



BREAK THE CYCLE

## Mental Health in Young People: Awareness and Action



Caroline Lafferty

**CYCLE AGAINST SUICIDE**

## Contents

---

Introduction .....	1
Promoting good mental health in adolescents .....	2
1. <i>At school</i> .....	2
Monitoring .....	2
Specific educational activities .....	2
2. <i>At home</i> .....	3
3. <i>Physical Health</i> .....	3
Diet.....	4
Exercise.....	5
Sleep.....	6
Mental Health Stigma .....	6
Types of Mental Illness.....	7
1. Depression.....	7
What is Depression?.....	7
Common signs of depression in young people .....	7
Self-harm and suicidal thinking .....	8
What can parents, caregivers and teachers do?.....	8
2. Anxiety and Panic Disorders.....	9
What is an anxiety disorder? .....	9
What can parents, caregivers and teachers do?.....	11
3. Bi-Polar Disorders .....	12
What are bi-polar disorders? .....	12
What can teachers, parents and caregivers do?.....	13
4. Psychotic Illnesses .....	14
What is Psychosis? .....	14
Early warning signs of psychosis in adolescents .....	15
What can parents, caregivers and teachers do?.....	15
5. Eating Disorders.....	15
Early warning signs of eating disorders in adolescents .....	16
What can parents, caregivers and teachers do?.....	16
6. Attention Deficit Hyperactivity Disorder (ADHD).....	18
What is Attention Deficit Hyperactivity Disorder.....	18
What can parents, caregivers and teachers do?.....	18
See Further: Available Resources .....	20
<i>About Cycle Against Suicide</i> .....	21

## Introduction

---

Research suggests that one in three young people in Ireland will experience some form of mental health issue in any given year. Which means many people in positions of influence over young people –teachers, parents and caregivers among others – will have to deal with mental health issues directly or indirectly through the experiences of their students, children and wards. It is important that these adults are prepared. At Cycle Against Suicide, our goal is to educate and empower all sections of society, young and old, to understand and deal with mental health issues. We recognise that success will only come through the cooperation and involvement of everyone, which is why we have created this resource. This resource is designed for use by teachers, schools and parents to educate them to enable them to support students and their children who may be dealing with mental health issues. In line with the mission of Cycle Against Suicide, the toolkit seeks to create awareness around mental health issues, and to destigmatize them, so that those affected have a better chance of living their lives normally, without fear or shame.

This toolkit is not a legal guideline, and while it discusses specific mental health issues, it is not a medical resource and is not meant to diagnose any condition. Parents who think their children may be dealing with mental issues should consult relevant medical resources, and teachers are advised to follow the relevant protocols set out by their schools.

## Promoting good mental health in adolescents

---

Mental illnesses are disorders of brain function. They have many causes and result from complex interactions between a person's genes and their environment. *Having a mental illness is not a choice or a sign of weakness*, and people from all different cultures and backgrounds can suffer from mental illnesses.

- Early identification and effective interventions are the keys to successfully treating the disorder. Leaving mental illness untreated can cause unnecessary suffering now and in the future.
- But while recognizing and acting on the signs of mental illness in adolescents is a key factor in reducing the negative impact of these problems, there is a strong case for proactive prevention as well as reactive measures.

The relationship between physical health and mental health is dealt with below, but young people will also benefit from more open communication about their mental wellbeing and increased awareness of mental health issues through educational activities.

### 1. At school

#### Monitoring

At the risk of stating the obvious, it is more difficult for teachers in secondary education to get to know individual students - as they move around to their subject-specific lessons – than it is for primary teachers with their fixed groups. This means that teens who may be suffering from 'internalising' mental health issues, such as depression, may well go under the radar while those with 'externalising' issues such as ADHD might encounter inconsistencies in how they are treated by teachers. This is why a range of tools has been developed to monitor students' wellbeing, which include questionnaires that take a 'snapshot' of overall student mental wellbeing and help identify students who may be in need of specialist support. More about these tools can be found in the 'available resources' section of this guide.

#### Specific educational activities

Providing students with lessons in Social, Personal and Health education (SPHE) has a track record of improving students' overall school performance and mental wellbeing, and Head teachers at schools with a full SPHE program should ensure that their specialist teachers are devoting sufficient time to the mental health and mental illness aspects of SPHE, with activities designed to improve awareness and understanding of mental health issues among adolescents, as well as those designed to help students develop mental wellbeing strategies such as stress management and coping skills. Even at schools without a full programme or specialist teachers, there is a strong case for helping non-specialist staff to deliver mental

health content alongside safety-critical aspects of SPHE such as sexual consent and substance abuse. More can be found in the 'available resources' section of this guide

## *2. At home*

"How was school today?", followed by "What did you learn?" and "Have you done your homework?" are probably the most common questions that kids get asked by their parents and caregivers about school. As any parent or caregiver knows, these questions are likely to elicit a brief answer at best, and evasions and dishonest answers at worst.

- Making their feelings and wellbeing part of the conversation lets them know that how they feel about school and life in general is just as important as their academic performance and their behaviour, if not more so.
- Though they might not want to talk about it, asking regularly and listening attentively at least gives them the option of bringing up their feelings in conversation, and normalises being open about feelings.
- The focus should be on them, but sharing you own feelings about work and other subjects can help the communication process.
- Parents should particularly provide opportunities for open, non-judgemental communication when issues of poor behaviour, non-attendance (truancy and faking physical illness) and below average academic performance come up.
- Teenagers often find that direct questioning and eye-contact makes them feel uncomfortable, so having these conversations while doing something else (driving, cooking etc.) is often helpful.
- Another thing to remember is that not answering at that moment is a valid response, as long as they know they can bring up their feelings with you at any time.
- Open communication can mean that any specific mental health issues are recognised earlier, leading to more effective intervention.

## *3. Physical Health*

"Healthy body, healthy mind" is a phrase that all of us have heard at one time or another. The idea is a bit too simplistic to always hold true. After all, the brain is part of the body, and no one is in the habit of saying "healthy knees, healthy lungs". What's more, blaming poor mental health on lifestyle choices is dangerously close to saying that people with mental illnesses have failed somehow, which seems especially unfair to adolescents and their parents or caregivers, particularly those with underlying medical conditions. However, there is an

undeniable link between good general health and good mental health, and this relationship should be given a critical status in children and adolescents. Attention should be paid to:

### Diet

As mentioned above, the number of adolescents reporting symptoms of poor mental health has been increasing for the last few decades. Cultural changes like better understanding of mental health and more openness about mental illness help explain this increase, as can negative changes like the rise in social and academic pressures on adolescents. But these factors can't fully explain such a sharp rise in adolescents self-reporting symptoms of depression and anxiety.

The reduction in the quality of the diets of children and adolescents is a strong candidate for the most important factor helping to explain the rise of depression and anxiety in young people. A diet high in refined sugars and saturated fats, and low in essential nutrients like magnesium and B- vitamins, can lead to something called systemic inflammation, which increases the risk and severity of depressive illness. A diet high in fresh fruit, vegetables and polyunsaturated fats provides essential nutrients and prevents systemic inflammation, reducing the risk and severity of depression and other mental health problems.

Healthy eating starts at home, but economic pressures mean that parents and caregivers are working longer hours and lack the time to cook healthy meals from scratch for their children and teenagers. Combined with adolescents asserting their independence for the first time, and the high availability of unhealthy snack and drinks, this can mean that it is difficult to maintain control over what your teenagers eat and drink. However, making sure that healthy meals and snacks are available in your home isn't necessarily time-consuming or expensive, and you shouldn't hesitate to use the leverage of your teenagers' economic dependence on you to moderate their intake of unhealthy food and drinks, despite any confrontations this may cause; the long term benefits to their physical and mental wellbeing should outweigh any short-term difficulties.

Budgetary pressures - at local authority level and individual schools – mean that government directives aimed at providing healthier school dinners are not easy to implement. While this is a great source of frustration for school administrators (compliance with stringent directives combined with real-terms budget decreases are no fun for anyone), restricting the availability of fried food, pastry-based dishes and highly-sweetened food and drinks has a proven effect on the mental wellbeing of pupils, who will tend to carry good habits forward in to later life, even as their freedom of choice increases.

## Exercise

Regular exercise is strongly associated with improvements in mood and self-esteem, reduction of anxiety and better stress management for people of all ages – adolescents included - whether they suffer with a specific mental health problem or not. Exercise can even be a great tool for moderating the extremes of thought and behaviour associated with more severe mental disorders.

The precise mechanisms of the effects of exercise on the brain are still under investigation, but most people have heard of a group of hormones called endorphins, and the neurotransmitters serotonin and dopamine; frequent exercise raises the level of these substances in the brain, which can effectively regulate mood, whether there is a specific mental health issue or not. Exercise and physical activities also have a great role to play in improving self-esteem and social skills, at *every level* of ability and coordination, and for girls as much as boys.

It is important for parents and caregivers to be aware that school sports clubs, and other after-school physical activities like dance, are often run by busy teachers who are not necessarily paid for their time. So, taking advantage of these opportunities where they exist is a great way of looking after teens' overall health as well as their mental wellbeing, but parents and caregivers should also be prepared to provide their teens with opportunities to exercise outside of school time.

Encouraging younger kids to try a range of activities (team and individual sports, martial arts, swimming, purely fitness-based activities, dance and other physical arts) will allow them to easily choose which ones they enjoy most when they develop into adolescents. This choice should be as free as possible, ideally without being prescribed by gender or any other social factors.

At school, it is important for management and administration to support educators who wish to supplement compulsory physical education with further activities. These often require a small investment in equipment and time which may put pressure on budgets but are often insignificant compared to the positive effects on student wellbeing. It is also important that physical education teachers are supported by their head teachers when dealing with cases of long-term exemptions from compulsory PE lessons.

While these exemptions may well be perfectly valid, accepting them at face value can sometimes deprive students of the mental and physical benefits of PE. A process involving open communication with parents, caregivers and the students themselves needs to be in place.

## Sleep

It's a well-established fact that the body needs sleep to facilitate growth and healing and getting the correct amount of sleep per night is important for maintaining optimal mental health. As children grow into adolescence, their developing bodies begin to experience changes, not only physically but also emotionally. Alongside those changes comes an increased amount of responsibility and more difficult challenges at school and at home. The result of these combined pressures often makes it difficult for some teenagers to fall asleep at night, just as their need for sufficient, high-quality sleep is increasing

As well as being experienced by the majority of adolescents at some stage, sleep problems are associated with a number of psychiatric disorders including attention deficit hyperactivity disorder (ADHD), anxiety, depression, and bipolar disorder. Recent research indicates that lack of sleep may be more than just a symptom of these disorders; it might be one of the contributing factors.

For younger teenagers, setting a bedtime that's significantly earlier than the time you actually expect them to go to sleep may help them to achieve the 8 hours that is considered the optimal time spent asleep. The maxim that 'bedrooms and beds are only for sleeping' can help anyone to achieve more and better sleep. For young teens, this can mean eliminating televisions, consoles and other electronic devices from the bedroom. These strategies will lead to better sleep habits later in adolescence, when such strict rules are difficult or impossible to enforce

---

## Mental Health Stigma

### What is stigma?

The biggest single barrier against treatment for young people is the stigma surrounding mental health issues. Stigma is the result of negative and prejudicial attitudes and behaviours that are expressed by people to those living with a mental health problem or a mental illness, and it can cause intense shame and fear. In fact, people living with mental health disorders often say the stigma they encounter is worse than the illness itself.

Stigma is multifaceted and manifests itself in a series of ways. However, in whatever form, it is usually accepted to consist of three elements – a lack of knowledge (ignorance), negative attitudes (prejudice), and disadvantage of those experiencing it (discrimination).



Some of the most damaging examples of stigma are a widely-held belief that mental illness is a sign of weakness, that sufferers are somehow responsible for their predicament and that mentally ill people are violent and dangerous.

### Anti-stigma measures

Research has shown a key element in breaking down mental health stigma is a contact-based approach where people who have suffered mental health problems share their experiences with people who have not. (Cycle Against Suicide is currently working with the Mental Health Commission of Canada to pilot their evidenced based HEADSTRONG Programme which delivers this contacted based education. This programme will be available to all schools through Cycle Against Suicide, September 2019). In secondary schools in Ireland, assemblies and SPHE lessons can provide environments where this contact can take place. As well as contact, schools have the opportunity to include awareness raising and myth-busting activities as part of their students' social education. Ideas for activities can be found in the 'available resources' section below

## Types of Mental Illness

---

### 1. Depression

#### What is Depression?

It is a fairly common misconception that depression is an adult condition, but it's also quite common in children and young people. Depression is not the sadness caused by life events such as bereavement or relationship problems, however severe this might be and however common it is to say "I feel depressed". Depression is a diagnosable disorder where a person's mood is 'down' over a long period of time – even when the circumstances do not seem to justify it - and this affects their everyday life. Even though the experience of depression is partly independent of changing day-to-day circumstances, it is often precipitated by negative events in a person's life. For adolescents, these events can include loss of a loved one, exam pressures, bullying, sex and sexuality, physical illness and parental divorce. Depression tends to run in families, so there is almost certainly a genetic component too. Depression can be mistaken for typical teenage 'moodiness', and vice versa, so a conclusive diagnosis from a medical professional is needed to decide whether further intervention is necessary.

#### Common signs of depression in young people

While a GP or psychiatrist will use tools, such as questionnaire covering the severity and duration of a range of symptoms, to reach a diagnosis of depression, there are a number of

signs that parents, caregivers and teachers can look out for if they are concerned about a young person:

- *Extreme* moodiness and irritability
- Giving up interests and not finding new ones
- Losing interest in school and having trouble concentrating
- Becoming withdrawn and isolated
- Not looking after their personal hygiene
- Not eating enough or eating too much
- Oversleeping or not sleeping enough

### Self-harm and suicidal thinking

Less common but more extreme symptoms of depression are self-harm and suicidal thinking (or 'suicidal ideation'). No adult – parent, caregiver or educator – likes to think of the young people in their care in these terms, but it is important that young people who appear to be suffering a severe form of depression – whether they have received a diagnosis or not – are monitored for these kind of behaviours or thoughts.

- Although most people think of cuts to the arms when they hear the words "self-harm", it's important to remember that self-harm can take many different forms, and that some young people will go to great lengths to hide the fact that they are self-harming.
- Suicidal thoughts may or may not lead to suicide attempts, but young people need to be taken seriously if they express thoughts like these. The traditional view that a failed suicide attempt is a 'cry for help' rather than a 'serious' attempt is mostly unhelpful; all suicide attempts should be treated with the utmost seriousness, even if they were unlikely to succeed.
- It is important to note that adolescents with bi-polar disorders and those suffering psychosis are also at risk of self-harm and suicide, as well as those with no history of depression who are suffering difficult life circumstances.

### What can parents, caregivers and teachers do?

- In cases of severe self-harm or suicidal thinking, the young person in question need immediate medical attention. If this behaviour is spotted by a teacher, the student must be removed from classes and their parents or caregivers contacted immediately. They should not be left alone under any circumstances and should ideally be with a school nurse if they are available.

- The next step should be for parents to check the availability of a local mental health crisis team or specialist Child and Adolescent Mental Health Service (CAMHS) crisis response team. The Accident and Emergency department of the nearest hospital should be considered as a last resort.
- If parents or caregivers recognise any less severe signs of depression in their teens, up to and including less cases of 'mild' self-harm the first step should be to ask their son or daughter how they are feeling. If the conversations confirms their suspicions the next step could be to make an appointment with a GP. GPs can make diagnoses of depression but may refer someone with depression – very likely in the case of children and adolescents – to a psychiatrist. The psychiatrist will decide on the best course of treatment.
- The importance of maintaining open, non-judgmental communication with adolescents becomes critical once it is confirmed that a young person is suffering from depression. In terms of school attendance and academic performance, parents should try to think of their child's depression in the same terms as a chronic physical illness; they should make allowances when symptoms are bad.
- Teachers or other school workers who recognize signs of depression in adolescents – through simple observation, the results of a monitoring process, or being approached by the student - can choose to follow the procedures in place for passing on concerns to management, who will contact parents or caregivers.

## 2. Anxiety and Panic Disorders

### What is an anxiety disorder?

The vast majority of adolescents will have periods of worry, anxiety and obsessive behaviours in their lives. For the most part, these will be connected to current events in their lives, such as exams or going to a new school. For most teens, these worries and anxieties will disappear once the stressful or worrying event has passed. However, for very significant minority, their anxieties will be especially intense and/or occur without any current external cause, going on to cause difficulties with academic work, social interactions, sleep and family life. Anxiety disorders are often 'comorbid' with depression, meaning that a person suffers both conditions simultaneously and that they interact (a person has anxiety about their depression, or gets depressed about being anxious). Treatments for anxiety disorders can therefore be quite similar to those for depression. Anxiety disorders can also be comorbid with each other. The most common anxiety disorders are:

- **Generalised Anxiety Disorder (GAD)** is characterised by excessive worry and/or apprehension about a number of events or activities. These feelings occur almost all the time and are not triggered by any one specific issue. Rather, the worry seems to float in a more generalized way, from one topic to the next.
- **Panic Disorder** is characterized by discrete and intense periods of anxiety that occur unexpectedly, without warning, and are not always linked to a specific place or situation. With panic disorder, there is often no warning, and therefore it is harder to predict when it may occur.
- **Obsessive Compulsive Disorder (OCD)** is a condition involving obsessions and compulsions. Obsessions are recurrent thoughts, impulses, or images that are difficult to control and cause significant distress. Compulsions are behaviours that the child engages in (such as handwashing, arranging objects and counting) to make the distress feel better. Nowadays it is common for people to say things like “I’m a bit OCD” if they have a strong preference for things being neat and orderly, but the distress caused by the involuntary obsessive component of true OCD, and the functional impairment caused by compulsive behaviours are what makes it medically significant.
- **Post-Traumatic Stress Disorder (PTSD)** is an intense re-experiencing of a traumatic event through distressing recollections, dreams, and/or associations. Some examples of the cause of PTSD include serious accidents, witnessing or being the victim of violence, and being a victim or witness of abuse.
- **Social Anxiety** is the fear of social situations that involve interaction with other people and the fear and anxiety of being negatively judged and evaluated by other people. It is a pervasive disorder and can cause anxiety and fear in most areas of a person's life. Being shy or awkward is not sufficient to say that a person – especially an adolescent – suffers from social anxiety; the intensity of the fear and the extreme lengths that a person will go to avoid social interaction are what characterize social anxiety.

Some of the common signs of anxiety disorders in young people are:

- Feeling *constantly* agitated, tense, restless or unable to stop or control worrying – the young person might seem unable to relax.
- Seeming highly sensitive to criticism or extremely self-conscious or uncomfortable in social situations.
- Always expecting the worst to happen or seeming to worry too much or in a way that is out of proportion to problems or situations.
- avoiding difficult or new situations, or having difficulty facing new challenges
- being withdrawn or extremely shy, or avoiding social activities completely

- feeling that he/she must do a particular action
- having obsessive thoughts or images that they say they can't get out of their head

### What can parents, caregivers and teachers do?

As general rule, both teachers and parents can make small alterations in how anxious adolescents are treated compared to the majority, but should avoid treating them in ways that are drastically different to how non-anxious teens are treated. Examples of this are:

- **Expectations** – Parents should expect their anxious teens to take part in family and social activities, and teachers should expect anxious students to participate fully in classes. However, they may need some extra support to achieve these goals.
- **Praise and criticism** – Parents and teachers need to criticise anxious teens for poor behaviour or irresponsible actions using the same standards they use for siblings and classmates, but there is a case to be made that criticism aimed at anxious adolescents should be less 'public'. Praise can be especially important for young people with anxiety.
- **Doing it themselves** – Parents especially should be wary of letting anxious teens 'off the hook' i.e. parents performing tasks that their child finds difficult because of their anxiety. Likewise, teachers should be wary of confident students taking over tasks in group work that were assigned to anxious children.

For parents of anxious adolescents, it is important to remember that their anxiety is not the result of poor parenting and that seeking out help for an anxious child is not an admission of mistakes or failure. In general, the help of mental health practitioners should be sought out when anxiety is having a significant detrimental effect on a child's ability to live a (relatively) normal life, when open communication about their anxiety is doing little to relieve the symptoms and/or when a child shows symptoms of depression alongside their anxiety. As with depression, treatment can be initiated with a visit to the GP, who may well refer an anxious child to a specialist.

Teachers can use their own observations combined with their colleagues', or the results of mental wellbeing monitoring, to decide whether to pass on concerns about the anxiety of a particular students to a school nurse or school management, who will then initiate contact with parents and caregivers. Frequent absences with minor (physical) medical complaints, withdrawal or aggressive behaviour can all be signs of an underlying anxiety disorder.

### 3. Bi-Polar Disorders

#### What are bi-polar disorders?

Bi-polar disorders are a range of conditions where the sufferer has episodes of moderate to severe depression followed by 'manic' (extremely high energy levels, excitement and risk taking) or 'hypomanic' ('less than manic') episodes (the condition was formerly known as manic depression). The different types of bi-polar disorders are:

- **Bipolar I Disorder** – Distinguished by 'true' manic episodes that cause significant impairment of normal functioning. During severe manic episodes, some sufferers can have strange thoughts and beliefs which can approach the strength of the symptoms experienced in psychotic illnesses such as schizophrenia (see below). Periods of depression are usually, but not always, part of Bipolar I Disorder
- **Bipolar II Disorder** - Distinguished by episodes of major depression and hypomanic episodes, which are not as severe as the manic episodes in bipolar I disorder and do not have psychotic features.
- **Cyclothemia** – Distinguished by episodes of hypomania and depressive episodes that do not qualify as major depression.

The 'mood swings' experienced by those with bipolar disorders are much more intense and noticeable than the mood changes associated with a 'normal adolescence' and can modify a young person's behaviour, thoughts and feelings drastically for a week or more. Sometimes, sufferers can experience 'mixed' episodes with both depressive and manic features. The episodes are accompanied by sleep disruption and sometimes by behaviour, ideas and speech which is considered inappropriate by society. The episodes can put an intense strain on family and other personal relationships and cause the sufferer to experience intense feelings of embarrassment and shame, as well as putting them into potentially dangerous situations and increasing the risk of substance abuse. As with psychosis (see below), physically violent behaviour is very rare, and people with bi-polar disorder are much more likely to be the victims of violence than the perpetrators.

Symptoms of bi-polar usually only start to show in late adolescence. So parents and caregivers of late teens who start to experience intense mood swings, and teachers and staff in particular should be aware of the symptoms and challenges experienced by those with the disorder. However, there are forms of 'early onset' bi-polar disorder which can affect children and younger adolescents

## What can teachers, parents and caregivers do?

Because of the (potential) intensity of the manic and depressive episodes in bi-polar disorder, looking after an adolescent with the condition can be particularly challenging for parents and caregivers. They can often find themselves the victims of prejudice and lack of knowledge about mental health, as they are blamed by other parents and society in general for failing to control their child's behaviour. Bi-polar disorder itself has *nothing* to do with 'bad parenting', but there are a number of strategies parents and caregivers can adopt to help their child manage their symptoms:

- Listen: Open, honest communication about a young person's mental state can help them to manage their symptoms. It is important not to minimise or dismiss what they are going through, especially during depressive episodes when they are at risk of self-harm and suicidal thinking. This may not be possible during intense manic episodes where intervention by mental health services may be necessary.
- Be ready for manic and depressive episodes when they occur. For young people with bipolar I disorder this can mean being ready to contact Child and Adolescent Mental Health Service (CAMHS) teams who can help bring the most severe manic episodes under control, though this can mean a hospital stay.
- Although manic (or hypomanic) and depressive episodes are naturally cyclical in bi-polar disorder, either may be triggered by events. Stress and over-stimulation can trigger manic episodes and minimising this as far as possible in the home environment will help them manage symptoms. Depressive episodes can be triggered by negative life events, so young people with bi-polar disorder need to be monitored carefully when these events occur.
- Actively participating in a young person's treatment can help to reduce the stress that a young person can feel when having to visit hospitals, and experiencing changes in the medication. Remember that during manic episodes it will be difficult for them to understand the need for treatment, and that they may feel uninterested in treatment during depressive episodes.
- The embarrassment and shame that can accompany bi-polar disorder is very real, despite the sufferer's diminished responsibility for their actions during manic episodes. They may not wish people to know some of what has happened, and their privacy should be respected. Internet-based support groups with a high degree of anonymity are a good place for parents and caregivers to talk more openly about their experiences.

At school teachers can help students with bipolar disorders employing:

- **Flexibility** to adapt assignments, curriculum and presentation style as needed.
- **Patience** to ignore minor negative behaviours, encourage positive behaviours, and provide positive behavioural choices. Most important is the ability to stay calm and be a model of desired behaviour.
- **Good conflict management skills** to resolve conflicts in a non-confrontational, non-combative, safe, and positive manner.
- **Receptivity** to change and to working collaboratively with the child's parents and other professionals to best meet the needs of the child.

Teachers should also be aware that medications that regulate the symptoms of bi-polar disorder can have side effects such as difficulty in staying awake, headaches and dizziness

#### 4. Psychotic Illnesses

##### What is Psychosis?

Psychosis involves a disruption to a person's thoughts and perceptions that make it difficult for them to distinguish what is real and what isn't. Psychosis comes in varying degrees. While some people may only experience mild impairments, others struggle with activities of daily living due to their symptoms. It is very rare for people with psychosis to perpetrate violence; they are much more likely to be the victims of violence. Psychosis is a symptom and not a complete diagnosis, and can stem from a variety of conditions:

- **Schizophrenia** – Teens with schizophrenia exhibit changes in their behaviour. They may have hallucinations or delusions and their symptoms are likely to affect their education and their relationships.
- **Schizoaffective disorder** – Schizoaffective disorder occurs when a person has prominent mood symptoms of bipolar disorder or depression along with the types of psychotic symptoms that may be present in schizophrenia.
- **Schizophreniform disorder** – Schizophreniform disorder includes symptoms of schizophrenia but the duration is limited. Symptoms have only been present between one and six months.
- **Brief psychotic disorder** – Sometimes, people experience sudden periods of psychosis. It's often related to a stressful life event, such as the loss of a loved one. The symptoms usually disappear in less than a month.
- **Substance-induced psychotic disorder** – Teens with serious substance abuse problems may experience hallucinations or delusions in the context of their substance use.



- **Psychotic disorder due to another medical condition** – Psychosis can sometimes stem from physical health conditions, like a brain tumour or head injury.

### Early warning signs of psychosis in adolescents

Early warning signs of psychosis may be similar to the signs of depression or other mental illness. Signs to look out for include:

- Loss of interest in personal hygiene
- Loss of interest in usual activities
- Mood swings
- Unusual movements
- Cold, detached demeanour
- Inability to express emotions
- Problems at school and difficulty maintaining relationships

### What can parents, caregivers and teachers do?

- **Listen:** Open, honest communication about a young person's mental state can help them to manage their symptoms and recognise when medical interventions are necessary. It is important not to minimise or dismiss what they are going through.
- **Actively participating in a young person's treatment** can help to reduce the stress that a young person can feel when having to visit hospitals and experiencing changes in the medication. Remember that during psychotic episodes it will be difficult for them to understand the need for treatment. Learning to read the signs and contacting CAMHS is critical in psychotic illnesses as early interventions can help prevent future episodes.
- **Psychotic episodes are often a source of embarrassment and shame for adolescents.** They may not wish people to know some of what has happened, and their privacy should be respected. Internet-based support groups with a high degree of anonymity are a good place for parents and caregivers to talk more openly about their experiences.

## 5. Eating Disorders

Eating problems can start as a result of trauma or another mental health condition as well as wishing to achieve an unrealistic body image. They can be dangerous and can have serious health implications if bodyweight drops too low or rises too high. Although eating disorders are most often associated with adolescent girls, the number of boys with eating disorders is rising steadily. The two most common eating disorders are anorexia and bulimia:

- **Anorexia Nervosa** is characterised by excessive worrying about bodyweight and the desire to eat less and less food. 'Feeling fat' despite being extremely thin, and inaccurately comparing bodyweight with other people's, are almost universal experiences for sufferers of anorexia. Exercising too much is also extremely common among young people with anorexia, though they may eventually lack the ability to do this as physical symptoms progress.
- **Bulimia** shares with anorexia the characteristics of obsession with body image and bodyweight, but rather than trying to minimise eating, those with bulimia will eat to excess and then use vomiting or laxatives to try to lose weight. This 'purging' can give a sense of control to young people who feel a lack of control over the rest of their lives. Bulimia has serious physical consequences such as damage to tooth enamel and brittle bones in long term cases.

### Early warning signs of eating disorders in adolescents

Early warning signs common to a range of eating disorders include:

- Withdrawal from friends and family
- Avoidance of meals or situations where food may be present
- Preoccupation with weight, body size and shape, or specific aspects of appearance
- consumption of laxatives, diuretics or diet pills
- Extreme fatigue, including dizziness and fainting

Early warning signs specific to bulimia include:

- Habitual trips to the bathroom immediately after eating
- Hoarding large amounts of food
- Concealing food containers and wrappers

Early warning signs specific to anorexia include:

- Constant adherence to increasingly strict diets, regardless of weight.
- Significant weight loss in a short period of time
- Refusing offers of food

### What can parents, caregivers and teachers do?

There are various strategies that parents and caregivers can adopt to help their children who have eating disorders:

- **Get Help** – As with other mental illnesses, the early intervention of mental health professionals is a critical early step in symptom management and recovery. This

usually begins with an appointment with a GP, who will then refer your child to specialist eating disorder services.

- **Talk to them about it** - Young people with eating disorders can become withdrawn and defensive which can make talking with your child very difficult – especially if they still can't accept they have a problem. But talking about their condition is essential for their recovery, so keep trying. It might be difficult for them to express their feelings, so be patient and listen to what they're trying to say. Avoid talking about their appearance, even if it's meant as a compliment
- **At Mealtimes**, agree with the family that none of you will talk about portion sizes, calories or the fat content of the meal. Try not to focus too much on them during mealtimes – enjoy your own meal and try to make conversation. Try to keep the atmosphere light-hearted and positive throughout the meal, even if you don't feel that way on the inside. A family activity after the meal, such as a game or watching TV, can help to distract them from wanting to purge or over exercise
- **Support your Child** - Learn as much as possible about eating disorders, so you understand what you're dealing with. Emphasise that you love them and will always be there for them, no matter what. Make them aware of the range of professional help available, and say you'll support them through it. Suggest activities they could do that don't involve food, such as hobbies and days out with friends.

At school, the most important role staff can play is to familiarise themselves with the risk factors and warning signs outlined above, and report to a designated senior teacher, head teacher or principal who can then decide on the best course of action, which may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS – with parental consent
- Giving advice to parents, teachers and other students

## 6. Attention Deficit Hyperactivity Disorder (ADHD)

### What is Attention Deficit Hyperactivity Disorder.

Attention deficit hyperactivity disorder (ADHD) is a brain disorder marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. This condition has three main consequences

- **Inattention** means a person wanders off task, lacks persistence, has difficulty sustaining focus, and is disorganized; and these problems are not due to defiance or lack of comprehension.
- **Hyperactivity** means a person seems to move about constantly, including in situations in which it is not appropriate; or excessively fidgets, taps, or talks. In adults, it may be extreme restlessness or wearing others out with constant activity.
- **Impulsivity** means a person makes hasty actions that occur in the moment without first thinking about them and that may have high potential for harm; or a desire for immediate rewards or inability to delay gratification. An impulsive person may be socially intrusive and excessively interrupt others or make important decisions without considering the long-term consequences.

Most children and teens with ADHD suffer from a form that combines inattention with hyperactivity/impulsivity, where hyperactivity as a young child has often lead to an early diagnosis. However, a significant minority of young people with ADHD may be quiet and well behaved as young children while suffering only from the inattentive aspect of the condition, which can delay diagnosis into adolescence or even adulthood.

### What can parents, caregivers and teachers do?

- Parents and caregivers can be the primary movers in obtaining a diagnosis of ADHD for adolescents who were not diagnosed in childhood. If parents or caregivers suspect that their child's problems with lack of focus and inability to focus on tasks are causing them difficulties, they should make an appointment with their GP who will refer the young person to a specialist.
- After diagnosis, parents and caregivers can support their child who has ADHD by providing strong structures and routines at home. This can include housework, games and activities that promote concentration, and supporting their child's homework activities.

- As with parents and caregivers, teachers can help students by delivering thoroughly-planned, highly-structured lessons and supporting students with ADHD through parts of the lessons that require extended, independent work from their students.
- Teachers and school management also have a role to play in ensuring that students with ADHD receive the required support and special measures that they are entitled to, such as extended exam times.

## See Further: Available Resources

---

- Rethink Mental Health: <https://www.rethink.org/>
- National Office for Suicide Prevention: <https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/>
- Your Mental Health <http://www.yourmentalhealth.ie/supports-services/types-of-services/access-directly/phone-online/>
- ADHD: <http://www.hadd.ie/>

Mental health resources suitable for young people:

- <https://www.adolescenthealth.org/Resources/Clinical-Care-Resources/Mental-Health/Mental-Health-Resources-For-Adolesc.aspx#Friendly>
- A range of factsheets that can be downloaded for free: <https://youngminds.org.uk/shop/publications/c-23/c-70/>

For parents and caregivers

- The College of Psychiatry Ireland: <https://www.irishpsychiatry.ie/>
- Mental Health Ireland: <https://www.mentalhealthireland.ie/>
- To find your local child and adolescent mental health services (CAMHS): <https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/>

For teachers and school managers

- A mental health toolkit for schools: <https://schoolleaders.thekeysupport.com/pupils-and-parents/pupil-health-and-wellbeing/pupil-wellbeing/monitoring-pupils-wellbeing-tools/>
- Further mental health resources for schools: <https://www.time-to-change.org.uk/get-involved/get-involved-schools/school-resources>
- Support for the mental health of teachers themselves: <https://www.educationsupportpartnership.org.uk/helping-your-staff/employee-assistance-programme>

### About Cycle Against Suicide

Cycle Against Suicide is a national awareness charity that strives to break down the barriers around mental health illness and works to increase awareness of the supports and treatments that are available to empower those affected.

While progress has been made in terms of prioritising mental health, the continued impact of the stigma surrounding this issue remains large. To create a discrimination-free society, Cycle Against Suicide sets out to develop public awareness of its core message:

***IT'S OK NOT TO FEEL OK; AND IT IS ABSOLUTELY OK TO ASK FOR HELP'***