

Getting a good start

NSW child and adolescent mental health strategy

What is the issue?

Mental health problems in children and adolescents are increasing in frequency and severity. One in five children and adolescents has a mental health problem. For adolescents, mental health problems are as common as physical health problems such as asthma.

Some mental health problems may cause considerable distress for children, adolescents and their families. Others are relatively mild and short lived.

The failure to address the mental health needs of children and adolescents may lead to high social and economic costs. These include school failure, disruptive behaviours and poor social and problem-solving skills.

Promoting positive mental health and the well being of children, adolescents and their families is a high priority for the NSW Government. The NSW Government has allocated \$10.3 million recurrent funding to strengthen child and adolescent mental health services across NSW.

Why is this an issue?

Common mental health problems among children and adolescents include depression and anxiety disorders, first onset psychosis, self harm and suicidal behaviour, eating disorders and disruptive behaviours such as attention deficit hyperactivity disorder.

Children and adolescents with mental health problems are:

1. **six times more likely to think about killing themselves**
2. **three times more likely to have poor or fair physical health**
3. **three times more likely to use alcohol and other drugs**
4. **three times more likely to perform below grade level at school**
5. **two times more likely to report feeling "very stressed"**
6. **impaired in their ability to do the normal things expected at their age**
7. **less likely to obtain work and more likely to remain unemployed.**



Getting a good start defines and strengthens the structure for child and adolescent mental health in NSW and outlines five key strategic directions:

- I. Strengthening the structure and working together for child and adolescent mental health
- II. Mental health promotion, prevention and early intervention
- III. Better mental health care for children, adolescents and their families
- IV. Crisis and emergency mental health response for children, adolescents and their families
- V. Quality and effectiveness in mental health services for children and adolescents.

How to get a good start

Strengthening the structure and working together

A comprehensive range of child and adolescent mental health services will be provided across NSW. Building alliances between mental health and other health services, government departments, non-government organisations, children adolescents and their families.

What we have done

- VI. 150 new positions have been funded for child and adolescent mental health workers.
- VII. 7 Area child and adolescent mental health clinical coordinators have been appointed.
- VIII. \$170,000 has been allocated for Area Youth Mental Health Forums to include young people in mental health service planning and delivery.
- IX. \$50,000 funding was allocated to Youth Insearch for at risk young people in the Wentworth and Mid-Western Areas.
- X. The Central Coast were funded to establish a mental health prevention and early intervention centre for young people.
- XI. The NSW Rural Youth Suicide Prevention Program has employed 13 Project Officers in rural areas across NSW to develop strategies within local community to reduce the risks for suicide in young people.
- XII. Local suicide prevention task forces have been set up in each rural Area including Northern Rivers, Macquarie and the Mid-West.

What we will do

- XIII. Each Health Area will have a child and adolescent mental health coordinator.
- XIV. Each Area will develop a range of community based child and adolescent mental health services for 0-17 years with links to other related services.
- XV. Child and adolescent mental health shared care programs with general practitioners are being set up across NSW.
- XVI. Link programs will forge partnerships between child and adolescent mental health and others such as Departments of Education and Training, Community Services, Juvenile Justice, Maternal, Child and Youth Health:
- XVII. Child-Link programs will link vulnerable children and adolescents with mental health support.
- XVIII. School-Link programs will provide teachers and school counsellors with specialist child and adolescent mental health support.
- XIX. Youth-Link programs will link vulnerable adolescents out of school or home with specialist mental health services.



Mental Health promotion, prevention and early intervention

Promotion, prevention and early intervention support effective mental health care. Evidence based interventions can help to lower the risk and prevalence of common disorders.

What we will do

- XX. The Memorandum of Understanding between NSW Health and the Department of Education and Training for school based depression prevention programs will be finalised and implemented.
- XXI. An early intervention mental health strategy for young people focusing on depression and first onset psychosis will be implemented across NSW. The NSW Early Intervention Network will support implementation.
- XXII. Family Help Kits will provide information to families and young people on how to recognise early warning signs for mental health problems and where to get help.
- XXIII. Programs for positive parenting and prevention of disruptive behaviour in children will be developed across NSW.
- XXIV. The whole of government We can all make a difference, NSW Suicide Prevention Strategy will be implemented.

Better mental health

Comprehensive mental health assessments and care planning for those aged 0 to 17 years are needed. Priority will be given to programs for children and adolescents from rural and remote areas, Aboriginal and Torres Strait Islander communities and from non-English speaking backgrounds.

What we have done

XXXI. Each Area has a child and adolescent mental health service and has begun to set up programs for the full range of common disorders.

XXXII. \$2.35 million has been allocated to extend Telepsychiatry pilots to 6 rural locations. They provide expert child and

What we have done

- XXV. \$1 million has been allocated for programs to help young people experiencing first onset psychosis such as the Central Coast Young People with Early Psychosis Intervention (YIPPIA) program and the Young People's Program in Western Sydney.
- XXVI. \$1.3 million has been allocated for programs for prevention and early intervention of depression in adolescents.
- XXVII. \$750,000 recurrent funding has been allocated in 1996/97 to develop programs for children with emotional or conduct disorders.
- XXVIII. \$340,000 recurrent funding has been allocated to South Western Sydney Health Area for specialist mental health day and outreach programs for women with postnatal depression, their babies and families.
- XXIX. Sally's Story, a training video, has been developed to help mental health workers recognise and respond to young people experiencing first onset psychosis.
- XXX. Mental Health Promotion in NSW: A Conceptual Framework report has been distributed to all Areas as a basis for developing local initiatives.

adolescent consultations to rural Areas.

XXXIII. \$700,000 has been allocated in 1996/97 to mental health programs for Aboriginal and Torres Strait Islander children and adolescents.

XXXIV. \$750,000 recurrent funding has been allocated for programs for children with a parent affected by mental illness.

XXXV. \$ 620,000 NESB programs recurrent funding has been allocated for mental health programs for children's and adolescents from non-English speaking backgrounds.

XXXVI. Special programs for post natal depression have been developed for Arabic and Vietnamese communities in South Western Sydney Health Area.

XXXVII. \$460,000 has been allocated to programs for people who have attempted suicide, including young people.

XXXVIII. Rivendell Unit, Central Sydney, provides tertiary programs for adolescents with severe depression or anxiety disorders, eating disorders and psychosis.



Child and Adolescent Mental Health

What is the issue?

Mental health problems can affect all families. About one in five children and adolescents will experience a mental health problem or disorder. For adolescents, mental health problems are already as common as physical health problems, such as asthma. Mental health problems which affect children, adolescents and young people include depression and anxiety disorders, grief, challenging and disruptive behaviours such as conduct disorders and attention deficit hyperactivity disorder, post-traumatic stress, psychosis, eating disorders and suicide.

Many factors can contribute to mental health problems. Some of these are related to external stresses such as unemployment,

financial hardship, drought. Others are associated with family or relationship difficulties such as marital problems, transitions including starting school or a new baby in the family. Traumas such as abuse increase the risk of many mental health problems and disorders. Genetic factors may also contribute to vulnerability for many mental health problems as well as to personal strengths. A warm affectionate relationship with at least one parent and positive experiences during development can protect children, adolescents and young people.

How families can help

As a first step, there are a number of ways to show your children you care about them and to protect their mental health, such as:

- Showing affection, interest and regard for their well-being.
- Encouraging them to talk about their feelings and to work out problems even when it is difficult.

Take time to care for yourself and keep up contact with friends and family who support you.

Constant arguing or fighting between parents is harmful for children. If you and your partner have difficulties, counselling may be helpful. Sorting out your relationship problems may also help your children.

- Comforting them when they are distressed or anxious.
- Spending time with your children and helping them with sports and hobbies, or playing with and reading to younger children.
- Consistent care, not harsh discipline.
- Being aware of their needs and differences at different stages of development.

If in doubt, check it out

Families and friends are often the first to notice changes but they may be reluctant to talk about these. Families may also be embarrassed about seeking help or may decide to wait, hoping that problems will sort themselves out. For most mental health problems, early help gives the best results. Even if you are unsure about problems, it is best to seek professional advice. Along with general practitioners, paediatricians and Area Health Service staff,

you can also talk to pre-school staff and school staff, such as class teachers, year coordinators, school counsellors or principals. Effective help for children and adolescents with mental health problems and their families generally involves short-term counselling or therapies. These are usually based in the local community with as little disruption to school and family life as possible.

What to look for

The following are some signs of mental health problems in children, adolescents and young people. If they last for more than a few weeks, it may be time to seek professional help.

- Inability to get along with other children.
- Marked fall in school work.
- Changes in usual sleeping or eating patterns.
- Marked weight gain or loss.
- Reluctance to go to school or take part in normal activities.
- Fearfulness.
- Restlessness, fidgeting and trouble concentrating.
- Excessive disobedience or aggression.
- Lack of energy or motivation.
- Irritability.
- Social withdrawal.
- Crying a lot.
- Feeling hopeless or worthless.
- Odd ideas or behaviours.

If children or young people have persistent thoughts about hurting themselves or wanting to die, they need urgent professional help.

Where to get help:

In an emergency contact your general practitioner or local hospital emergency department

24 hour telephone services are:

Kids Help Line 1800 55 1800
Lifeline 131 114

For other help, the first point of contact can be:

- Your local Area Health Service (during business hours) including community health centres or specialist child and adolescent mental health services
- Other specialists who work with children and adolescents such as paediatricians and child psychologists may also be able to provide help.

NSW Association for Mental Health, Mental Health Information Service

Monday to Friday, 12.30pm - 4.30pm
Phone: (02) 9816 5688 or for rural areas 1800 674 200

Parent Line

Monday to Saturday 9am to 4:30pm
Toll free: 13 20 55

Information on Mental Health and other health services is available during business hours from your local health service administrative office.

Central Coast (Wyong, Gosford)	(02) 4320 2111
Central Sydney (Canterbury, Drummoyne)	(02) 9515 9600
Hunter (Newcastle, Maitland, Port Stephens)	(02) 4924 6682
Illawarra (Wollongong, Kiama)	(02) 4275 5111
Northern Sydney (North Sydney, Hornsby)	(02) 9926 8418
South Eastern Sydney (Hurstville, Randwick)	(02) 9382 9898
South Western Sydney (Bankstown, Liverpool)	(02) 9828 5700
Wentworth (Blue Mountains, Hawkesbury)	(02) 4724 2120
Western Sydney (Blacktown, Parramatta)	(02) 9845 7000
Far West (Broken Hill, Bourke, Walgett)	(08) 8080 1333
Greater Murray (Albury, Wagga Wagga)	(02) 6921 5588
Macquarie (Dubbo, Coonabarabran)	(02) 6881 2222
Mid North Coast (Coffs Harbour, Kempsey)	(02) 6551 5111
Mid Western (Bathurst, Forbes)	(02) 6339 5500
New England (Armidale, Narrabri, Inverell)	(02) 6768 3222
Northern Rivers (Casino, Tweed)	(02) 6620 2124
Southern (Goulburn, Snowy River, Bega)	(02) 6299 6199

Challenging Behaviours

What is the issue?

Almost all children will be difficult or demanding at times, especially toddlers. Challenging or disruptive behaviours are those which persist or become so severe that they cause major problems for families or communities.

Excessive disruptive or aggressive behaviour at any age should be taken seriously. It should not be dismissed as a "phase" or something they will "grow out of". Such behaviour in children and adolescents may begin with frequent loss of temper, irritability, impulsive behaviour, or becoming easily frustrated.

When a parent or other adult in frequent contact with the child is concerned, a comprehensive assessment from a child and adolescent mental health professional should be arranged. They can assist parents to manage their child's behaviour in positive ways.

Aggressive behaviour may include:

- explosive temper tantrums;
- physical aggression;
- fighting, threats or attempts to hurt others;
- use of weapons;
- cruelty towards family pets or other animals;
- intentional destruction of property; or vandalism.

Health professionals can help parents identify problems and ways to help their child cope with difficulties.

Discipline should be about learning and should not be harsh or unfair. Physical punishment will often make children's behaviour even more difficult. Seeing or hearing domestic violence can affect children and adolescents as much as being assaulted. Violent television or video games may also affect vulnerable young children.

Violence often leads to violence.

Tantrums

Tantrums happen when children feel frustrated or stressed. Occasional tantrums are a normal stage of development in young children. Parents should be concerned if tantrums become extreme or constant.

Some things parents can do to help children get over tantrums are:

- spend regular and relaxed time with them;
- let them know you notice the good things they do; and
- see if there are other stresses affecting the child such as starting childcare, new baby, parents arguing.

Behavioural problems may affect children's and adolescents' ability to solve problems, cope with life stresses and enjoy normal activities with their family and friends. Their schooling may also be disrupted. Disruptive behaviour can make it difficult for children to form friendships and can interfere with family relationships. Without treatment, children and young people may go on to have problems at school, with the law, in employment and in bringing up families of their own.

A number of programs are available across NSW. Some developments involve schools.

Schools know the dangers of bullying and harassment. They have many resources to help them develop prevention programs.

Coping with challenging behaviours

What is ADHD?

Very young children have short attention spans and act impulsively but this usually improves with age. If these are severe or persistent, it may be due to ADHD or Attention Deficit Hyperactivity Disorder. Children affected by ADHD often have problems paying attention to instructions, finishing tasks, relating to others and staying settled.

If the following signs are present for more than 6 months, professional advice should be sought.

- Easily distracted by their surroundings or other thoughts. Inability to focus on any activity for long.
- Over-activity, unable to keep still, or stop talking.
- Impulsively acting without thought to the consequences.

Such children may have difficulty making friends, have problems at school and be wrongly labelled as a "bad person". If you think your child needs help, don't hesitate to seek professional advice.

No matter how your child may behave, they need to know that you will not harm or leave them. Children need to know that their parent(s) can help them to manage their feelings.

Try and work out what the major stresses are and do something about them. Teach your child that feelings can be managed and expressed in helpful ways.

Positive Parenting Programs

NSW is developing a statewide approach to implementing parenting programs. These can reduce disruptive behaviours in pre-school and primary school age children. Programs such as the *Triple P* (the *Positive Parenting Program*) provide information and counselling to increase parenting skills and satisfaction and, promote family harmony. These programs show parents how to manage their children's behaviour in constructive ways. Parents are encouraged to take care of their own needs and develop ways to make time for themselves and their partners.

Where to get help:

- Your **general practitioner**
- Your local **Area Health Service** (during business hours) including community health centres or specialist child and adolescent mental health services
- Other specialists who work with children and adolescents such as paediatricians and child psychologists.

Your child may need help to cope with day to day problems with family, friends and school. Early treatment for behaviour problems can help a child to:

- learn how to control their behaviour;
- learn how to express anger and frustration in non-harmful ways;
- be responsible for their actions; and
- accept the consequences of their actions.

Mental Health Promoting Schools

Schools can be an important source of support for children or young people with difficulties. The structure of school life and the ongoing professional support of a teacher or school counsellor may help them cope.

Developing communication and personal skills and strength are now included in Personal Development, Health and Physical Education in schools. All students from Kindergarten to Year 10 now have an opportunity to develop these skills.

If you would like more information about mental health and services contact:

NSW Association for Mental Health, Mental Health Information Service

Monday to Friday, 12.30pm - 4.30pm

Phone: (02) 9816 5688

Rural areas: 1800 674 200

Grief and Loss

What is the issue?

Not all children and adolescents have two parents to give them love and security for a number of reasons. In NSW, an increasing number of families are experiencing the trauma and disruption of separation and divorce. Families may also experience loss through the illness or death of a family member. Even the death of a loved pet or a close friend moving away may cause significant distress to children and adolescents.

Moving house can also be disturbing for children and adolescents. They may find losing contact with familiar places and people, changing schools, and having to make new friends very stressful.

Children and adolescents may feel vulnerable and insecure when families experience a loss. They may believe that they are responsible for what has happened. It is possible for them to misunderstand what is happening unless parents discuss the situation and any proposed changes with them.

When families separate

Parents may be devastated or relieved by a separation. However, children and adolescents are almost always confused and unsettled. They may feel responsible for their parents breaking-up or for getting them back together.

Let them know you will both still be their parents even though you no longer live together. Parents' commitment to their children's well-being is vital.

Warning signs in children and adolescents.

Children and adolescents usually don't show their pain and suffering all at once. They may seem to be over it and then their distress may suddenly reappear.

Some of the ways they cope with loss are:

- Acting younger than their age. This may tell you that it is all too much and they need to be less grown up and less independent while they gather strength.
- Trying to over-achieve at school or at home so that it is not obvious that they really are suffering.
- Having difficulty concentrating at school and being preoccupied with their feelings.
- Trying to defend their parent, brother or sister. They may try to look after someone who seems weaker.
- Some may show anger or hostility in play, towards their toys, brothers or sisters or parents.

Children may feel vulnerable and insecure when families experience a loss.

Pre-school children see death as temporary and reversible, like the cartoon characters on their television. By the ages of 5 to 9, children start to think more like adults but still can't believe it could happen to them or anyone they know.

As well as the shock and confusion a child feels at the death of a family member, adults' own feelings may make it difficult for them to cope with the emotional and physical needs of their children. Professional counselling may help guide families through this difficult time.

How can I help?

There are a number of ways parents can help their children cope with loss.

- Let them know they are loved and that you are there for them.
- Let them know that it is not their fault.
- Answer their questions simply and honestly and where possible include them when making decisions that will affect them.
- Be tolerant of their behaviours as it may be their only way of expressing their feelings.
- Try to find out how they are feeling. Let them cry, talk or express their anger in a safe way.
- If they can't talk to you, encourage them to talk to others whom they trust.
- Keep things as familiar as you can (school, friends, pets, precious possessions).
- It is OK to show your feelings. Showing your children how you cope will help them.
- Let their school or teacher know what is happening.

Find support for yourself as this is the key to surviving difficult times.

Everyone needs time to adjust to changes and deal with feelings of grief and loss. Children and young people may not want to tell you what they are feeling for fear they will upset you or make you angry. Your own feelings may be so strong that you may not notice or feel able to cope with what your children need.

When there is a death in the family

Funerals provide a means of saying goodbye to a loved one. It is helpful to include children. However, if children are frightened of attending a funeral they should not be forced. Instead help them have their own farewell such as lighting a candle or saying a prayer.

Spend as much time as possible with the child and let them know they can show their feelings. They may display their feelings of sadness on and off for a long period of time. Anger is a natural reaction to the loss of someone special. This may be shown by aggressive play, nightmares or irritability. Children may express anger towards the surviving members of the family or may become fearful about their safety.

Young children may persist in the belief that the family member is still alive. This should pass after a few weeks. If not, seek professional assistance.

24 hour telephone services are:

Kids Help Line 1800 55 1800
Lifeline 131 114

Bereavement C.A.R.E. Centre
(A free service is available for people experiencing financial difficulties)
Tel: 02 9869 3330

Youthline (youth counselling)
(Sydney) Tel: 02 9951 5522
(Parramatta) Tel: 02 9633 3666

Other specialists who work with children and adolescents such as paediatricians and child psychologists may also be able to provide help.

Compassionate Friends
for parents whose children have died
Tel: 02 9290 2355
Rural tollfree: 1800 671 621

Where can I get more information or assistance?

In an emergency you can contact your:

- **general practitioner** or local hospital **Emergency Department**
- local **Area Health Service** (during business hours) including community health centres or specialist child and adolescent mental health services

Fears and Anxiety

What is the issue?

Anxiety is a normal part of life for children, adolescents and adults. This is usually a temporary response to stress. However, when anxiety persists it may be necessary to obtain assistance. Untreated anxiety that lasts for a longer period of time may make it difficult for a child to participate in normal activities and enjoy life.

Young people may misuse alcohol or other drugs in an attempt to decrease their anxiety. Some may become depressed and some may be at risk of suicide.

There are several different kinds of anxiety that children and adolescents experience which may become more serious and require specialised help.

(For further information please see the Fact Sheet on Post Traumatic Stress)

What are the signs of anxiety

A child or adolescent with anxiety may show some of the following signs:

- Constant thoughts and fears about the safety of self and parents.
- Refusing to go to school.
- Frequent stomach aches and other physical complaints.
- Becoming upset or worried about sleeping away from home.
- Becoming panicky or having tantrums when separated from parents.
- Finding it difficult to meet or talk to new people.
- Withdrawing from situations that will involve meeting new people.
- Worrying excessively about things before they happen.
- Worrying excessively about school, friends, sport.
- Needing a lot of reassurance to try anything new.
- Being preoccupied with cleanliness and hand washing.
- Finding it difficult to relax or go to sleep.

Anxiety is not always linked to a specific event or source.

Separation Anxiety

Children often experience anxiety over separation from familiar people and situations. This anxiety is normal in babies but should lessen as the child grows up. Excessive anxiety on routine separations may indicate a problem.

Signs of separation anxiety include unrealistic worry about harm occurring to family members, the fear they will not return home, a reluctance to sleep alone, refusal to attend school and physical symptoms such as stomach pains or headache.

Generalised anxiety disorder

Occurs when a child or adolescent has excessive or unrealistic worry which may not be linked to a specific event or source of fear. Children and adolescents with this disorder may be perfectionists who may spend hours redoing tasks.

Anxiety and the body

Children and adolescents may have a number of physical symptoms as a result of their anxiety such as:

- Restlessness.
- Sweating or clamminess.
- Stomach "butterflies".
- Muscle tension.
- Difficulty sleeping.

Obsessive-Compulsive Disorder

Obsessive-Compulsive Disorder (OCD) usually begins in childhood or adolescence. The main features are recurrent obsessions and/or compulsions. Obsessions are repeated unwanted thoughts that cause marked anxiety. Compulsions are repetitive behaviours (like hand washing) or mental acts such as counting or silently repeating words. They are often intense enough to cause discomfort and interfere with a child's normal routine, schooling and social activities.

Young children may fear harm will occur to them or a family member. Older children or adolescents may fear germs or illness. They may fear bad things will happen if they stop these repetitive behaviours or thoughts. Children and adolescents are often ashamed or embarrassed about their OCD. They may fear they are going crazy and try to keep what they are experiencing a secret from family and friends. Medications, in addition to other therapies, may be helpful for this condition.

Panic Disorder

Children and adolescents with panic disorder have unexpected and repeated periods of intense fear together with a racing heartbeat, shortness of breath or dizziness. These "attacks" may last minutes to hours and frequently happen without warning. Some children and adolescents may begin avoiding any situation where they fear a panic attack may happen. They may become reluctant to attend school or be separated

from their parents.

With effective intervention, children and adolescents may learn to control anxiety and panic attacks. Early treatment of anxiety can prevent the development of complications such as agoraphobia (fear of situations that might cause anxiety), depression and misuse of alcohol and other drugs.

How to get help for anxiety problems

- Your general practitioner
- Your local Area Health Service (during business hours) including community health centres or specialist child and adolescent mental health services
- Other specialists who work with children and adolescents such as paediatricians and child psychologists may also be able to provide help.

If you would like more information about mental health and services contact:

NSW Association for Mental Health, Mental Health Information Service
Monday to Friday, 12.30pm - 4.30pm
Phone: (02) 9816 5688 Rural areas: 1800 674 200

When young people refuse to leave their home or go to school this is a common signal they need help.

All children and adolescents will experience some anxiety at different stages of their development. For instance children often have a number of short lived fears such as fear of the dark, storms, animals or strangers.

However, when anxieties become severe and begin to interfere with normal activities such as making friends, attending school or being separated from parents, specialist assistance may be needed.

Learning to recognise and control symptoms is the key to managing anxiety. Early treatment may prevent future problems and difficulties. Your doctor should rule out any physical cause for the symptoms. Stress management and relaxation exercises may assist in controlling symptoms. Mental health professionals can advise you and your child about treatment options.

Post Traumatic Stress

What is the issue?

Post traumatic stress disorder is commonly referred to as PTSD. It is a condition that some children and adolescents develop after they have experienced a traumatic, sometimes life threatening, event. This includes witnessing injury, assault or death. Catastrophes such as earthquakes, floods or fires may have a major impact on children and adolescents.

Sadly, one of the most common causes of PTSD is being a victim of or a witness to domestic violence, sexual, emotional or physical abuse. This may have many other long term effects on children and adolescents.

Children and adolescents from refugee backgrounds may have experienced grief, loss and traumatic events prior to their decision to migrate. In a similar way the ongoing effects of grief and loss may be traumatic for Aboriginal or Torres Strait Islander families.

Usually symptoms appear in the first 3 months after the event, but some children may not react for several months or even years after the stressful event.

Age may affect the way children and adolescents respond to trauma. Children may show unexplained emotional distress, have nightmares or complain about pain such as stomach pains or headaches. Reactions may be triggered by people, places or things associated with the trauma.

Traumatic experiences may have an adverse effect on the physical and mental health of children

Adolescents may minimise their concerns but may show a deterioration at school and become irritable or argumentative. PTSD may disrupt schooling, relationships with family, peers and other adults. It may also lead to misuse of alcohol and other drugs in an attempt to control their distress. This may increase the risk for suicide.

Ask children and young people what is troubling them. Express your concern and how much you care. Seek professional help if signs persist for more than a few weeks.

What are the signs of PTSD?

PTSD usually appears some time after the traumatic event. Children and adolescents may show PTSD in a variety of ways. Some of the signs that may alert parents that their child is experiencing difficulties are:

- Refusal to return to school.
- "Clinging" behaviour towards parents.
- Persistent fears about the traumatic event.
- Sleep disturbances such as nightmares, bedwetting, screaming during sleep.
- Loss of concentration and/or irritability.
- Uncharacteristic misbehaving at school or at home.
- Physical complaints such as stomach aches, headaches or dizziness.
- Withdrawal from family and friends, loss of energy and motivation, decreased activity, preoccupation with events of the disaster.

Many children and adolescents will be exposed to traumatic events. This may be a life threatening event such as a car accident, or the sudden death of a loved one. Trauma usually involves a sense of fear, helplessness or horror. Traumatic experiences can shake our belief in our safety or trust in others. Sometimes these feelings resolve within a few days or weeks. For some, symptoms persist for months or even years.

Professional advice and therapy may help to prevent or minimise the distress experienced by children and adolescents exposed to traumatic events.

Helping with PTSD

If symptoms of PTSD persist for more than a month it may be helpful to seek professional assistance. There are **three main ways** that PTSD may show up.

- **Intrusions:** such as nightmares or flashbacks where the traumatic events are relived. Children may relive the trauma through repetitive play.
- **Avoidance:** trying to avoid anything which may remind them of the trauma. This may also involve school refusal or fears about being separated from parents.
- **Hyperarousal:** being over-alert and easily excited. Children may be easily startled by noises or unexpected touch.

Reactions to trauma may vary according to the age of the child or adolescent.

There are a number of things parents and friends can do to help children and adolescents cope with traumatic events.

- When a child brings up the traumatic event, don't be afraid to talk about it.
- Use language that is appropriate to their age.
- Provide them with simple honest answers. Imagined details may be more disturbing and may interfere with their recovery.
- Be prepared to discuss the same details many times. Patiently repeat clear honest facts for the child.
- Help your child avoid false reasoning about the cause of the event. Let them know that adults don't always understand why things happen.
- Ensure that they realise they are not to blame for what has happened.
- Do your best to be supportive, loving and predictable.
- Notify other carers and teachers that the child has had a stressful experience.
- Seek help early. Child and adolescent mental health workers can provide advice and assistance in helping you and your child through difficult times and events.

S.T.A.R.T.T.S
(Service for the Treatment and
Rehabilitation of Torture and
Trauma Survivors)
(02) 9794 1900

How to get help for PTSD problems

- Your **general practitioner**
- Your local **Area Health Service** (during business hours) including community health centres or specialist child and adolescent mental health services
- Other specialists who work with children and adolescents such as paediatricians and child psychologists.

If you would like more information about mental health and services contact:

**NSW Association for Mental Health,
Mental Health Information Service**

Monday to Friday, 12.30pm - 4.30pm
Phone: (02) 9816 5688
Rural areas: 1800 674 200

Domestic Violence Line
Tollfree: 1800 656 463

Victims of Crime Counselling
(24 hour counselling and
referral)

02 9374 3000
Rural Tollfree: 1800 633 063

24 hour telephone services are:

Kids Help Line 1800 55 1800
Lifeline 131 114

Depression

What is the issue?

Depression has been predicted as one of the major health problems of the 21st century. More adolescents and young people are experiencing depression. This is known to increase their risk for other mental health problems such as hazardous use of alcohol and other drugs and suicide.

While it is not unusual for children and young people to feel "blue" or "down", when this feeling persists for more than a few weeks additional help may be needed. Depression is serious and if left untreated may become life threatening.

When young people's moods disrupt their ability to manage usual activities, it may indicate a serious mental health problem. It can be difficult to know when children and young people are feeling depressed because adults expect them to be moody. Adolescents and young people do not always understand or express their feelings very well. When asked they may deny that anything is wrong. They may also express their feelings through aggressive, hostile and

risk taking behaviour. These behaviours only lead to more problems and possibly worsen any feelings of depression.

The most common forms of treatment for young people are counselling, therapies (such as Cognitive Behavioural Therapy) and social interventions. Counselling and therapy involve talking about your concerns and techniques for solving problems and for coping with stress now and in the future. This may involve individual and family therapy and group work.

Medications are used less often to treat depression in young people but are sometimes needed for severe depression.

Sometimes adolescents and young people may feel so depressed they may consider suicide. Feelings of anger, resentment, guilt or worthlessness may lead to impulsive, self-destructive acts. Few children or young people will seek help on their own. They need encouragement from their friends, families and concerned adults.

What are the signs of Depression?

Most forms of depression involve both physical and psychological symptoms.

The following signs may indicate depression, particularly when they persist for more than a few weeks:

- Sadness or irritability.
- Difficulty concentrating, deterioration in school performance.
- Lack of energy, enthusiasm or motivation, feeling slowed down.
- Restlessness or agitation.
- Changes in eating and sleeping patterns.
- Feelings of guilt or worthlessness.
- Withdrawal from friends, family and previously enjoyed activities.
- Suicidal thoughts or actions.

Some people experience periods of excitement and overactivity as well as feeling down. This is a bipolar disorder (sometimes called manic-depression).

Recent surveys suggest up to 1 in 5 young people experience depression at some time. Adolescence is a challenging time involving many changes. These changes occur emotionally, physically and socially. Young people are also exposed to varying messages from parents, schools and the media including the Internet.

Helping young people with depression

When adolescents and young people are feeling down there are a number of things families can do to help them. Offer help and listen. Encourage them to talk about their feelings. Acceptance and belonging are very important to adolescents so encourage them to:

- Talk to someone they trust.
- Ask for help when they need it.

Some other things that may be helpful include encouraging them to:

- Spend time with friends.
- Participate in sports, school activities or hobbies with a focus on positive activities and achievements.
- Be involved in organisations that provide support for young people and help them develop additional interests.

If a young person is severely depressed they may not be able to participate in usual activities.

Young people should be encouraged to talk to someone they trust.

Where to get help

In an emergency contact your
general practitioner or
local hospital **Emergency Department**

24 hour telephone services are:

Kids Help Line 1800 55 1800
Lifeline 131 114

Youthline (youth counselling)
(Sydney) Tel: 02 9951 5522
(Parramatta) Tel: 02 9633 3666

For other help, the first point of contact can be:

- Your local Area Health Service (during business hours) including community health centres or specialist child and adolescent mental health services.
- Other specialists who work with children and adolescents such as paediatricians and child psychologists may also be able to provide help.

If you would like more information about mental health and services contact:

NSW Association for Mental Health, Mental Health Information Service

Monday to Friday, 12.30pm - 4.30pm

Phone: (02) 9816 5688

Rural areas: 1800 674 200

When adolescents and young people recognise they have a problem it is the first step towards getting better. However, few adolescents will seek help on their own. They need support and encouragement from concerned adults and their friends. If a situation seems like it is serious seek help promptly. Sometimes this may mean breaking a confidence but it may be necessary to save a young person's life.

Psychosis

What is the issue?

Psychosis is a condition which impairs a person's sense of reality. This may be from a mental illness such as schizophrenia or bipolar disorder (manic depression). Symptoms of psychosis can also at times be caused by brain injury or infection, alcohol or drug misuse. Most young people recover from psychosis to live full and satisfying lives.

No-one knows for sure what causes psychotic illnesses such as schizophrenia or bipolar disorder. The first signs often appear in late adolescence and early adulthood and may begin gradually.

The earliest phase of a psychotic disorder can last from a few weeks to up to 2 years. Initially, vague changes may occur in the way a person thinks, feels and behaves. At first these signs may be barely noticeable. A young person in this phase may experience confused thinking, withdrawal from previously enjoyed activities and deterioration in school performance.

Psychosis may affect a young person's ability to concentrate or their thoughts might seem faster or slower than usual. A young person experiencing these changes may feel very confused and distressed by what is happening.

Psychosis can happen to anyone, but like other illness, it can be treated.

Early warning signs

The early signs of psychosis may be difficult to detect and can be mistaken for normal changes of adolescence. Noticeable and persistent changes in the young person's behaviour and moods should not be ignored.

The early warning signs in young people are:

- Changes in *thinking* - difficulty in concentrating, poor memory, preoccupation with odd ideas, increased suspiciousness.
- Changes in *mood* - lack of emotional response, rapid mood changes, inappropriate moods.
- Changes in *behaviour* - odd or unusual behaviour.
- *Physical changes* - sleep disturbance or excessive sleep and loss of energy.
- *Social changes* - withdrawal or isolation from friends and family.
- *Changes in functioning* - decline in school or work performance.

The term psychosis refers to a group of disorders which impair a person's sense of reality and may lead to changes in their mood. A person's perceptions can be affected by hallucinations. As well, their thinking may seem confused, slowed down or speeded up. They may have persistent false beliefs known as delusions. The symptoms vary for each person and may change over time. Psychosis may begin in adolescence. It can happen to anyone but like most other illness it can be treated.

Helping young people with psychosis

Young people with first onset psychosis may be reluctant to seek treatment because they don't think anything is wrong or they hope their symptoms will go away. Help is needed for the young person to find out what is happening and what treatment is required. Families also need help to understand what is happening and how they can help.

It is important to get help as early as possible as this improves recovery for young people. The impact of psychosis can be very traumatic for the young person and disrupt their life at a critical developmental stage. The longer it takes to receive effective treatment, the longer it is likely to take for symptoms to go away and the greater the risk of further episodes.

It is a good idea to arrange a check-up with your doctor to ensure that there are no other serious physical or emotional problems which may require treatment.

Most young people with psychosis are treated in the community by mental health professionals. This minimises distress and disruption for the young person and their family. Having someone to talk to is an important part of treatment. Mental health workers understand what is happening and can provide reassurance and information for the young person and their family.

Medication is often a part of the treatment of psychosis to assist recovery and prevent further episodes. A psychiatrist can determine if medication is needed. There are several different types of medication that may be recommended and young people usually start on very low doses.

Most young people recover from psychosis to live full and satisfying lives.

Programs to recognise psychosis in young people and offer help at the earliest stages are being set up across NSW.

Does anyone recover from psychosis?

Recovery may vary for each person with some returning quickly to their usual lifestyle while others may take months or longer to get back on track.

Family and friends may help the young person's recovery by:

- Finding out about the signs and effects of psychosis.
- Offering support and encouragement.
- Allowing the young person time for recovery and return to school, university, work or job training.
- Obtaining support for themselves.

Where to get help:

In an emergency contact your

- general practitioner or local hospital **Emergency Department**
- Other specialists who work with children and adolescents such as paediatricians and child psychologists.

24 hour telephone services are:

Kids Help Line 1800 55 1800
Lifeline 131 114

Association of Relatives and Friends of the Mentally Ill (ARAFMI) and Young ARAFMI
24 hr support line: (02) 9805 1883
Rural Areas: 1800 655 198

For other help, the first point of contact can be:

- Your local Area Health Service (during business hours) including community health centres or specialist child and adolescent mental health services

If you would like more information about mental health and services contact:

NSW Association for Mental Health, Mental Health Information Service
Monday to Friday, 12.30pm - 4.30pm
Phone: (02) 9816 5688
Rural areas: 1800 674 200

Schizophrenia Fellowship of NSW
Tel: (02) 9878 2053

Suicide Prevention

What is the issue?

Suicide rarely happens without some warning. Learning how to recognise the signs and take them seriously can help.

Be willing to listen and ask questions about needs and concerns. Encourage distressed young people to seek help as soon as possible. Offer to take them to appointments and stay with them if necessary. Many young people think they can't be helped and that their problems can't be solved, however, counselling can help them to see solutions to their problems.

It is important to take suicide threats seriously. Do not assume the situation will get better by itself. Young people can be helped. Sometimes a young person may tell you their suicide plans in confidence, however, their life is more important than keeping a secret. Getting professional help may save a life.

Although it is common for young people to be defensive and resist help, most are relieved when someone expresses genuine concern. Support and constructive assistance can come from many sources. Assistance from professionals is much more effective if a network of support is also available from family and friends.

**Young people can be helped and suicide may be prevented.
Most young people are relieved to have someone intervene.**

Suicide and the mental health of young people

Most young people who attempt suicide have mental health problems, especially depression. While all of us feel sad or unhappy at some time, when young people are depressed they may feel hopeless or overwhelmed by despair.

Young people who are depressed may feel like they are "losers" and have little confidence. They may see themselves as powerless and unable to improve their situation. However, depression can be treated and most get better within a year.

Not all young people with depression are suicidal, and not all adolescents who attempt suicide are depressed. However, if young people are depressed they should be assessed for suicide risk.

Young people with mental health problems may be more vulnerable to stresses such as:

- Loss of an important person through death or separation.
- Recent suicide of a friend or relative.
- Recent break up with girlfriend or boyfriend.
- Trouble with school or the police.
- Feared or confirmed pregnancy.
- Being a victim of sexual or other abuse (now or in the past).
- Family conflict or domestic violence.

Misuse of alcohol or other drugs can increase the risk of self harm including suicide.

Suicide may take one life, but it affects whole communities. It is a human tragedy, especially when it involves the lives of young people. As many as 90 per cent of young people who attempt suicide have a mental health problem at the time. This includes depression, hazardous use of alcohol and other drugs and behavioural problems.

What are the warning signs

Many factors are linked to youth suicide. Although it is not possible to prevent every suicide, knowing about some of the warning signs may help people intervene sooner. These include:

- Expressing feelings of hopelessness.
- Decline in school work and attendance.
- Death or suicide themes dominating written or creative work.
- Giving away personal possessions.
- Statements showing suicidal ideas or thoughts about death such as "I wish I was dead", "no one cares if I live or die", "does it hurt to die?".
- Feelings of worthlessness, letting parents or others down.
- Withdrawal from friends.

What can parents do to help?

Adolescence is a difficult time, bridging childhood and adulthood. Parents may feel frustrated by challenges to their ideas and attitudes. Although parents may have difficulty in talking with young people about personal issues, good communication is important in understanding what they are feeling and thinking.

- Be honest about your concerns and feelings and try to discuss them calmly.
- Allow the young person time to talk about their situation and feelings. If possible arrange for a time and place free of interruptions.
- Try and be as non-judgmental as possible. Avoid offering too much advice.
- Do not trivialise the concerns of the

young person. Their perspective may be very different.

- Be prepared to ask if they are thinking about hurting themselves.
- Take any talk of self harm or suicide seriously. Suggest that the young person receives assistance as soon as possible.
- Be prepared to help them make and keep contact with professional assistance.
- Do not promise to keep secret any threat of self harm.
- Stay with the young person if you think there is an immediate risk of self harm.
- Convey a message of hope and support.
- Presenting alternatives to suicide and affirming the worth of a young person can assist them to feel less alone and hopeless.

Where to get help:

In an emergency contact your:

**general practitioner or
local hospital Emergency Department**

**If you would like more information about
mental health and services contact:**

**NSW Association for Mental Health, Mental
Health Information Service**

Monday to Friday, 12.30pm - 4.30pm

Phone: (02) 9816 5688

Rural areas: 1800 674 200

For other help, the first point of contact can be:

- Your local Area Health Service (during business hours) including community health centres or specialist child and adolescent mental health services
- Other specialists who work with children and adolescents such as paediatricians and child psychologists.

24 hour telephone services are:

Kids Help Line 1800 55 1800
Lifeline 131 114

Body Image and Eating Problems

What is the issue?

Over half of all adolescent girls try to lose weight. Dieting or overeating are common problems that affect many girls but they can also affect boys. Depression and poor self-esteem may be factors in problem eating habits.

The most serious eating disorders experienced by young people are *anorexia nervosa* and *bulimia nervosa*. In anorexia, a person worries about becoming fat or gaining weight no matter how thin they become. With bulimia, the person has repeated bouts of binge eating and then tries to compensate in ways such as dieting or vomiting.

The best time to help your child develop a positive body image is well before their teens. Unrealistic ideas about looks and the "ideal body" can affect children and young people from very early ages. Young people are often highly conscious and critical of their own bodies. Self-criticism and poor body image may be factors in the development of eating disorders. Your own eating habits, sense of body image and attitudes can affect your child.

Children and adolescents may compulsively over-eat to cope with feelings of depression, anxiety, guilt or anger. These young people may be a little overweight to obese. If young people have an eating disorder for a prolonged period of time their health and growth may be seriously affected. Girls who have begun to menstruate may miss periods.

Early and effective treatment for these disorders may prevent life-long and sometimes fatal problems.

Young people often take any comments others make on their weight, body shape or appearance very seriously. Parents may mistake the body changes associated with puberty as an unhealthy weight gain. The young person may respond by dieting, followed by binge eating which, in time, may lead to long term eating problems.

Young people may be very good at hiding their problems from their families. If parents are concerned about their child's eating they should seek advice and assistance at once.

Parents can help their child develop a healthy body image.

What are the signs of an eating disorder?

Parents frequently ask how can they know if their child has an eating disorder. The following warning signs may alert families:

- They will often believe they are fat no matter how thin they become.
- They may avoid eating with the family or want to go to the bathroom straight after meals.
- They may eat large amounts of food without gaining weight (people with bulimia often overeat then make themselves vomit or use laxatives).
- They may appear excessively preoccupied with food and dieting.
- They may exercise excessively to lose weight.
- They may eat compulsively, hide food or eat in secret.
- They may wear loose clothes that hide their body.
- The child or adolescent may feel they have a sense of control when they say "no" to food.

It is sad, but true, that many young people dislike their bodies. They may feel fat and unattractive even if their mirror image shows otherwise. Girls often think they are fat even when they are not and boys may fear they are not big enough.

Helping young people with eating disorders

You can help your child to develop a positive sense of body image in several ways.

- Point out that healthy, attractive, successful people come in many sizes and shapes.
- Help your child discover what they like and value about themselves.
- Discourage family members from criticising each other's appearance.
- Reassure your child about the changes to their body size and shape during puberty.
- Emphasise how these changes are part of growing from childhood to adulthood.
- Include the whole family in the goal of health and fitness (rather than single out an overweight child for a special regime).
- Encourage your child to express their emotions in effective and appropriate ways.
- Keep plenty of healthy snacks in the house such as fruit and bread.
- Explain how images of women on television and magazines are often changed to make them look slimmer.
- If a doctor determines your child needs to lose weight, adjust the family's exercise and eating habits to make it easier. Be clear about a healthy weight range for your child.

If you think your child has signs of an eating disorder discuss this with your general practitioner. They can make a referral to a child and adolescent mental health service.

Encourage healthy eating and exercise for the whole family.

How to get help for eating disorders

- Your general practitioner
- Your local Area Health Service (during business hours) including community health centres or specialist child and adolescent mental health services.
- Other specialists who work with children and adolescents such as paediatricians and child psychologists.

If you would like more information about mental health and services contact:

NSW Association for Mental Health, Mental Health Information Service

Monday to Friday, 12.30pm - 4.30pm

Phone: (02) 9816 5688

Rural areas: 1800 674 200

Disturbed eating is very common in young people. Overeating may be related to tension, poor nutritional habits and food fads.

Bulimia and anorexia nervosa most commonly begin in adolescence. Studies show that many girls, as young as 6-8 years, believe an "ideal weight" is thinner than their own body.

Parents can encourage healthy eating and help their children feel good about their bodies.

24 hour telephone services are:

Kids Help Line 1800 55 1800
Lifeline 131 114