social networks can nurture and strengthen a young person's emotional health. Research has shown that participating in

school-based extra-curricular activities can help to reinforce existing friendships and help new friendships to form (Schaefer *et al.*, 2011). However, it is also important to note that socialising may be a trigger for some young people who feel socially anxious and/or depressed (Martin and Atkinson, 2020). 'Withdrawal' from social networks and family can characterise many mental health issues and exacerbates feelings of social isolation, and can also heighten stigma. Therefore, in thinking about a young person's social network and the influence it has on a young person's wellbeing, you might consider whether you can suggest ways it can be strengthened or supported. You may also wish to include reviewing any disruptive influences that you think there may be on the young person or improving your confidence in responding to distress. We turn to ways to do this in the next section.

Is it also important to note that a young person may not always want to confide in close family or friends, especially if they are concerned about stigma or worried that they will upset the relationship. It is important to understand barriers to accessing support and this is something we explore in the next activity.

Activity 3: Barriers to accessing informal social support

Allow about 10 minutes

Listen to the young men we interviewed discuss how they perceive their friends might feel about reaching out for support in relation to mental health. Pay particular attention to any tensions they report in relation to how mental health is thought about by them and their peers.

Video content is not available in this format.

Video 3: Barriers to support

Provide your answer...

Answer

They start by talking about how some of the young men they know would be embarrassed to talk about their mental health because of the need to keep up a bravado. They also discussed the importance of mental health campaigns that help to reduce stigma. However, this was a source of disagreement among the young men as they reported varied opinions about whether this awareness can also create additional embarrassment. This disagreement is a further example of how individuals react and perceive information on mental health differently. Furthermore, it shows the importance of not making assumptions about how young people react to these campaigns.

As the clip you just listened to highlights, there is still a great deal of work to be done to get young men to open up about their emotions. Embarrassment seems to be a key barrier to talking about mental health, but there are things that we can do to support young people to enable them to discuss these issues.

Although a personal network is essential in many ways to support wellbeing and/or recovery from a mental health problem, it is important to acknowledge that supporting someone with mental health issues can be a challenge to us. This is something you'll explore in the next section.

1.3 Managing responses to mental health disclosures

When a parent or carer is supporting a young person who has confided in them about issues with their mental health and emotional difficulties it can feel overwhelming.

Figure 2: #be kind

Research shows us that self-care and a network of support for carers is vital in ensuring that when parents, caregivers and educators feel out of their depth, they have support for themselves. However, not everyone knows how to respond when they are told about mental health issues.

Activity 4: Experiencing different supportive responses

Allow about 10 minutes

Listen to this audio from one of the parents we interviewed as she talks about how people reacted when she shared the news that her daughter was experiencing mental health issues. Note the positive and negative aspects and reflect upon how this might impact your behaviour in future if you were told that a friend or colleague was supporting someone with mental health issues.

Audio content is not available in this format.

Audio 1: Support for parents

Provide your answer...

Answer

This parent describes how regular contact and offers of support were vital to her. However, she also experienced unhelpful responses which dismissed the seriousness of what her daughter was experiencing. Overall, background support and direction were of the greatest help to her.

Being exposed to the various responses different individuals may express in response to disclosures about mental health can be challenging. However, often at least part of the problem is that often there is a lack of understanding about mental health distress. You may even find that as a parent, caregiver or educator you are taken out of your comfort zone and challenged beyond your own limits of understanding about these issues. This is why education about mental health distress and how to manage it is so important.

In response to these challenges and in an attempt to improve support and reduce stigma, bespoke training courses have been set up for those who wish to find out more about how they can support and help young people. For example, the training company Mind Matters have developed an adapted version of the popular Mental Health First Aid course to ensure the content is more specific to young persons' mental health.

Other examples include that offered by Papyrus, a charitable organisation working to prevent young suicide which offers three different types of training for schools and colleges ranging from short courses that can be completed in an afternoon that give a brief overview of the main topics, to more intensive two day courses that build up skills.

While these courses are more formal and therefore have costs associated with them, there are also many other free courses on OpenLearn and FutureLearn that deal with particular areas of concern that you may want to know more about. If you wish to find out more you can simply enter relevant search terms into the search engines both online portals provide.

Some of the parents we spoke to thought it may also be useful for parents and supporters to have counselling themselves. This can provide a safe space to talk over the feelings experienced when supporting someone who has mental health difficulties.

2 Social media

Social media gets a lot of bad press about its negative impact on young people (as well as adults). Research indicates that social media is implicated in increasing adolescent depression (Brunborg and Burdzovic, 2019; Raudsepp, 2019) especially in girls (Kelly *et al.*, 2019). It also provides a platform for narcissistic self-promotion and aggression (Stockdale and Coyne, 2020) and acts as a mediator of body image concerns (Marengo *et al.*, 2018). By contrast, however, there is also evidence that social media can provide a supportive environment for young people to make connections and receive mutual support (Radovic *et al.*, 2017).

Figure 3

In the UK, it is becoming compulsory to include online safety in school curricula (Department for Education, 2019; Welsh Government, 2019; CCEA, 2020; Scottish Government, 2017). Many young people are well briefed on online safety, although this doesn't mean, of course, that they will take all the precautions they have been taught. In the next activity, you will find out about how a young person you know engages in social media and the impact this may have on their mental health. In this section, we will explore these issues by listening to audio and watching video from our interviews with young men and women.

Activity 5: Assessing the Impact of Social Media Use

Allow about 30 minutes

In this activity, you will explore the varying impacts of social media on young people by watching a series of clips from our interviews with young men in which they are asked to talk about the impact this has had on their lives.

Watch Video 4 and make a note of the concerns the young men describe.

Video content is not available in this format.
Video 4: Trends in how social media impacts mental health

Provide your answer...

Discussion

The young men described definitive trends in self harm that they became aware of from social media. The young people are aware of these trends and note them among their peers. They describe concern about whether social media glamourised the issue and are clear in saying that they think this behaviour may have been affected by social media, particularly the way that it was possible to share this information online.

While concerns about social media and self-harm are common, it is also important to note that the young men showed considerable awareness of the negative consequences of social media and in another clip went on to discuss how they had developed some strategies to manage this.

Now watch Video 5 and note how the young men talk about their behaviour in relation to social media and how they manage the impact of social media on their wellbeing. Note also why they think social media is harmful.

Video content is not available in this format.

Video 5: Helpful ways of limiting the negative impact of social media

Provide your answer...

Discussion

You may be surprised at how knowledgeable and reflective the young men were on some matters related to social media. They raised some concerns, but it is important to note that they were also aware of the importance of boundaries in forming a healthy relationship with social media and those actions which were less helpful. Interestingly, the young men compare the impact of social media on their mental health as being worse than drugs or alcohol, using the word 'addiction' to describe their assessment of the ways in which they engage with it. In response to this is it clear that they make distinctive efforts to control their engagement with it.

The young women we interviewed also talked about the impact of social media on them.

Listen to Audio 2 and then make a note of the ways they thought that social media may have impacted upon them and how this has changed over their adolescence.

Audio content is not available in this format.

Audio 2: The change of impacts of social media through adolescence

Provide your answer...

Discussion

Just like the young men, these young women were animated and engaged when asked to reflect upon the impact social media has had on them. However, they talked about social media as being an integral part of their life such that it was not always possible to be aware of the side effects it is having on your mental health. They also described being so consumed by it that it is hard to detach from. The girls mention the

rush and sensations of getting likes and followers on Instagram. However, they also mentioned a particular trend that went on on Facebook when they were younger that they did not see as problematic at the time, but which they have come to reflect upon as being damaging for self esteem.

Throughout all of these clips the young men and women have demonstrated considerable reflection in their engagement with social media. But they also highlight that this is struggle. The final example of something that the young girls were once comfortable engaging with on social media, but which over time they now see as potentially damaging highlights the importance of having supervision and continual conversations with young people. Engagement with social media may almost be inevitable for today's generation, but it is important to support them as they develop their relationship with social media over time.

2.1 Taking control

Researchers and charities are increasingly working to explore how to guide young people to manage their relationship with social media so that it has more of a beneficial impact on their wellbeing. In the next activity, you will explore some of the simple techniques they have developed.

Activity 6: Controlling a social media feed

Allow about 20 minutes

Regardless of your personal opinions of social media and the role it is playing in the lives of the young people you work with, it is important to realise that young people are best supported by helping them to make good personal choices about social media for themselves, especially as many adolescents have individual access to mobile phones and computers. In the previous activity, you heard the young men describe how they limited their use of social media to manage the impact it had on their mental health. Watch Video 6 in which young people describe how they altered their behaviour to have a more positive time when using social media.

Video content is not available in this format.
Video 6: #OwnYourFeed for a more positive time online

As you watch make notes summarising the following three key pieces of advice:

- ‘Cleaning your feed’
- ‘Find your crowd’
- ‘Say hey’

Provide your answer...

Answer

This video illustrates three simple steps to helping a young person manage their social media and the impact it has on their emotional health. The key here is the message of ‘cleaning your feed’ and at its core is the idea that young people should consider how each post makes them feel and to mute or unfollow those that do not keep them interested or happy. The second step is to use social media to find like-minded people who share their interests. The final step is to use social media to connect with people, to reach out and say hey.

It can be hard to talk to young people about these things in a way that captures their attention, so it may help to ask the young person to watch the video themselves. However, campaigns like this which are driven by and informed by young people are an illustration of how many of them are increasingly aware of the impact of social media on their mental health.

Another way to help young people engage with their own social media use is to access the reminders that tell them how long they’ve been using an app or to set their own limits. For example, on Facebook, go to Your time on Facebook > Set daily reminder. They can then set their own ideal daily usage.

Being able to limit time spent on social media can also help to prevent sleep disruption. There is now a body of research that indicates ‘young people who spend more time using social media (especially at bedtime) and those who feel more emotionally connected to platforms’ report later bedtimes, take longer to get to sleep, sleep less and have poorer

sleep quality (Scott *et al*,. 2019, p. 539). You learned about the link between sleep and adolescent mental health in Session 6. Fortunately, there are ways to mitigate sleep disruption or to use phones to help promote sleep. For example, most phones now have night time modes to ensure that blue lights emission is reduced. In addition, meditation apps have stories that can help young people wind down and get to sleep.

2.2 Understanding the impact of social media on a young person's identity

New research can help us to understand the complex ways in which young people engage with the online world as part of their everyday lives. For example, the internet and social media use can serve as a means of self-interpretation, allowing young people to conduct ongoing 'identity work'. These digital technologies can make it possible for us to create 'multiple selves' or 'multiple identities' allowing young people to transform themselves. In addition, it can allow young people to connect with other people who are like them.

Activity 7: Understanding the impact of the internet on identity

The young people who are growing up today where born into a world were the internet and social media already existed. In their book on the subject, John Palfrey and Urs Gasser described them as being 'Born Digital' and suggested this had a fundamental impact on how their identity was formed. One of the key messages from the book is that it is not always possible for those of us who grew up in a time pre the internet or social media to fully connect with the integrated nature of the digital identities that many young people have these days. But it is important for us to recognise that, as with most things in life, there are both positive and negative consequences.

Watch this video which illustrates well the complex relationship some young people have with social media.

View at: youtube:GGGDfciqyvw

Video 7: Social Media, Social Life: Teens Reveal Their Experiences (The Open University is not responsible for external content.)

As you will see from the word cloud (Figure 4), individual reflections on social media and the ways in which young people use it can vary from our own. From this video and from the extracts of interviews with young men it is clear that we should be careful about buying into the notion that all social media is bad for young people. Instead, we need to move towards an understanding of how and why young people engage with various social media networks.


EXCITING
HABIT
OFFENSIVE
INVALIDATE FEELINGS
CONTRADICTORY
COMPLEX
WISH I COULD PHYSICALLY HANG OUT INSTEAD
SEXIST COMMENTS
DISTRACTING
SOMEBODY TO TALK TO
CONFLICTED
SIDE-TRACKED
PASSIONATE
COOL
BULLYING
COMMUNICATION
HATE SPEECH
LESS LONELY
COMPLICATED
ARTWORK
HURTFUL
RUDE
WRITING PLATFORM
CHERISH
CONFUSING
LANGUAGE
DISCUSS ISSUES
RACIST COMMENTS
CONNECTION
SOMETHING NEW

Figure 4

3 Charities

What happens if a young person does not feel able to confide in close friends and family? Charities provide a range of important services for supporting mental health in young people. Their websites are often the first place people go for information.

Figure 5

Charities such as Mind and YoungMinds provide support networks for young people. Mind, for example, has linked up with the Anna Freud National Centre for Children and Families, which has a network of centres across the UK that provide support for young people. Mind, itself, has a network of 'Local Minds' based in certain localities, and which are able to provide local support. Similarly, YoungMinds acts as an information hub, bringing together a range of organisations that can help young people.

In this section, you'll find out about some of the help charities provide directly to young people.

3.1 Helplines

COVID-19 has severely restricted people's ability to engage in face-to-face support. However, as many young people now commonly use social media platforms to communicate with their peers, it is possible to harness these skills to encourage them to engage with other sources of support. There are now lots of ways for young people to reach out for support using technology. In the next activity, you will consider some of them.

Activity 8: Exploring sources of support through technology

Allow about 15 minutes

Think about a young person you know and if you can, ask them about the different kinds of support they have accessed so far. Tick the one you feel is the most useful or important. There are no right or wrong answers here. Your response will feed into a poll so that you'll be able to see which kinds of support young people most commonly access amongst learners of this course.

Interactive content is not available in this format.

Answer

How did your answer compare to those of your fellow learners? Perhaps you were surprised at how acceptable these forms of support are now. Or perhaps you are well versed with these alternatives to online services. Studies now show that people are increasingly accepting electronic communication to help with their mental health distress. This is particularly the case with the onset of COVID-19 which has pushed the issue further, forcing many organisations online and improving the ways in which they are used.

Whatever your attitudes towards online sources of support, it is now hard to ignore the potential value of the peer support and a feeling of connectedness it offers. Given that young people are enthusiastic users of mobile apps, there is growing interest in developing digital methods of connecting young people to sources of help from both peers and professionals (Bohleber *et al.*, 2016). Easton and colleagues (2017) have discussed the distinction between improvements from a medical perspective of mental health in contrast to 'social connectedness, personal empowerment, and quality of life'. Fortuna and colleagues (2019) see online peer support as potentially complementary to medical interventions.

There is still much to learn about the value of online networks, but it is important to realise the wide variation in the nature of online support and if a young person is finding it helpful, that may be the most important consideration.

3.2 Online forums

One of the most important aspects of online supportive resources is that they are frequently accessible at very short notice and are often accessible 24-hours a day. This can be an important aspect as it allows young people to reach out whenever they are struggling and when they might think it is not appropriate to reach out to more formal sources of support.

Self-help for adolescents can be supported online via websites and mobile apps. Many charities now provide support directly to adolescents via their websites. For example, YoungMinds and Childline provide advice on a range of issues from bullying to explaining mental health conditions, to asking for help.

Activity 9: Finding help online

Allow about 30 minutes

In this activity, you are encouraged to work through some of the supportive resources that are available online, both for you and for the young person you may be concerned about. Below we have a provided a list of resources.

Spend the next thirty minutes exploring each of them and make a note of those which you think you may want to revisit at another time. Remember to open these links in a new window so you can return to the course when you are ready. (To open a link in a new window or tab, right-click on the link and select 'Open in new window/tab'. Or, to open in a new tab, hold the Ctrl key as you select the link.)

- YoungMinds
- The mix
- Kidscape
- Anna Freud
- Mind
- Papyrus

You may have noticed while you were reading these websites that they contain a lot of information. It is also important to notice that some of these charities also run some helplines that can provide, in many cases, instant access to a counsellor or trained volunteer. Here are some of the most commonly used that we have come across.

- Hopeline UK – call 0800 068 41 41 if you are having suicidal thoughts
- – Childline message boards 0800 1111 (always open, website includes online counselling)
- Kooth - free, safe and anonymous online support for young people. Monday-Friday Noon-10pm and Saturday/Sunday 6-10pm
- Mermaids – 0808 801 0400 – supporting transgender youth, their families and professionals working with them. (Mon-Fri 9am-9pm)
- The Samaritans – 116 123 / jo@samaritans.org (always open)
- Shout – text SHOUT to 85258. 24/7 free text service for anyone in crisis anytime, anywhere.
- YoungMinds Crisis Messenger – text YM to 8525 for free. 24/7 crisis support.
- YoungMinds Parents Helpline – 0808 802 5544 (Mon-Fri from 9:30-4pm).

Provide your answer...

In the next section you will explore how apps can provide a form of therapeutic support and treatment.

3.3 Mental health apps

As our understanding of social media has increased, so has the development of apps that help us to monitor and improve our mental health. This area is an ever-expanding part of technology with new apps being developed all the time. These apps cover a range of topics, from those that help to monitor moods swings to those that teach mindfulness-based cognitive behavioural therapy (CBT).

Recently, there has been a move towards apps that have been developed with young people, so that their needs are central to the design and content. Research now suggests there is significant potential to improve the lives of young people who are experiencing depression via technology-based app based interventions. As the area changes so rapidly it is difficult to recommend any that will remain relevant in the future. Here we have listed some of the key ones that you may chose to explore in your own time. There will be others that you come across that you may also find useful.

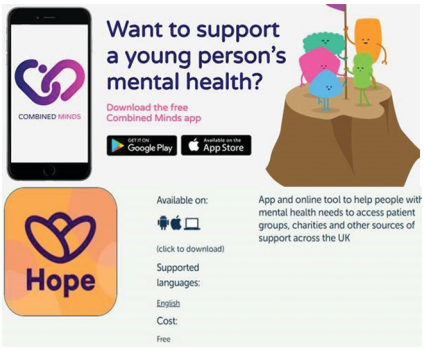


Figure 6: Different types of mental health apps

- Hub of hope: An app and online tool to help people with mental health needs to access patient groups, charities and other sources of support across the UK.
- Combined minds: For parents and friends who want to support a young person's mental health.
- Mental health podcast list

Because apps are constantly changing and the evidence used to develop them is changing, it is hard for us to recommend any for specific use here. However, the NHS has an apps library list aswell as resources here, where they list those that have passed the NHS approval process.

It is also important to remember that for some young people it can provide an alternative form of support, for others it might address their need for support between their face-to-face appointments.

4 This session's quiz

Check what you've learned this session by taking the end-of-session quiz.

Session 7 practice quiz

Open the quiz in a new window or tab then come back here when you've finished.

5 Summary of Session 7

In this session you have explored how you can go about both support young people yourself and in supportive networks of other adults and peers. You have also examined how you can find sources of help so that they can engage in self-care. You have heard some young people discuss the impact that social media can have on their mental health and how they have found ways to manage this impact. Finally, you have examined range of online support organisations and mental health apps that exist that can provide both information on mental health and direct contact to helping professionals. Well done, you have now almost completed this course and are ready to turn to the final session.

Now to go Session 8.

Session 8: Seeking expert support and accessing services

Introduction

Congratulations on reaching the final session of the course! You will have learned a great deal since starting to study this course and you will appreciate how complex mental health issues are, as well as the many challenges involved in supporting a young person. This session goes a little deeper in exploring these many challenges and considers the steps involved in gaining additional help. The session will introduce you to a range of professional interventions that are potentially available should you and the young person decide these might be necessary. It will also explore the referral processes that can help you to gain access to these services. By way of introduction to these topics, listen to the following audio in which a parent explains how they came to view getting help for her daughter.

Audio content is not available in this format.

Audio 1: Getting help

In this clip, the parent clearly describes how telling someone to ‘pull themselves together’, or thinking that they might grow out of the emotional issues they are experiencing may not always be the case. Parents often blame themselves for how their child is feeling but as this mum describes, it is important that parents recognise that help is available and can make a big difference to how ther child feels. At the heart of seeking help, it can be important to get a receptive conversation going with your young person as this may prevent the issue developing into something that is more difficult to deal with. But as this mum also points out, this is something you may need professional help to do.

In this session, you will begin by exploring the referral routes available to parents and practitioners working with young people. You will then consider different treatments for young people with mental health problems, before learning more about how talking therapies can help with a range of issues. Practitioners draw on a range of different strategies to help a young person, and you’ll learn more about these too.

Learning Outcomes

By the end of the session, you should be able to:

- describe the referral processes for a young person experiencing mental health problems to access professional support
- identify a range of treatments and support for a young person experiencing mental health problems
- discuss the benefits and challenges associated with professional interventions.

1 Responding to concerning behaviours

It can be hard to know what to do and how best to react to a young person who is displaying worrying behaviour. Given the breadth of issues that can be presented that might relate to emotional distress, it can be hard to provide advice on each situation, and if you are worried it is best that you find someone you trust to talk to.

Self-harm is one of the behaviours that a young person who is experiencing mental distress may display and it is one that can be particularly worrying for those around the young person. In Session 7, we also heard the young men talk about how they felt this behaviour may be influenced by trends on social media. While this can be difficult to explore, it clearly causes a lot of concern for many carers, parents and educators. In this session, we will use it as an example of how to respond to a young person you are worried about.

Parents who notice changes in their child's behaviour may be the first to realise the need for professional help. The typical way most people begin the formal process of accessing professional help for a young person is to make an appointment with a GP. If you are involved in doing this, it might be helpful when making the appointment to ask if any of the doctors or practice nurses have a special interest in mental health.

It is easy to feel the time pressure in a 10-minute GP appointment and the more prepared you are, the better. To prepare for an appointment with the GP to discuss a young person's mental health, it will help to make some notes on any questions you'd like to ask or anything you especially want to tell the doctor. You might even ask the young person to keep a diary of the challenges they are dealing with.

Activity 1: Preparing for a GP appointment

Allow about 20 minutes

When people visit a GP it can be hard to remember what they wanted to say. This can be particularly the case when dealing with a sensitive subject such as mental health. It can be hard to find the right words to describe what is creating the feeling of concern. One of the key ways in which you can make the most out of a visit to the GP is to prepare for the visit in advance.

These are some of the questions the doctor may want to ask you about the young person's problems:

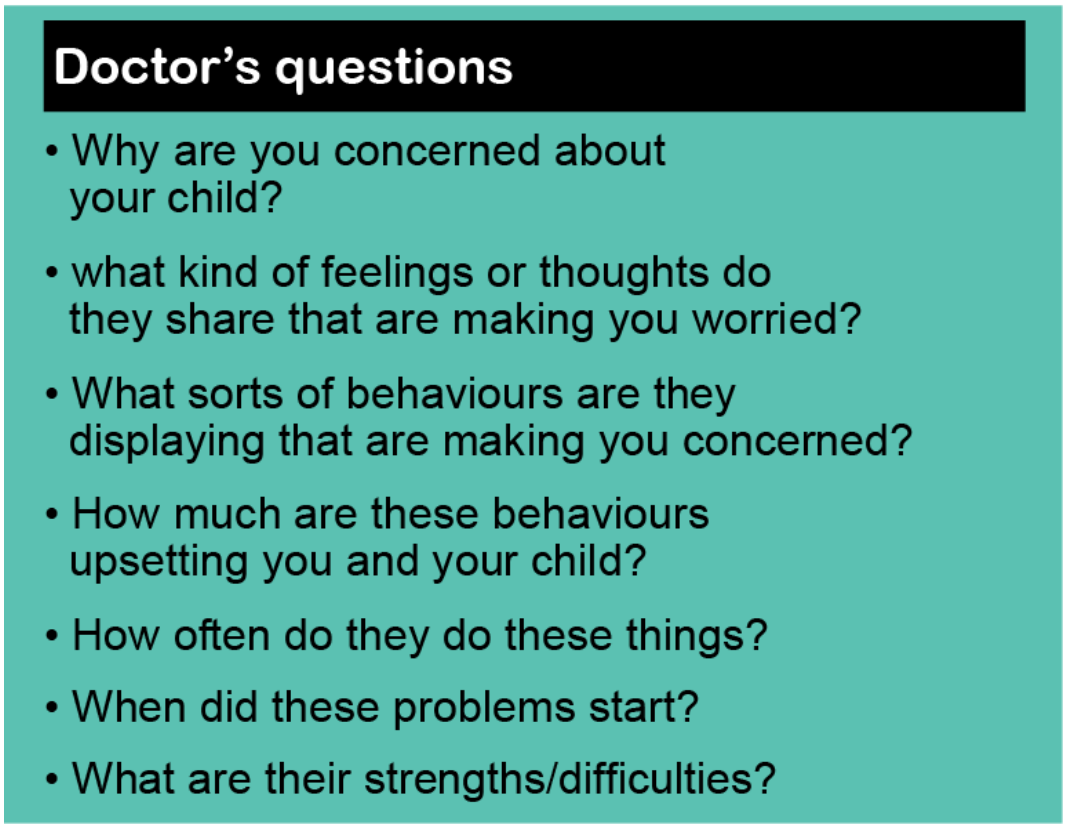


Figure 1: What are their strengths/difficulties? (Source:MindEd for families)

Now visit the following website: Talking to your GP about mental health. Make a note of the key things they say can help you to prepare for a GP appointment in which you, or someone you care for wishes to discuss mental health.

Provide your answer...

Answer

From the website, we noted that it was important to prepare. Write down what you want to say. Find words that help explain how you are feeling, or print out something that captures what is going on for you. It is also possible to ask for a longer double appointment.

In the video, Mind also suggest that you might want to bring someone with you. This can be particularly important when we are supporting a young person. However, it is also important to note that it is possible for young people to attend the GP alone, and this may be one way of encouraging the young person to seek help. Especially if they are reluctant to share what is going on for them.

GPs and some specialist nurses are able to make a referral to a counsellor employed in the community, or to more specialist services, depending on need. If the young person you are caring for is not referred to specialist services, or is added to a long waiting list, there are still other things that you can do to help support them. You will consider these later in this session.

1.1 Mental health at school

The flow chart in Activity 2 has been developed by researchers at the University of Oxford (Charlie Waller Memorial Trust, 2018). It is aimed at school staff, so if you are a parent or carer you may want to approach this activity in the spirit of understanding the practices underpinning disclosure of self-harm. The essence of this response process can also be applied to other mental health concerns.

Activity 2: Developing a response to mental health concerns at school

Allow about 20 minutes

Spend a few minutes reading through the process and if you are based in a school, consider whether there are any ways you could develop your knowledge and skills at work.

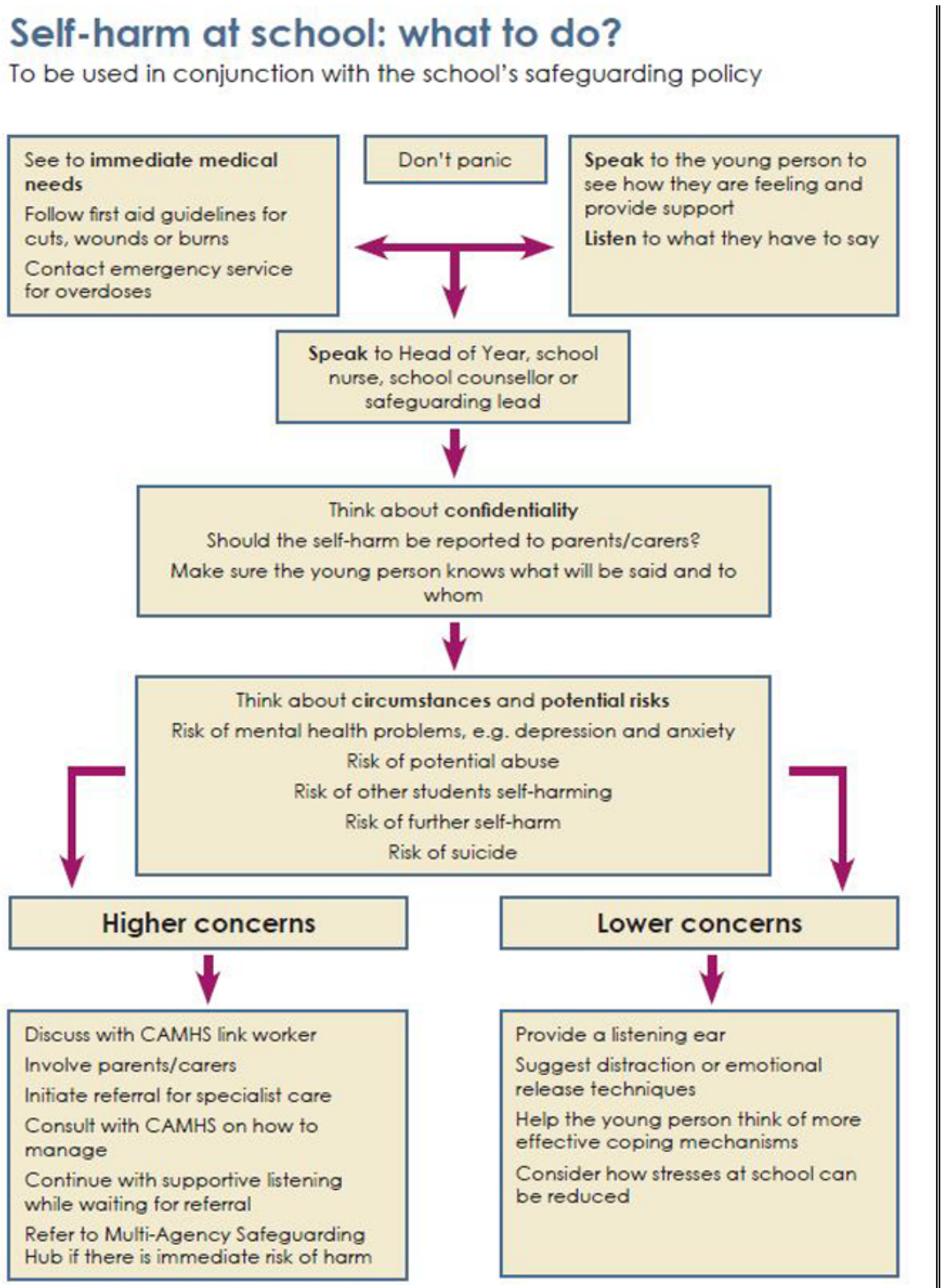


Figure 2

Consider which of the actions in this chart could apply to you as a parent or in your professional role where relevant. Are there any gaps in your knowledge and skills for taking these actions? Make notes below on ways in which you think you are prepared or could prepare yourself to handle a self-harm situation.

Actions	Self-development possibilities
See to immediate medical needs	*Provide your answer...*

Speak to the young person and listen to what they have to say	*Provide your answer...*
Speak to the head of year, school nurse, school counsellor or safeguarding lead	*Provide your answer...*
Think about confidentiality	*Provide your answer...*
Think about circumstances and potential risks	*Provide your answer...*
Address 'lower concerns'	*Provide your answer...*
Address 'higher concerns'	*Provide your answer...*

Discussion

In dealing with the physical injuries, you may need to seek help from a trained professional, or if you are acting as an educator you should be able refer to a first aider in your workplace.

Speaking to the young person, it will be important to draw on some active listening skills. Remember that you worked on these in Session 6.

It may be necessary to urgently identify other professionals you could make contact with.

Confidentiality is clearly important to many young people but it is important to know that for educators, your school will have policies about how you should handle sensitive information and were responsibilities lie in regard to safeguarding.

The circumstances and potential risks can be wide ranging, and these serious judgements need to be made in discussion with others.

While a flow chart is useful in providing a clear checklist of the actions that might be useful when a young person reveals they have been self-harming or displaying other behaviours of concern, it can be hard in the moment to know how to respond as one human to another. You will consider this in the next activity.

1.2 Self-harm

In this activity we ask you to put yourself in the position of the practitioner who is listening to a young person who is revealing they have been self-harming. The young person has shown you the scars and starts to cry.

Activity 3: Responding to self-harm

Allow about 30 minutes

1. Think carefully about what your initial response would be, what emotions do you think would drive your reaction? Would it be fear, compassion, disgust?

Note your reflections here.

Provide your answer...

Discussion

It is understandable to feel uncertain about how you might respond. It could be that you immediately go into a panic mode, thinking of an emergency level response. There is a burden of responsibility associated with being made aware of the extreme distress of a young person. However, it is important to remember that if such a disclosure is made that the primary response should be to think carefully about how to connect with the young person, who is clearly revealing emotions of distress. Provide a safe space for that person to discuss what is going on for them before then developing a plan with them about how to get additional support.

2. Now, watch the video and make a note of the main messages that are suggested for guiding a professional response to this type of disclosure. Consider the skills and characteristics a practitioner would need to demonstrate in order to support the young person effectively.

View at: youtube:79w0OahFQnc

Video 1: No Harm Done film for professionals (The Open University is not responsible for external content.)

Discussion

Skills you might have identified include:

- observation skills
  - Through noticing injuries or behaviour changes, a parent or practitioner may become aware of a problem and ask the young person or their child if they would like to talk.
- listening skills
  - The young person should be the sole focus of attention.
- relationship building skills
  - While a parent can build upon an established relationship, a practitioner needs to build trust, whilst not making unrealistic promises about confidentiality.
- teamworking skills
  - A young person may feel comfortable talking to one particular practitioner and may need help from many people, including family, peers and other practitioners.
- skills around protecting the parent and/or practitioner's own wellbeing.
  - This work can be challenging, so it is important to be supported and to seek support or take up training opportunities where needed. It is important not to keep any uncomfortable feelings about any disclosures to yourself.

Characteristics for both parents and practitioners that might be helpful include:

- being supportive and accepting
- being non-judgemental
- being calm.

Although it is not mentioned in the video, helping young people find practical alternatives to self-harm, such as making a self-soothe box (a collection of things that will soothe or distract) could also be a useful option. You will recall Dr Pooky Knightsmith in Session 6 talking about the importance of self-soothing.

2 Talking therapies

Mental health campaigns such as '#oktotalk', '#Take20' and '#TimeToTalk day' reinforce the idea that talking about mental health is a positive step in accessing help and improving wellbeing. You will also recall one of the parents introduced in Session 4, talked about how therapy proved exceptionally helpful for her daughter in dealing with depression and anxiety. As the name might suggest, 'talking therapies' harness the healing power of talking and being listened to, helping someone to improve their mental health. They usually involve a trained therapist who can help the young person to manage and respond to their feelings of distress. Importantly, talking therapies also offer young people strategies for changing the way they think about their feelings and their responses to events. This can help them to develop good practices for the future and help them to learn vital life skills. It is possible to access NHS psychological therapies service directly (IAPT) without a referral from a GP.

Talking therapies take many forms and the key thing to note is that some talking therapies may suit some type of problem and individual more than others. The experience of talking therapies is highly personal and it can take time to find the most helpful approach. The main talking therapy recommended for adolescents is Cognitive Behavioural Therapy, or CBT. CBT is accepted as an effective first-line treatment in adolescent mental health (Halder and Mohato, 2019).

2.1 Cognitive Behavioural Therapy

Talking therapies, especially CBT (Cognitive Behavioural Therapy), can be useful in a range of mental health problems, for example depression, anxiety, post-traumatic stress, panic disorder, obsessive-compulsive disorder and body dysmorphic disorder. You will recall one of the parents talking about her daughters mental health in Session 1 and how she benefited from CBT. Although CBT is usually conducted face-to-face on a one-to-one basis, it is increasingly offered online, usually as an adjunct to appointments with a therapist, and has been found successful (van der Zanden *et al*., 2012; Spence *et al*., 2011).

The idea behind CBT is that a young person is helped to examine and to challenge the way they think as well as what they do. Thoughts, emotions, physical symptoms and actions (behaviour) interact in all directions. Briefly familiarise yourself with the diagram below and then move on to the activity.

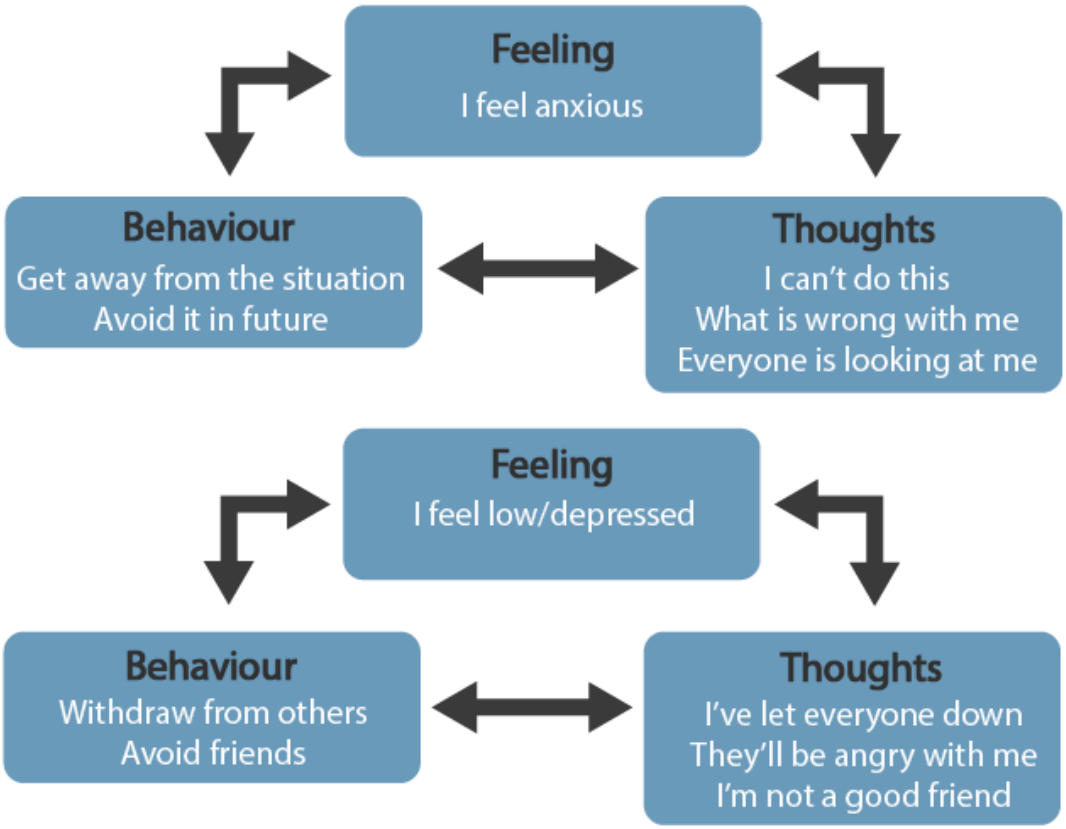


Figure 3: What is CBT?

Activity 4: Making sense of CBT

Allow about 15 minutes

Imagine that a young person you are caring for or supporting has been referred for CBT. They don't think talking will help and complain that they don't want to 'lie on a couch discussing their dreams'. Watch this video and make a note of some of the things you can say to help address their concerns and convince them to give therapy a go.

Video content is not available in this format.
Video 2: What is CBT? | Making Sense of Cognitive Behavioural Therapy

Provide your answer...

Discussion

It's about helping a person to manage their mental health challenges while staying in the present, and teaching coping skills. It can help the young person understand how their negative thoughts are affecting the way they feel and act. If CBT turns out to be unhelpful, there is no shame in asking to try alternative approaches.

A key skill for CBT practitioners is active listening. You will remember addressing skills in listening in Session 6. You may have noticed in the video that the therapist's questions follow closely from the patient's descriptions of his feelings, gently prompting exploration of his beliefs. CBT therapists need to listen carefully and attentively so that they can 'tune in' effectively to the patient.

2.2 The importance of professional help

The following activity will take you through an example of how seeking professional help can really improve some people's mental health.

Activity 5: Understanding the importance of professional help

In the first clip John Goss, a professional counsellor talks about the issues he listens to when a young person comes to see him.

Video content is not available in this format.
Video 3: John Goss and the issues young people face.

Now listen to the following audio and make a note of the things that this mum found to be important about her families work with a professional therapist.

Audio content is not available in this format.

Audio 2

Provide your answer...

Answer

John stresses that within the counselling room it is possible for young people to describe things that they may be hiding from others as they attempt to 'look fine' on the surface. This mum initially describes the importance of one the techniques they were taught to use with their daughter as part of the CBT, this was called 'worry time' and it was a period of time fenced off from the rest of the day in which they would discuss with their daughter any ongoing concerns she had. But she also highlights how crucial the therapist was in highlighting the progress steps that she was making, and how this was taking her through to recovery. It was this progress that helped the family see what the therapist described as the 'green shoots' and how things were improving.

A therapist will find ways of intercepting and challenging the relationships between thoughts, feelings and behaviours so that different thought patterns are created and reinforced. By encouraging reinterpretation of a young person's responses to certain triggers, the practitioner can help to break the cycle of unhelpful responses. If CBT doesn't work, there are other types of therapy available such as person-centred counselling. You can find out more about these different types of therapy via the NHS website.

Sometimes other forms of treatment are needed. You will learn more about medical interventions in the next section.

3 Medical interventions

The first line of treatment offered nowadays will in many cases involve ‘talking therapies’. However, in some cases medical interventions may be offered for mental health problems. These typically comprise different types of medication such as anti-anxiety medication and anti-depressants. The next activity asks you to consider what you already know about antidepressants for young people.

Activity 6: Understanding the role of anti-depressants

Allow about 10 minutes

Below is a list of statements relating to antidepressants. For each statement, decide whether it is true or false.

The herbal remedy St John’s Wort is a useful alternative to medical drugs for young people.

- ○ True
- ○ False

Answer

False: The National Institute for Health and Care Excellence (NICE) warns against using St John’s wort for the treatment of depression in children and young people.

GPs can only prescribe antidepressants to young people under the age of 18 years following assessment and diagnosis by a child and adolescent psychiatrist.

- ○ True
- ○ False

Answer

True: see the NICE guidelines.

Fluoxetine is not a good drug for young people with depression.

- ○ True
- ○ False

Answer

False: Fluoxetine is often the first line of treatment when drugs are deemed necessary.

The use of antidepressant drugs has been linked with suicidal thoughts and behaviour.

- ○ True
- ○ False

Answer

True: The risk of suicide is greatest in the early stages of treatment. This may be due to the fact that the drugs need to be taken for a few weeks before they become effective in treating depression (which is itself associated with an increased risk of suicidal behaviour). Firm explanations are still being sought. Source: Gov.uk

3.1 Selective Serotonin Reuptake Inhibitors

You may have heard the acronym SSRI, which stands for Selective Serotonin Reuptake Inhibitor. Fluoxetine is a type of SSRI, and it works by raising the levels of serotonin in the brain. According to the NHS (2018):

> Serotonin is a neurotransmitter (a messenger chemical that carries signals between nerve cells in the brain). It's thought to have a good influence on mood, emotion and sleep.
>
> After carrying a message, serotonin is usually reabsorbed by the nerve cells (known as 'reuptake'). SSRIs work by blocking ('inhibiting') reuptake, meaning more serotonin is available to pass further messages between nearby nerve cells.
>
> It would be too simplistic to say that depression and related mental health conditions are caused by low serotonin levels, but a rise in serotonin levels can improve symptoms and make people more responsive to other types of treatment, such as CBT.
>
> source: NHS overview - Selective serotonin reuptake inhibitors (SSRIs)

You can see that the use of SSRIs is firmly based in the biomedical approach introduced in Session 4, drawing on knowledge of neuroscience and finding a drug that has the potential to 'fix' a problem in the body. The NHS information extract also pointed out that the situation is not as simple as saying low serotonin is a *cause* of mental health problems. Mental health is the product of a complex interaction of biological, psychological and social influences, and serotonin is one small part of a big jigsaw.

In most areas of health, and particularly mental health, it is rare to identify a single 'cause' of illness. It is important to appreciate this complexity and not to jump to conclusions about the source of a problem, nor what should be done to help. Anti-depressants can be a big taboo and you will learn more about their benefits in the next activity.

Activity 7: Hannah's mental health story

Allow about 20 minutes

It is important to know when anti-depressants may be useful for some young people. Watch this video and consider the reasons that Hannah describes that underpinned her decision to take anti-depressants.

Video content is not available in this format.
Video 4: Hannah's Mental Health Story

Provide your answer...

Discussion

Hannah talks a lot in her video, initially about all the efforts she made to improve her mental health. She described getting exercise, sleep and eating right as helpful and her engagement with professionals who provided talking therapy. But she also points out that this had a limited impact and that eventually she became aware that therapy wasn't enough – she came to accept that she needed anti-depressants. It was a huge step for her to take them and she felt it was taboo to say she needed to take them. She shares the story because she wants people to know that it has changed how she feels about how she wakes up in the morning. In summary her message is that if you have tried everything else and if your mood is not getting better, then medication might provide some additional help.

4 Making referrals

If you have been working with children for some time, or if you are familiar with mental health services for adults, you may have heard the word CAHMS used in relation to service provision. In most areas of the UK, Child and adolescent mental health services (CAMHS) are commissioned to work with children and young people up to the age of 18 who are experiencing emotional or mental health problems. It is not possible for a young person or their parents to self-refer, and there are a number of reasons for this. One of the main being that professionals working in primary care and schools, such as GPs, school doctors and nurses, educational psychologists, special educational needs coordinators and social workers are often best placed to provide initial help. They tend to be based in the young person's community and can draw on their professional networks to organise support around the needs of the young person and their family. CAMHS take over when the practitioners with more generalist skills identify the need for specialist care, e.g. prescribing medication, advanced therapy skills and specialist skills aligned to particular mental health issues. These practitioners based in local communities are essentially the 'gatekeepers' for the more specialist CAMHS.

CAMHS is typically represented by a tier structure. Tier 1 represents 'universal' services with a remit to promote good mental health. Tier 2 represents more targeted services that can support young people with the less severe problems. Tier 3 is the beginning of the specialist services that deal with more severe needs, usually on an outpatient arrangement. Tier 4 is highly specialist and often involves a hospital stay (ACAMH, 2020). Click through the tabs to read an explanation of each of the tiers.

Interactive content is not available in this format.

Interactive Figure 4: The CAMHS four tier structure

Revisiting the 'mental health spectrum' introduced in Session 2 and considered again in Session 6, a young person would need to be 'struggling' and moving into the 'unwell' zone for a referral to specialist services.

Figure 5: Mental health spectrum (repeated from Session 2.)

To put things into perspective, look at this infographic developed by the Centre for Mental Health (2017). Based on 1996 research, the figures will not be quite up to date. They do, however, provide a sense of proportion, based on a population of 1000 children and young people, about the levels of support likely to be needed at any one time.

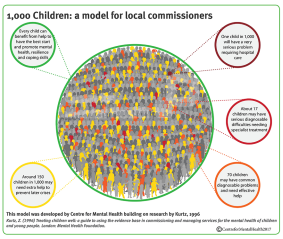


Figure 6: 1,000 children: a model for local commissioners

As this infographic highlights, at any one time, out of 1000 children and young people:

- about 150 have a high risk of poor mental health and may need extra help to prevent later problems;
- a further 70 will have a common diagnosable problem for which they need effective help;
- 17 will have a serious problem needing specialist treatment;
- one will have a very serious condition that requires hospital care.

It also illustrates the complexity of mental health and the importance of exploring the referral process in order to receive the most appropriate support and treatment. You will explore this next.

5 Seeking guidance

GPs have to be selective in their referrals to mental health services. At the time of writing, pressures on CAMHS are high in the UK and GPs have been finding that more than half their referrals to CAMHS are rejected. For those whose referral is accepted, it is not uncommon to wait between 3 and 12 months for a CAMHS appointment (Bostock, 2020). Young people who are referred for eating disorders and psychosis are usually given priority (ACAMH, 2020).

Activity 8: What can you do if you are on a waiting list for specialist support?

Allow about 10 minutes

While you are waiting for professional help it can be hard to know what to do. Our interview with counsellor John Goss revealed some things that he thought you could do to support yourself or someone you care for. Make some notes as you watch Video 5.

Video content is not available in this format.

Video 5: Waiting for professional help

Provide your answer...

Discussion

John describes simple activities as being effective in providing self-care. For example, walking, reading or writing a diary can be a positive way of challenging thoughts. These are simple but positive ways of supporting the young person, but they also provide a way to prepare for therapy when it does commence.

If you find there is a long waiting time on the NHS you may wish to seek alternative sources of help, for example charities sometimes offer advice that can be accessed straight away. If you have funds available to pay for counselling, it is also possible to access private therapy. Many people don't know where to start in finding counselling for themselves or someone else. Many people find the best way to find a therapist or counsellor is through word of mouth. For example, if you know someone who has already accessed private therapy you might wish to ask them for a recommendation.

Given the sensitive nature of the counsellor relationship, it is important to ensure that the person you reach out to is appropriately qualified. To assist in this the various professional counselling bodies have set up directories of their members that can be accessed via their websites. Examples include those linked to below:

- British Association for Counselling and Psychotherapy (bacp)
- UK Council for Psychotherapy
- NCS | Counsellor Directory

6 This session's quiz

Now it's time to complete the Session 8 badge quiz. It is similar to previous quizzes, but this time instead of answering five questions there will be fifteen.

Session 8 compulsory badge quiz

Remember, this quiz counts towards your badge. If you're not successful the first time, you can attempt the quiz again in 24 hours.

Open the quiz in a new tab or window then come back here when you've finished.

7 Review the journey

You have now reached the end of this course. We have covered a lot of ground over the past eight sessions and are aware that it is impossible to cover everything that you might need to know in order to provide support to a young person who is experiencing mental health issues. Our intention here has been to give you a sound introduction to these issues and to help you develop tools which can help you gain the confidence to support young people and to recognise where you can go to find further help.

In the words of one young person experiencing OCD: 'It's a battle everyday and during its worst every single thing that I have done took decision making fighting between voices in my head and my own. It can take hold and feel like you can't control yourself. It's confusing because it's not a rational thing. It's a very difficult thing to describe and I do believe it's different for everyone – like everyone's brains. Something I think it's useful for people to understand is that everyone has struggles and people's mental health is different and to try and be less judgemental of anyone with mental health as everyone's behaviour stems from a place of reason. And mainly to support people you don't have to be perfect you just have to be kind and willing to try your best. We all learn as we go and no one is perfect so if someone is supporting someone with mental health in particular OCD it's ok to not be perfect – being kind to yourself so you can understand others too.'

As our final activity we want to remind all those who support young people of exactly what young people think about mental health support and what would work for them. With this in mind watch this video, produced in conjunction with young people.

Video content is not available in this format.

Video 6: Three steps to improve mental health support for young people

This video supports many of the messages from across this course, it notes pressures on young people to succeed and issues relating to social media. In relation to the help they wanted, it was reported that they wanted authentic communication that does not infantilize

them, tell them it is just a phase, and which does not overly generalise about their experiences. They want personalised care, with more care choices and different types of care offered in a variety of settings. However, as the video also suggests they are aware that waiting times are an issue.

Education and communication remain central to changing our approach to mental health challenges. Throughout this course you have been introduced to a lot of ideas about mental health and how to support a young person who may be struggling with their emotions. The most important thing you can take away from this course is to listen emphatically to the young people you are caring for. Therefore we believe it is fitting to end this course with a clip from one of the young men we interviewed which reminds us of all the things that young people are coping with as they transition this difficult but exciting time of life.

Video content is not available in this format.
Video 7: Gets real very quickly

Where next?

If you've enjoyed this course you can find more free resources and courses on OpenLearn.

You might be specifically interested in these courses:

- *Young people's wellbeing*
- *Challenging ideas in mental health*
- *Supporting children's mental health and wellbeing*

Or explore the full catalogue of health, sports and psychology courses.

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Tell us what you think

Now you've come to the end of the course, we would appreciate a few minutes of your time to complete this short end-of-course survey (you may have already completed this survey at the end of Session 4).

Glossary

Adolescence

Adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to adulthood. Adolescence is commonly associated with the teenage years.

Behaviourist viewpoint

Behaviourism describes a psychological approach to understanding human behaviour and other animals. It assumes that behaviour is either a reflex provoked by particular stimuli within the environment or as a consequence of that individual's history, including their upbringing and learning within their environment.

Bio-medical perspective

Biomedicine and the biomedical approach is a branch of medical science that draws upon biology to explain and understand health and ill health.

Psychological perspective

Also termed the psychological model of mental illness focuses on how the mind works and the effect of this on a young person's thoughts, feelings, and subsequent behaviour.

Cystic fibrosis

Cystic fibrosis is an inherited health condition that causes mucus to build up in the lungs and digestive system.

Emotional disorders

Describes the difficulties experienced with mood and emotions such as feelings of anxiety or depression.

Mental disorders

Mental disorders are generally characterised by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with other people. Mental disorders are varied and include depression and anxiety as well as conditions such as schizophrenia, OCD and psychoses.

OCD

Obsessive compulsive disorder (OCD) is a common mental health condition where a person has obsessive thoughts and compulsive behaviours.

Psychodynamics

Describes an approach to psychology that emphasises systematic study of the psychological forces that underlie human behaviour, feelings, and emotions and how they might relate to early experience.

Social perspective

Also termed the social model of mental illness focuses on the social environment and the roles people play and views mental illness as being a consequence of how young people are viewed and treated in society, rather than determined by biology.

Stigma

Stigma is a term used to describe the disapproval of, or discrimination against, an individual or group of individuals based on their appearance or behaviour that distinguishes them from other members of a society.

Adolescence

Adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to adulthood. Adolescence is commonly associated with the teenage years.

CT scans

CT (computerised tomography) scans use X-rays to form images inside the body.

MRI scans

MRI (magnetic resonance imaging) uses magnetic fields and radiofrequency pulses to produce detailed pictures of organs and internal body structures.

Psychologist G. Stanley Hall

G. Stanley Hall was a leading American psychologist with an expertise in child development and had a particular interest in adolescence.

Resilience

Rather than being fixed during the early years of life, neuroplasticity describes the brains capacity to adapt in response to environmental influences.

Storm and stress

Storm and stress is a phrase used by G. Stanley Hall to describe the turbulence of adolescent development.

Antidepressants

Medication prescribed by a medical practitioner. Often used to treat depression and anxiety.

Behavioural sciences

Behavioural sciences explore how animals and humans think and behave. It involves the systematic analysis and investigation of human and animal behaviour through observation and controlled scientific experimentation.

Biological psychiatry

Biological psychiatry is an approach to psychiatry that seeks to understand mental illness in terms of the biological function of the nervous system.

Biomedicine

Biomedicine is a branch of medical science that draws upon biology to explain and understand health and ill health.

Dyslexia

A common learning difficulty that can cause problems with reading, writing and spelling.

Dyspraxia

A developmental disorder of the brain in childhood causing difficulty in activities requiring coordination and movement.

Evidence-based model

A model based on evidence.

Evidence-based narrative

Defined as stories with an identifiable beginning, middle, and end that provide information about circumstances, individuals, and conflict; raise unanswered questions or unresolved conflict; and provide solutions. They provide a way of communicating clinical assessments.

Formulation

A particular expression of an idea, thought, or theory.

Hypotheses

A supposition or proposed explanation made on the basis of limited evidence as a starting point for further investigation.

IQ

An intelligence quotient (IQ) is a total score derived from a set of standardized tests or subtests designed to assess human intelligence.

Learning difficulties

A difficulty with learning. Examples might include attention deficit hyperactivity disorder, dyspraxia and autism for instance.

Multi-disciplinary team

Professionals and practitioners form a number of different disciplines such as health, psychology and social care for instance.

Neuro-developmental

Development of the nervous system, including the brain and neurological responses.

Psychotherapeutic colleagues

Psychotherapy is a type of therapeutic approach used by psychologists.

Qualitative

Relating to the measurement of something based on its qualities rather than its quantity. In psychological research terms, qualitative assessment relies on unstructured and non-numerical data such as those derived through observations, field notes and interviews.

Sensory integration

How our brain receives and processes sensory information so that we can do the things we need to do in our everyday life.

Theory

A supposition or a system of ideas intended to explain something.

Therapeutic approaches

Therapeutic approaches refer to the different approaches taken by psychologists for example in treating particular conditions.

adversity

A difficult and challenging situation.

resilience

Rather than being fixed during the early years of life, neuroplasticity describes the brains capacity to adapt in response to environmental influences.

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Further reading

Blakemore, S.-J. (2019) *Inventing ourselves: The secret life of the teenage brain,* London, Black Swan.

Beat eating disorders: Delaying for years, denied for months

Fight Flight Freeze – Anxiety Explained For Teens

Knightsmith, P. (2018) *Can I Tell You About Self-Harm? A Guide for Friends, Family and Professionals,* London, Jessica Kingsley.

Pooky Knightsmith: Understanding self-harm and finding safer alternatives

Mental Health Foundation (2003) Suicide among children and young people, Updates VOLUME 4 ISSUE 15

Mental Health Foundation (2020) Talking to your children about scary world news

Body Dysmorphic Disorder BDD (International OCD Foundation)
https://youtu.be/zH5Qn65J_JQ

Who You See in the Mirror ft. Bethan Leadley | Voice Box | Childline

PAPYRUS is the UK national charity dedicated to the prevention of young suicide.

Voice Collective

Voice Collective: Support for parents and carers

How Parents and Carers Can Support Children and Young People Who Hear Voices

How Can Teachers Support Children and Young People Who Hear Voices?

Understanding voices: Young people and hearing voices

Children Who Hear Voices: Dr Sarah Parry talking about the Young Voices Study featured on BBC

Making sense of mental health problems - OpenLearn - Open University - K314_1

Find out what all the roles are in Child and Adolescent Mental Health Services (CAMHS) and in an inpatient care unit, and what they do. Young Minds: Your guide to support.

Association for Young People's Health (2016):
A public health approach to promoting young people's resilience: A guide to resources for policy makers, commissioners, and service planners and providers

stem4 (Supporting teenage mental health): Resilience

Local action on health inequalities:
Building children and young people's resilience in schools

Young Minds: Childhood adversity, substance misuse and young people's mental health

Centre for Mental Health:
Briefing 54 Trauma, challenging behaviour and restrictive interventions in schools

Emotionally Healthy Schools: Resilience

YoungMinds parental survival guide

How can you become a better listener? Epic friends is for young people to help their friends and offers some insights.

NHS guidance: Talking to your teenager

Healthy eating for teens

Food and mood: Food Fact Sheet (From BDA, The Association of UK Dieticians)

For information and guidance: MindEd For Families

Articles about sleep and insomnia

NHS sleep app

Evidently Cochrane: Young minds matter

Youth Mental health first aid training

Papyrus: Training in Education

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Week 1

Figures

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Figure 4: Copyright © 2018 Health and Social Care Information Centre https://files.digital.nhs.uk/A0/273EE3/MHCYP%202017%20Trends%20Characteristics.pdf http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/

Figure 5: By woocat/Shutterstock.com

Figure 6: Top: Left: Zayn Malik: Jared Milgrim/Alamy Images; middle Jesy Nelson: Featureflash Photo Agency/shutterstock.com; right Billie Eilish DFree/Shutterstock.com; Bottom: Left: Marcus Rashford: Vlad1988/Shutterstock.com; middle: Emma Raducanu: Roger Parker/Alamy Stock Photo; right: Zoe Sugg: Anton_Ivanov/Shutterstock.com.

Figure 7: (a) Prakruthi Prasad https://commons.wikimedia.org/wiki/File:John-B-Watson.jpg; (b) Mary Evans Picture Library/SIGMUND FREUD COPYRIGHTS

Figure 8: Will & Deni McIntyre/Photo Researchers/Universal Images Group

Figure 9: Paula Bronstein/Getty Images News/Getty Images/Universal Images Group

Audio/Video

Video 2: In our own words: courtesy: Courtesy: Mind https://www.mind.org.uk/ https://www.youtube.com/watch?v=_y97VF5UJcc

Video 3: clip of Stormzy talking about depression on C4: Getty Images

Week 2

Figures

Figure 1: GoodStudio/Shutterstock.com

Figure 2: Frederick Gutekunst (1831–1917) Blue pencil.svg wikidata:Q1452890 https://commons.wikimedia.org/w/index.php?curid=1292633

Figure 4: from: Abreu, A. P. and Kaiser, U. B.(2016) 'Pubertal development and regulation', The Lancet Diabetes & Endocrinology, vol 4, no. 3, pp. 254-264.)

Figure 6: Kevin the Teenager (from BBC comedy) Tiger Aspect Production/ ©BBC

Figure 7: adapted ©Viktoria Kabanova|Alamy Images

Figure 8: Purestock/Alamy Stock Photo

Figure 9: adapted from Gardner, M. and Steinberg, L. (2005) 'Peer influence on risk taking, risk preference, and risky decision making in adolescence and adulthood: an experimental study', Developmental Psychology, vol. 41, no. 4, pp. 625–35.

Figure 10: ©John Birdsall/Alamy Stock Photo

Figure 11: ANDY HARMER/SCIENCE PHOTO LIBRARY/Universal Images Group

Figure 13: ©Centre for Mental Health https://www.centreformentalhealth.org.uk/mental-health-among-children-and-young-people

Audio/Video

Video 1: Reflecting on Adolescence: Martha and Josie: © The Open University

Video 5: Gerine Lodder | TEDxGroningen TEDx Talks https://creativecommons.org/licenses/by-nc-nd/4.0/

Video: Activity 8 created by The Open University using Elucidate software under licence

Week 3

Figures

Figure 1: CRISTINA PEDRAZZINI/SCIENCE PHOTO LIBRARY/Universal Images Group

Figure 2: ©Centre for Mental Health 2017
https://www.centreformentalhealth.org.uk/mental-health-among-children-and-young-people

Figure 3: LOUISE WILLIAMS/SCIENCE PHOTO LIBRARY/Universal Images Group

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Figure 6: courtesy: beateatingdisorders.org.uk
https://www.beateatingdisorders.org.uk/uploads/documents/2017/11/delaying-for-years-denied-for-months.pdf)

Figure 7: arka38/Shutterstock.com

Figure 8: Courtesy: Mental Health Foundation
https://www.mentalhealth.org.uk/publications/suicide-prevention-wait

Audio/Video

Video 1: In our own words: Courtesy Mind
Home | Mind, the mental health charity - help for mental health problems

Video 2: Dealing with an eating disorder: courtesy: NorthWest Boroughs Healthcare NHS Foundation Trust

Video 3: Understanding and breaking the self-harm cycle courtesy: Dr Pooky Knightsmith
www.pookyknightsmith.com

Week 4

Figures

Figure 1: Maria Iglovikova/Shutterstock.com

Figure 2: Olivier Le Moal/Shutterstock.com

Figure 3: adapted from the determinants of health (Dahlgren and Whitehead, 1993; in Dahlgren and Whitehead, 2007)

Figure 4: wutzkohphoto/Shutterstock.com

Figure 5: ©The Open University – for full list only

Figure 6: De Agostini Picture Library\Universal Images Group

Figure 7: courtesy: artwork by ©Wilhelmina Peragine

Figure 8 and Figure 9 (interactive) ©The Open University

Audio/Video

Video 1: Mental health in children and young people, Dr Su Sukumaran courtesy The London Psychiatry Centre http://www.psychiatrycentre.co.uk/

Video 4: courtesy: 'The Cybersmile Foundation' https://www.cybersmile.org
https://www.youtube.com/watch?v=Csxszvx3oX8

Week 5

Figures

Figure 1: serato/Shutterstock.com

Figure 2: artwork: Courtesy ©WILHELMINA PERAGINE

Figure 3: Monstera/Pexels

Figure 4: OrnaW / 682 images/
https://pixabay.com/photos/corona-coronavirus-mask-protection-4970836/

Figure 5: John Birdsall https://www.johnbirdsall.co.uk/

Figure 6: adapted by The Open University https://www.parentingforbrain.com/resilience/

Figure 7: from:Local action on health inequalities: Building children and young people's resilience in schools PHE publications gateway number: 2014334September 2014© Crown copyright 2014. Open Government Licence (nationalarchives.gov.uk)

Audio/Video

Video 1: What Does Resilience Mean To Young People? courtesy: YoungMinds https://www.youngminds.org.uk/

Video 2: Reflections: ©The Open University

Video 4: The Seven Cs of Resilience: Dr. Ken Ginsburg

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Video 5: Courtesy: Young Minds https://www.youngminds.org.uk/ from https://www.youtube.com/watch?app=desktop&v=Dfl9uX6MCzY&feature=youtu.be

Week 6

Figures

Figure 1: Rawpixel.com/Shutterstock.com

Figure 2: Centre for Mental Health 2017 https://www.centreformentalhealth.org.uk/ https://www.centreformentalhealth.org.uk/mental-health-among-children-and-young-people

Figure 3: IAN HOOTON/SCIENCE PHOTO LIBRARY

Figure 4: interactive (text adapted from): CAMH service tiers (icptoolkit.org)

Figure 5: John Birdsall John Birdsall (john-birdsall.com)

Figure 6: from: Figure 1: Prevalence of insufficient physical activity among school-going adolescents aged 11–17 years, globally and by World Bank income group, 2001 and 2016 The Lancet Child & Adolescent Health

Figure 7: KindPNG https://www.kindpng.com/

Audio/Video

Video 1: Another Way: Young people talk mental health: Courtesy Youth Access and Eye Opening Films (Producer)

Video 3: 4 ideas for supporting a child with anxiety. Courtesy Pooky Knightsmith Mental Health https://www.youtube.com/watch?v=VbMUMFxjv40 https://creativecommons.org/licenses/by/4.0/

Video 4: Difficult Conversations - Roundup | YoungMinds Parents Lounge Courtesy: Young Minds https://www.youngminds.org.uk/ https://youtu.be/nrXBaSOd6F8

Video 5: How to manage your mood with food | 8 tips: Courtesy: Mind - the mental health charity https://www.mind.org.uk/

Video 6: How 10 Minutes Of Exercise A Day Can Change Your Brain: Dr Brendon Stubbs | Bitesize This excerpt is taken from Episode 97 of the Feel Better Live More podcast hosted by Dr Rangan Chatterjee. https://drchatterjee.com/how-exercise-changes-your-brain-and-reduces-your-risk-of-de-pression/ https://drchatterjee.com/blog/category/podcast/

Week 7

Figures

Figure 2: Lisa/
https://www.pexels.com/photo/person-holding-note-with-be-kind-text-3972931/

Figure 3: Rawpixel/Getty Images

Figure 5: (c) Kay Morley https://www.evidentlycochrane.net/picturing-mental-health/visuals-blog-sea-of-google-illustration-by-karen-morley/
https://creativecommons.org/licenses/by-nd/4.0/

Figure 6: Different types of mental health apps with Logos: Google Play and Apple App Store

Audio/Video

Video 2: The Seven Cs of Resilience: Dr. Ken Ginsburg introduces his Seven Cs of Resilience: Confidence, Competence, Connection, Character, Contribution, Coping, and Control. Content provided courtesy of the Center for Parent and Teen Communication, Children's Hospital of Philadelphia. © 2018 The Children's Hospital of Philadelphia

Video 3: Barriers to support © The Open University

Video 4: Trends in how social media impacts mental health © The Open University

Video 5: Helpful ways of limiting the negative impact of social media © The Open University

Video 6: #OwnYourFeed for a more positive time online courtesy: Young Minds
www.youngminds.org.uk

Week 8

Figures

Figure 1: adapted from:
https://mindedforfamilies.org.uk/Content/who_can_help_us/#/id/5e30a7a17c501d4bd0554a83 MindEd For Families

Figure 2: from: Young people who self-harm A Guide for School Staff (p15) b5791d_b3807e6a2cd643ed8b29456602afcc01.pdf (wixstatic.com) Developed by Researchers from The University of Oxford © University of Oxford

Figure 3: adapted from SilverCloud & Blended Online CBT
SilverCloud & Blended Online CBT – Mid & North Powys Mind (mnpmind.org.uk)

Figure 4: adapted from The CAMHS four tier structure adapted from https://www.icptoolkit.org/child_and_adolescent_pathways/about_icps/camh_service_tiers.aspx © Healthcare Improvement Scotland 2012.

Figure 5: Centre for Mental Health 2017 https://www.centreformentalhealth.org.uk/

Figure 6: Centre for Mental Health 2017 https://www.centreformentalhealth.org.uk/

Audio/Video

Video 2: Video 2: What is CBT? | Making Sense of Cognitive Behavioural Therapy Courtesy: © Mind
Home | Mind, the mental health charity - help for mental health problems

Video 4: Hannah's Mental Health Story Courtesy: ©Mind https://www.mind.org.uk/
https://www.youtube.com/watch?v=gn0F36WvLA8

Video 6: What kind of mental health support do young people want? Healthwatch. https://www.healthwatch.co.uk/ Open Government Licence (nationalarchives.gov.uk)
https://www.youtube.com/watch?v=SOxKM1yimpo

Video 7: Gets very real very quickly © The Open University