A Mental Health Resource for Youth Workers and Volunteers

Produced by
Headstrong – The National Centre for Youth Mental Health

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The National Centre for Youth Mental Health

in association with

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Content

1. Introduction

This resource is an initiative of The One Foundation and its portfolio of youth and youth mental health organisations. It has been compiled by Headstrong with input from staff and volunteers from BeLonGTo, Foróige, and ReachOut.com and drafted by Craig Hodges Consulting (CHC).

It is intended to offer a "user friendly" entry point into what can sometimes be a complex system. The resource is designed to be used electronically, to sit on your computer desktop, so that you can link directly to listed resources and current information. It can also be used as a hard copy document by those with limited access to a computer.

This resource does not attempt to provide an exhaustive list of existing services and supports; however, there will no doubt be some gaps and overlap in services listed.

Who should use this resource?

Traditionally mental health and in particular mental illness has largely been the responsibility of mental health professionals. However, we now know that roughly 1 in 5 young people will experience a mental health problem at some point (Kessler et al 2005). This means that more people, from the community, family, friends and those working with young people need to understand more about mental health and how young people can best be supported.

Finding help for someone who is experiencing distress from a mental health problem, or who may be in crisis as a result of a mental illness, can be a challenge.

It is difficult to know where to start, firstly in understanding what the mental health problem might be, or how to find the organisation that offers the support and services if you feel you can't.

This resource is primarily for youth workers and volunteers with young people and will focus on:

- Terms that are commonly used to describe mental health difficulties;
- When you should be concerned and what to look for;
- Understanding the mental health service system and "signposting" the young person to support;
- Helpful hints when contacting any service;
- Supporting the young person and roles people can play;
- Looking after yourself;
- Local and national resources.

The resource provides:

- Active links to the websites of mental health and drug and alcohol related services;
- Information and links to organisations that offer a range of general health, personal and social support services. Although these organisations are not necessarily mental health specific, they are very useful in supporting a young person who may be going through a difficult time.

Acknowledgements

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Chapters 2 and 3 have been adopted from Headstrong's 'Supporting Young People's Mental Health: A Youth Centred Guide', Authors Ms. Helen Coughlan and Dr. Gillian O'Brien.

2. Mental Health

INTRODUCTION

The information in this guide is about supporting young people's mental health, particularly those young people who may be vulnerable to developing mental health difficulties. Later in this guide we will talk about *how* to support young people with their mental health but firstly we need to understand what we mean by mental health and how people develop their mental health. In this chapter we will begin by considering what the term 'mental health' means before exploring the factors that impact on the development of good mental health. We will also look at some of the ways that young people can promote and protect their own mental health.

GOOD MENTAL HEALTH: WHAT DOES IT MEAN?

Mental health is a concept that can mean different things to different people (Pilgrim 2005). While some people confuse the term 'mental health' with 'mental illness', most definitions of mental health describe it as a positive state of being in which people accept themselves and have meaningful and connected relationships with other people and with the world around them (see, for example, Denholm 2006, WHO 2001).

Having good mental health does not mean feeling happy all of the time: people who have good mental health still face difficult challenges in life and feel the full range of human emotions, from joy and happiness to sadness and fear. People who have good mental health are, however, better able to get through difficult times without losing a positive sense of themselves and the world around them (Denholm 2006). Put another way, people with good mental health are better able to cope with the demands and challenges life throws at them.

If we accept this broad concept of mental health then it is possible to suggest that anyone who struggles to accept themselves, feels disconnected from others and their community, feels unable to cope with the challenges they are facing, or struggles to get on with aspects of their day-to-day life is experiencing 'mental health difficulties'. While this broad understanding of the term mental health difficulties encourages us to think outside narrow medical definitions of mental ill-health, it doesn't tell us anything about the *level* of difficulty someone is experiencing. Understanding this is important because there is a significant difference between the experience of low-level emotional or psychological difficulties (for example, feeling worried coming up to exam time) and serious mental health problems (for example, depression or psychosis). For that reason, we need to enhance our ability to identify signs that suggest a young person's difficulties are serious and in need of specialist assessment and intervention. This is something we will explore further in Chapter 6.

GOOD MENTAL HEALTH: HOW DO WE GET IT?

A question that many people ask is why some people have good mental health while others do not. That is not an easy question to answer and it is difficult to accurately predict who will develop good mental health and who will not. There are, however, a number of factors that have been identified as influencing our mental health (Carr 1999, Buckley *et al* 2009). These can be seen in Figure 2.1 below.

Figure 2.1

INFLUENCES ON THE DEVELOPMENT & MAINTENANCE OF MENTAL HEALTH

As you can see from the figure above, there are many different aspects of an individual's life experiences that influence the development and maintenance of their mental health. These aspects include:

▶ Biological factors

▶ Early experiences of care and family life

▶ Psychological factors

▶ Social factors

▶ Experiences of bullying or other trauma

▶ Educational experiences

▶ Structural (societal) issues

When it comes to mental health, positive experiences in any of these areas are referred to as *protective factors* and negative experiences in any of these areas are referred to as *risk factors.* While people who have more risk factors are potentially more vulnerable to developing mental health difficulties than those who have less, the interaction between all of these factors is very complex. Therefore, having many protective factors does not guarantee that someone will develop good mental health. Similarly, having many risk factors does not guarantee that someone will develop mental health difficulties. However, people whose lives are loaded with multiple risk factors such as poverty, discrimination, loss and abuse are undoubtedly more vulnerable to developing mental health difficulties than those who do not have to endure such hardship. In working to promote mental health in young people, it is always useful to think about reducing or eliminating as many risk factors and increasing as many protective factors as possible.

You will also notice from Figure 2.1 that stress is another important factor when it comes to determining a person's mental health. What we know is that many people successfully balance both their risk and protective factors without developing mental health difficulties. However, if someone is put under extreme or repeated stress, it is possible that this can tip the balance and result in that person developing mental health difficulties. This idea about how and why people develop mental health difficulties is commonly referred to as the *stress-vulnerability-coping* model (Anderson *et al* 2006).

Looking specifically at young people's experiences of structural (societal) inequality and social exclusion, research has found belonging to any of the specific social groups listed in Figure 2.2 below increases a young person's risk of developing mental health difficulties (NESF 2004, Buckley *et al* 2009).This is something to be mindful of if you work with young people who fall into any of these groups.

Figure 2.2

AT RISK SOCIAL GROUPS

Looking at all of the factors that combine to influence our mental health it is clear that we need to explore all aspects of young people's experiences to understand them and their mental health. This way of understanding young people and mental health is referred to as a *systemic perspective* (Payne 2005, Cox *et al* 2010). A useful way to think about things from a systemic viewpoint is to think about a mobile hanging over a child's bed; when you touch one part, it has a knock on effect causing all the other parts of the mobile to move. In the same way, when something happens in a young person's life; it could be in their family, school or their community; it has a knock on effect on that young person and may influence how they think and feel about themselves and their world. Equally, if there are changes in a young person's thoughts, feelings or their views of the world, it is likely to have a knock on effect on other parts of their life. This is something we will look at in more detail later in this guide.

MENTAL HEALTH and RESILIENCE

Having reviewed the risk and protective factors for mental health, you may be thinking about young people you know who have many risk factors but who still seem to maintain good mental health and are getting on well in life. You may be wondering how it is that some people develop and maintain good mental health seemingly against the odds. The ability that some people have to get through difficult times and continue to grow and develop in spite of the difficulties they experience is called *resilience* (Masten *et al* 1990, Saleebey 1997, Bostock 2004, Gilligan 2004). The more resilient someone is, the better they are at getting through tough times, and the better their chances at recovering from experiences of adversity and trauma (Gilligan 2004).

Recent research on resilience has highlighted the fact that it is possible for anyone to develop or boost their resilience (Bostock 2004, Gilligan 2004, Hartling 2008, McAllister and McKinnon 2008). That research also points to the fact that the quality of our relationships with others is a critical factor in how resilient we are. Having meaningful and connected relationships with other people is what makes us human and is essential to our mental health and well-being. As a general rule, supporting young people to develop trusting and meaningful relationships with their families, peers and communities is one of the best things you can do to enhance their resilience.

PROMOTING MENTAL HEALTH AND RESILIENCE

While it is important to be aware of the systemic range of areas that impact on young people's resilience, it is useful to think about some core things young people can do to develop their resilience and to promote their mental health. One of the best things you can do to support young people with this is to get them thinking about their mental health in the same way they think about their physical health.

To help young people to think about their mental health in this way a '5 a day' programme for mental health and resilience has been developed that captures the top five things young people can do to develop their resilience and promote their mental health (see Figure 2.3). This '5 a day' programme is based on research evidence on how best to promote resilience and mental health[1]. You may find it useful to photocopy the '5-a-Day for Mental Health and Resilience' handout and give it to young people you work with.

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[1] Currently in Ireland there is a lack of services for LGBT young people on a national basis. It is important when working with LGBT young people that you are aware of limited resources in this area.

Figure 2.3

YOUNG PEOPLE'S 5-A-DAY FOR RESILIENCE & MENTAL HEALTH

1. Accept

- Accept yourself
- Find ways to develop your self-esteem
- Accept positive feedback from others
- Don't be hard on yourself
- Do things that make you feel good about yourself

2. Connect

- Stay connected with your family and friends
- Connect with places in your community where you feel valued & accepted
- Make sure you have one adult in your life who you trust and can turn to for support
- Join groups where you can meet like-minded people who share your interests
- Reach out for help if you need it

3. Contribute

- Get involved with something you care about
- Find ways to help people in your life
- Find ways to use your talents
- Offer support to others

4. Be Healthy

- Eat well by making healthy food choices
- Get active; do at least 30 minutes of physical activity every day
- Sleep well; aim for 7-8 hours unbroken sleep a night
- Look after yourself
- Take time out and learn ways to relax

5. Be Aware of your Thoughts

- Notice how your thoughts affect how you feel
- Don't treat your thoughts as though they are facts
- Find ways to balance critical and negative thoughts with more helpful ways of thinking
- Keep an open mind

KEY POINTS

- Mental health refers to a state of being in which people accept themselves and are able to get through difficult times

- The term mental health difficulties refers to a spectrum of difficulties that impact on how people think, feel and behave

- Mental health is affected by a wide range of risk and protective factors at an individual, familial and social level

- It is possible for all young people to boost their mental health and resilience

3. Young People's Mental Health

INTRODUCTION

Youth is a term that refers to the period between childhood and adulthood. It is a time of great change as young people move from a position of dependence to one of independence and brings with it both opportunities and challenges for young people as they seek to develop their own sense of identity and discover their place in the world. While the majority of young people navigate their way through this period of time without developing mental health difficulties, research tells us that about three-quarters of adults with serious mental health difficulties started having those difficulties by the age of 24 years (Kessler *et al* 2005, McGorry 2007)*. Given that, it is reasonable to suggest that the more emotionally and mentally healthy people are in their youth, the less likely they are to experience emotional and mental health difficulties in their adult lives. In this chapter, we will look at young people's development between the ages of 12 and 25 and then go on to look at research findings about the mental health difficulties that young people experience during these years.

THE DEVELOPMENT OF YOUNG PEOPLE AGED 12-25 YEARS

Traditionally, we have categorised young people between the ages of 12 and 25 as either adolescents or young adults, using 18 years as the age of transition between adolescence and adulthood. In recent times, the idea that young people neatly make a transition from adolescence to adulthood at around age 18 has been challenged, resulting in the development of the idea of *emerging adulthood* as a distinct phase among young people that begins during the mid to late teens and ends sometime in the mid to late 20s (Arnett 2007). According to Arnett (2007), the process of moving from childhood to adulthood is a variable one that involves gradual transitions from childhood to adolescence, adolescence to emerging adulthood and emerging adulthood to adulthood as represented in Figure 3.1 below.

Figure 3.1

THE PROCESS FROM CHILDHOOD TO ADULTHOOD

Childhood · Adolescence · Emerging Adulthood · Adulthood
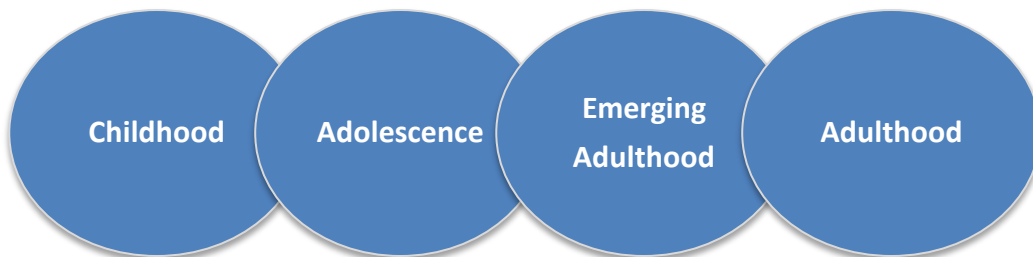
The journey through the phases of adolescence and emerging adulthood is one where young people try out different experiences and take time to make sense of themselves and the world around them. Writing about the phase of emerging adulthood, Arnett (2007) suggests that this period is characterised by exploration, instability, a focus on self, a feeling of being *in-between,* and of possibilities. He argues that, while this process can be confusing and challenging for young people, it is also a time that is potentially very exciting and rewarding for young people as they have the freedom to try out new experiences and develop new relationships that neither childhood nor adulthood allow them to do.

In order to get through the period of adolescence and emerging adulthood, there are a number of important tasks that young people face. These provide young people with the necessary foundations for adulthood and support them in developing a sense of self, where they are able to accept responsibility for themselves, can make independent decisions and become financially independent (Arnett 2007). The specific challenges and tasks facing young people during this period are captured in Figure 3.2 below.

Figure 3.2

DEVELOPMENTAL TASKS OF ADOLESCENTS & EMERGING ADULTS

TASKS OVER TIME

EDUCATIONAL & VOCATIONAL	Involvement in education	Completing education & finding satisfying work			
SOCIAL	Developing & maintaining relationships with peers	Developing a sense of group identity	Social relationships not reliant on group identity		
RELATIONAL	Relational connection to family and peers	Move to differentiate self from family	Development of intimate peer relationships with others		
INDEPENDENCE	Reliance on family or carers	Developing independence	Developing ability to make own decisions		
IDENTITY	Identity connected to family	Identity connected to peer group	Exploration of sex role identity & sexual orientation	Establishing an independent sense of self	Acceptance of self

Carr 1999, Arnett 2007

The good news is that the majority of young people get through their youth without developing serious mental health difficulties and have successfully entered their adult lives by their late 20s (Arnett 2010). That is not to say that those young people don't struggle or go through difficult times. Like all of us, young people find life challenging and can feel lost, confused, frightened, angry and sad as they try to make sense of themselves and their world. It is normal for young people to feel difficult emotions but, with the right kind of support, young people usually find a way through tough times without developing serious difficulties (Sullivan *et al* 2004).

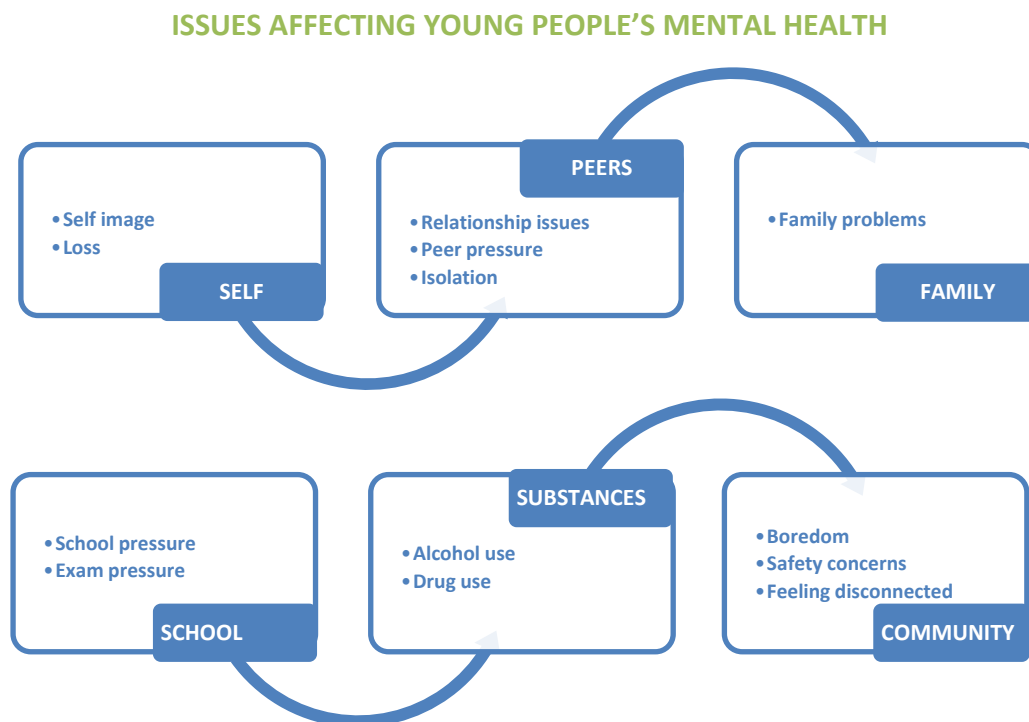## YOUNG PEOPLE'S EXPERIENCE OF MENTAL HEALTH ISSUES

While the majority of young people get through their youth without experiencing serious mental health difficulties, this is not the case for all young people and mental health is now considered to be the number one health issue for young people in the developed world (McGorry 2007). Irish research tells us that there are many young people who are experiencing serious mental health difficulties and who do not feel they are getting the support they need (Lynch *et al* 2005, Bates *et al* 2009). While it is estimated that 1 in 5 young people are experiencing psychological difficulties at any given time (WHO 2005, Buckley *et al* 2009) some Irish research (Tobin 2009) has found that up to 1 in 4 Irish young people are experiencing some form of psychological difficulty; that's about 6-7 young people in an average school class.

We also know that suicide is the leading cause of death among Irish young men between the ages of 15 and 24 years and, at the time of writing this guide, Ireland has the 4th highest rate of youth suicide in Europe (NOSP 2010). Current research with LGBT young people indicates that 40% of female and 20% of male respondents had self-harmed with 24% of female and 15% of respondents attempting suicide at least once (Mayock et al., 2008) Supporting LGBT Lives.

It is for the above reasons that we need to ensure that young people have someone to talk to and somewhere to turn to so they get the right kind of support when they need it.

Research with Irish young people about their mental health and the issues affecting them (McEvoy 2009, Tobin 2009, Hall 2011) tells us is that the main challenges young people are dealing with are:

Figure 3.3

ISSUES AFFECTING YOUNG PEOPLE'S MENTAL HEALTH

SELF
- Self image
- Loss

PEERS
- Relationship issues
- Peer pressure
- Isolation

FAMILY
- Family problems

SCHOOL
- School pressure
- Exam pressure

SUBSTANCES
- Alcohol use
- Drug use

COMMUNITY
- Boredom
- Safety concerns
- Feeling disconnected

In Ireland, bullying is emerging as an experience more and more young people are having and this is of real concern because it is a risk factor for developing mental health difficulties. Two recent Irish studies (Tobin 2009, Hall 2011) found that around half of adolescents reported experiences of bullying. These findings are much higher than previous research has found and tell us something about the challenges many young people are facing on a day-to-day basis. In a recent study (Mayock et al., 2008) of the mental health and wellbeing of Lesbian, Gay, Bi-Sexual and Transgender (LGBT) young people, 58% of respondents reported homophobic bullying in their schools. 25% were physically threatened by their peers and 34% reported homophobic comments being made by teachers. 5% of respondents left school early because of homophobic bullying.

The fact that research in Ireland is uncovering a level of pressure and distress among young people that we were not previously aware of tells us that we need to work harder to understand what is happening for young people and to support them with their mental health. It is also telling us that we need to ensure that the kind of support we offer young people meets their needs.

YOUNG PEOPLE'S EXPERIENCES OF SUPPORT

Research with Irish young people tells us that many of them who are experiencing emotional or mental health difficulties are not seeking or getting the support they need (Bates *et al* 2009). While young people report a desire to seek help and support, in reality, many young people do not take action to do so (Rickwood 2005). There are many reasons for this, including financial barriers, some of which you can see in Figure 3.4 below:

Figure 3.4

BARRIERS TO HELP-SEEKING AMONG YOUNG PEOPLE

Inexperience in recognising mental health issues	Previous experience of not being listened to	Concerns about being treated like a child	Lack of emotional competence
Feeling different to peers	Worried that other people will find out	Thinking they need to solve their own problems	Negative ideas about help-seeking
Fear of stigma	Fear of being judged	Fears of being dismissed	Fear of being labelled

Sirey *et al* 2001, Rickwood *et al* 2005, Bates *et al* 2009

A further obstacle that can get in the way of young people getting the support they need when they need it is the way the services are organised and delivered (Fraser and Blishen 2007). The way that services in Ireland have traditionally been organised can make it very difficult for some young people to get the support they need. Examples of these issues include:

▶ The low level of primary care services in the country

▶ The low level of public mental health services and professionals in the country

▶ Long waiting lists for public services

- ▶ The need for GP referrals into specialist mental health services
- ▶ The fact that services are not always open at times that suit young people

Another critical issue relates to the fact that, until recently, the upper age for child and adolescent services was 16 years and the lower age for adult services is 18 years leaving a gap for young people between 16 and 18 years. Although there has been a recognition that child and adolescent services need to meet the needs of all young people up to the age of 18, insufficient resources have been made available to adequately meet their needs. That has meant that many adolescent services have struggled to meet the demands that have been placed on them since the upper age limit was increased to 18 years.

Knowing what the obstacles are, we can work towards removing them and making services more youth-friendly and able to meet the needs of the young people who need support. It is also of critical importance that we take time to listen to young people about what they want and need so that we can create services and supports that match their needs. For example, in a recent Irish survey 61% of young people said they would turn to an online resource for help through a tough time (Chambers & Murphy, 2011). This is something we will look at in more detail in the next chapter.

A NOTE ABOUT MENTAL HEALTH AND RECOVERY

The principles and strategies contained in this guide are of value, not only for young people who may be vulnerable to developing mental health difficulties but also for young people who have had a mental health difficulty or crisis.

With the right kind of support, most young people who develop mental health difficulties can and do recover and are able to get on with their lives. The chances of recovery for those who develop serious mental health difficulties are much better if their difficulties are detected and treated early (McGorry 2005). It also seems that hope and optimism are key to

people recovering from serious psychological and mental health difficulties (Tobin 2009). For young people who have experienced mental health difficulties, support from their family, friends and communities during the time they are experiencing the difficulties and, as importantly, when they are recovering from them, is critical.

Even with lots of support and intervention from mental health professionals, some people continue to experience mental health difficulties over the course of their lives. It is difficult to know why some young people continue to experience mental health difficulties but we know that it is really important that young people who do so continue to feel supported and accepted by their families, friends and their communities. If young people experience this kind of support, they can learn to manage and deal with their mental health difficulties and continue to lead a meaningful life.

KEY POINTS

- Mental health is a key health issue for young people in Ireland

- Approximately 1 in 5 young people is experiencing a mental health difficulty at any one time

- Young people are dealing with a range of issues that are impacting negatively on their mental health

- Young people can find it difficult to reach out and access support when they need it

4. Terms that are commonly used to describe mental health difficulties

Mental Health Difficulties

A mental health problem suggests a change to our usual level of social and emotional wellbeing, for whatever reason. A mental health problem occurs when someone's thoughts, feelings or relationships have been affected negatively; for example, they are upset, sad, anxious or experiencing conflict. These are natural responses to negative events in our lives and everyone experiences mental health problems. This is not the same as a mental illness.

Frequently, such problems resolve over time or when the situation changes. People who have some of the skills associated with resilience may be able to resolve these situations more quickly and positively than others. Resilience is generally described as the ability to bounce back during difficult times. Personal or professional support from family, friends, a counsellor or other professional can also lead to a better resolution.

Mental Illness or Disorder

Mental illness is a collective term for a range of experiences where people find it very hard to manage their world due to severe emotional distress and confusion. This altered thinking can make people feel unhappy, afraid or anxious, or sometimes, invincible and powerful. People with a mental illness may be unable to tell what is real or what is fantasy, and they may have trouble making sense of their own thoughts and feelings and have difficulty coping with everyday life. The effects of mental illness are usually more pronounced and long-lasting than a mental health problem, and they may not be resolved without support or medical assistance.

Types of Mental Illnesses

 The term mental illness covers   many different types of illness that are often referred to as psychiatric conditions or disorders. The different conditions can be better understood by

sorting them into five major conditions, which are identified and described in the table below.

The table separates the different conditions into what are commonly referred to as high prevalence disorders (1,2 &3) and low prevalence disorders (4 & 5). High prevalence refers to those disorders which are more common amongst young people, particularly depression and anxiety. Low prevalence refers to those disorders which are less common but often are associated with the experience of more serious mental health difficulties.

Conditions	Characteristics of the Conditions
1. Depression 2. Anxiety disorders 3. Eating disorders	This group of disorders can be characterised by a person experiencing an "overdose" of normal fears and concerns. This can include habits, thoughts and feelings that are out of control and often interfere with a person's daily life. For some this might be extreme sadness and a real inability to do engage in what they would normally do.
4. Bipolar disorder 5. Schizophrenia	These illnesses can involve what is often referred to as a psychosis. A person may hear, see, think, feel, smell or taste things that are not actually there. A person may believe and respond to what their psychosis is telling them. It is often best described as being out of touch with reality; except that for the person experiencing it, it is very real.

Common mental illnesses experienced by young people

Depression and anxiety are amongst the most common mental illnesses experienced by young people. Eating disorders usually have their onset in young people but are not as common. The information below describes each of these conditions in a bit more detail.

Depression

- Mood disorders such as depression are amongst the most problems experienced by young people. It is estimated that roughly 20% of young people between 15 and 25 years of age will experience depression (Kessler *et al* 2005).

- Each person's experience of depression will be different; some will experience mild to moderate forms of depression whilst others will experience what is referred to as major depression.

- People use the word depression to mean different things. We all feel down or sad from time to time that's just part of being human. But, it's important to know the

difference between sadness and depression. It's also important to know when depression is becoming a problem.

- o Sadness is a feeling that is a reaction to something, like a breakup or losing someone.

- o Depression becomes an illness or a problem when the feelings of sadness last for a lot longer than normal and seem to cast a dark cloud over life, stopping someone from enjoying most things and from taking part in activities that used to be enjoyable and easy to do.

- o Major depression is the depressive illness with which people are most familiar. Major depression usually happens in episodes. A depressive episode tends to build up slowly over a couple of weeks or more.

Young people often experience depression in the same way adults do, with the exception that young people often have more mood swings or are more irritable and sensitive than usual. This can make major depression difficult to diagnose as some people may just believe the problem to be "teenage problems".

For more information on depression visit www.aware.ie and www.reachout.com

Anxiety

- It is normal for our bodies to prepare us for challenges by giving us an increased heart rate, increased breathing rate, muscle tension, sweats, shakes and a feeling of butterflies in the stomach (this often happens when making a speech or preparing for a test or exam), this is anxiety.

- Anxiety is worry. It is an emotion that we all feel when we are faced with challenges. Anxiety, at times, can be useful as it helps us prepare for and perform tasks. However, when anxiety becomes an illness it is called an anxiety disorder.

- Anxiety disorders are even more common than depression with roughly 25% of young people aged 12 to 25 experiencing anxiety (Kessler *et al* 2005).

- Anxiety disorders occur when the anxiety becomes intense, causes distress, lasts a certain amount of time (not just a few days) and affects day to day living.

- People with anxiety disorders can experience these physical sensations often or can have repeated occurrences, called panic attacks.

There are a number of different types of anxiety disorders, to find out more about them go to www.reachout.com and www.beyondblue.org.au

Eating Disorders

- Concerns about weight, appearance and poor eating habits are very common in today's society.

- Eating disorders are not just about eating too much or too little. Eating disorders affect the mind and the body. It is about food, body shape, body image, exercising, and dieting as well as other life factors. There are a number of eating disorders, of which anorexia nervosa and bulimia nervosa are probably the types most people are familiar with.

- Young people may go through periods of binge eating or dieting. At times however, concerns about weight, appearance and inappropriate eating habits such as binge eating or dieting can become excessive and begin to affect a person's health and well-being. This is the stage at which an eating disorder is said to exist.

- Many young people experiencing an eating disorder do not seek help on their own. Indeed, many will try to minimise or deny their problem and hide their problem from family and friends.

- These conditions affect males and females and the impact of these conditions on a young person's life can be quite serious and at times can even become life-threatening. If it is identified and treated effectively early however, positive outcomes are more likely.

For more information about eating disorders the Bodywhys website is a great resource: www.bodywhys.ie and www.reachout.com

Now for the good news

If detected early, both depression and anxiety can be treated effectively. The treatment required will vary according to the issues the young person presents with, the resources they have on hand to help them, and the supports available through family, friends and local organisations.

The next section deals with the types of things we should be mindful of and when we should be concerned.

5. When you should be concerned and what to look for?

One of the challenges in understanding if a young person is experiencing a mental health problem is knowing what to look for. It's a fine balance in determining the difference between what is normal adolescent development versus something more serious, like a mental health problem or mental illness. As indicated earlier, mental health problems are quite common in young people, and early identification of a problem can help a young person to overcome the problem far more quickly.

In your work with young people you may notice some early warning signs. Diagnosis and treatment can only be carried out by a qualified health professional, so it's important that you encourage the young person to see a doctor or mental health service as soon as possible. You can, however, play a critical role in connecting the young person to either a Doctor or a service. You should also talk to the mental health service for advice on how you can continue to work with and support the young person.

What can trigger a mental health problem or illness?

Drugs and alcohol
Excessive drug and alcohol use can sometimes trigger a mental illness, particularly if the person has been using a substance to mask an underlying problem. Cannabis use in particular by a person who has already had a psychosis or is at risk of psychosis can trigger a psychotic episode.

Grief and loss

The death of a friend or family member is generally a significant event in anyone's life. However for young people the experience may be more pronounced given their limited exposure to such events. Each person will respond differently. Much will depend on the supports available to the young person. This can be a very difficult time for a young person and the risk of developing a mental health problem may increase significantly.

Bullying

Bullying is a major social problem that can have a serious effect on young people's mental wellbeing. Bullying may be in the form of verbal abuse or taunts; physical threats; emotional and social abuse or cyber bullying. The more pronounced the bullying behaviour, the greater the impact on the on the young person's emotional wellbeing.

Sexuality and Gender identity

Sexuality and gender identity do not in themselves cause mental health problems. However, social pressures associated with LGBT can interfere with a young person's mental health and increase the chance of mental health problems occurring. Not all LGBT people

face the same issues in their lives but here are some common experiences which can affect their wellbeing. These may include:

- Feeling isolated
- Having no 'safe space' available in which to safely explore their identity
- Feeling pressure to deny or change their sexuality
- Worries about 'coming out' to friends and family members
- The fear of being rejected or ridiculed
- Homophobic or Transphobic bullying, whether verbal or physical
- Feeling unsupported or misunderstood by family or friends

These pressures can be very stressful, especially when combined with all the other issues in a young person's life such as managing school or college, finding a job, forming relationships and making sense of their identity and their place in the world.

BeLonG To have produced a specific mental health resource for LGBT people, available to download at http://goo.gl/VsArZ

For more information on how these events can trigger mental health problems or a mental illness go to www.belongto.org, or www.shine.ie , www.reachout.com and www.drugs.ie .

Common warning signs to look out for

Depression

Some of the more common warning signs that someone may be experiencing depression include:

➢ Longstanding feelings of unhappiness, moodiness and irritability. Some people also have feelings of emptiness or numbness.

➢ Losing interest and pleasure in activities that the person once enjoyed.

➢ Loss of appetite and weight (although some young people may turn to comfort foods, overeat and therefore put on weight).

➢ Difficulty sleeping, or alternatively staying in bed for a big part of the day.

➢ Tiredness, lack of energy and motivation or alternatively feeling worried or tense.

➢ Difficulty concentrating or making decisions.

➢ Feeling bad, worthless or guilty and generally being self-critical and self-blaming.

➢ Negative or "down on yourself" thoughts.

➢ Preoccupation with dark and gloomy themes and thoughts of death or suicide.

While these warning signs provide some direction on what to be mindful of, it should be used with some caution, and diagnosis of depression can only be confirmed by an appropriate health professional.

Anxiety

Some of the more common warning signs that someone may be experiencing anxiety include:

➢ Persistent worrying and excessive fears (more than would reasonably be considered normal).

➢ Inability to relax.

➢ Avoidance of situations that they fear.

- ➢ Excessive shyness.

- ➢ Social isolation or being withdrawn.

- ➢ Difficulty concentrating and paying attention.

- ➢ Poor sleep.

- ➢ Problems with work, social or family life.

Eating disorders

Some of the more common warning signs that someone experiencing an eating disorder can include:

- ➢ Excessive dieting or overeating

- ➢ Thinking and talking about body appearance, weight and food

- ➢ Avoidance of social situations involving food

- ➢ Becoming irritable and withdrawing from friends and family

- ➢ Wearing loose fitting clothes to hide weight loss

- ➢ Wanting to eat alone

- ➢ Exercising often

- ➢ Feeling faint, dizzy or weakness

- ➢ Going to the bathroom after meals

For early warning signs of other less commonly occurring mental illnesses such as psychosis and bi-polar disorder go to www.reachout.com and www.shine.ie and www.eppic.org.au.

If you notice early warning signs or feel that something "isn't quite right", talk with and seek further advice from a qualified health professional like a social worker, psychologist, mental health nurse or a GP.

For non-acute cases (those situations where the young person is not in immediate need of a health professional), youth workers and volunteers can encourage the young person to seek help from a counsellor, family doctor or a primary health care provider.

This may mean helping them to make an appointment and offering practical assistance in getting to the appointment. In some instances, depending on the age of the young person, you may need to talk with their parents first.

Consent issues

Capacity of 16-17 year olds to consent to treatment

Psychiatric treatment and other forms of treatment by non-invasive means appear to fall within the ambit of Section 23 of The Non-Fatal Offences Against the Persons Act 1997. The Act effectively reduces the minimum age for giving consent for any surgical, dental or medical treatment to 16 years, thereby negating the need for parental consent in such cases. As a result the consent of a 16-17 year old to treatment cannot be overridden by the objections of a parent or guardian.

Service providers should also be aware that where consent is being sought from a 16-17 year old in respect of a procedure which does not constitute a treatment or diagnosis it is advisable to also seek the consent of a parent or guardian.

Capacity of under 16 year olds to consent to treatment

Clients under the age of 16 years do not fall within the scope of Section 23 of the Non-Fatal Offences against the Person Act 1997. Therefore, the consent of a parent or guardian is required for all forms of treatment of under 16 year olds in the absence of a legal order to the contrary.

The need to obtain consent may of course present problems for service providers in cases where the young person is unwilling to have the fact of the treatment process revealed to a parent or guardian. This, however, does not obviate the obligation of the service provider to obtain consent in such cases.
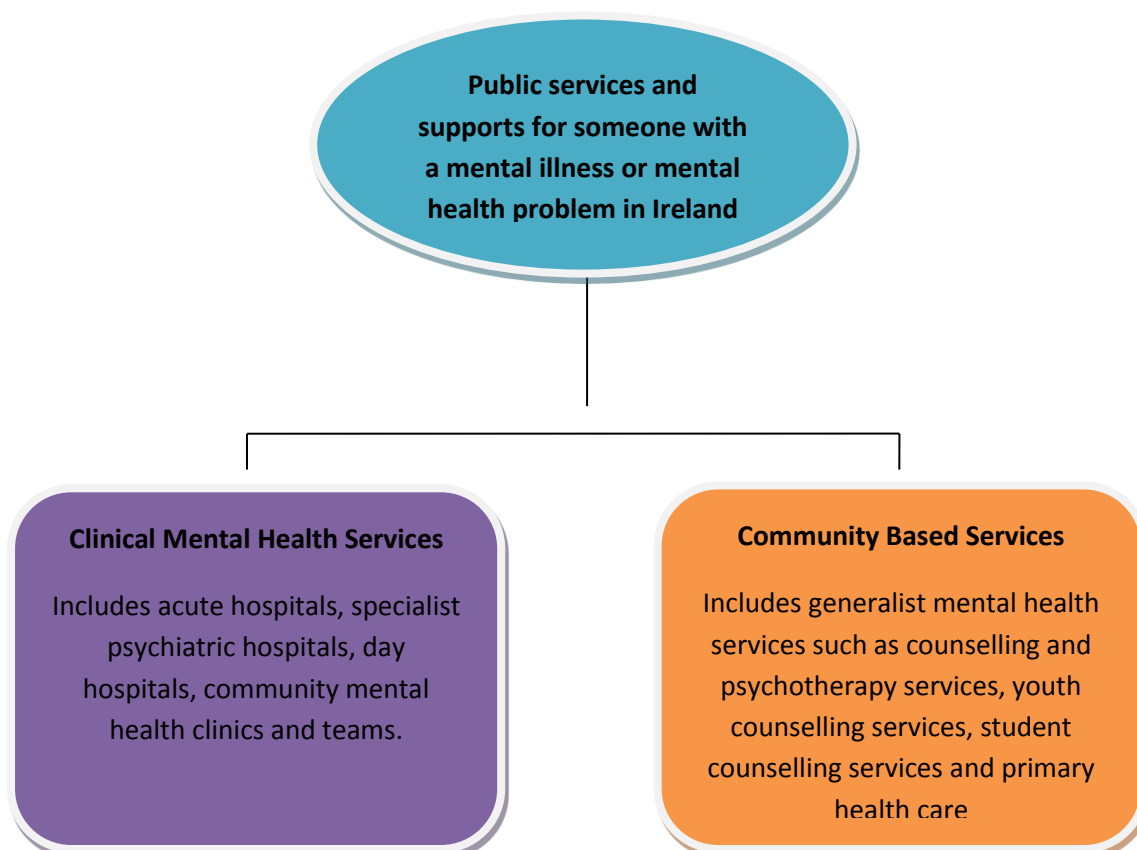
6. Understanding the mental health service and "signposting" the young person for support

When faced with a young person who is displaying some of the signs previously described, or a young person telling you that things are not quite right for them, it can be difficult to know what support options there are available to assist them.

The mental health service system can be difficult to navigate, and it can also be challenging to understand where responsibilities lie. The mental health service system in Ireland comprises public and private services, both inpatient and outpatient. There are also a number of other community support organisations that can support young people with emerging mental health problems. This resource only focuses on the public system.

It may be useful to think of the services provided by the organisations within the broader mental health service system in the Republic of Ireland as fitting into one of the two major 'streams', each of which have a different focus.

Public services and supports for someone with a mental illness or mental health problem in Ireland

Clinical Mental Health Services

Includes acute hospitals, specialist psychiatric hospitals, day hospitals, community mental health clinics and teams.

Community Based Services

Includes generalist mental health services such as counselling and psychotherapy services, youth counselling services, student counselling services and primary health care

Clinical Mental Health Services

These services provide direct and specific support for the treatment and management of a person's illness and its symptoms; for example, medication supervision, specific therapy and inpatient service (in an acute hospital) when required. They also offer a number of community programs that are managed within the clinical mental health system and provide initial assessment, intervention and treatment, day hospital programmes, as well as on-going case management.

The service system is split according to age of the person. The child and adolescent mental health service, commonly referred to as CAMHS, are typically for children and young people aged 12 to 16, although in some areas around the country they may be provided for people up to 18 years of age. The majority of these services are provided in community settings with some inpatient facilities available in Dublin, Cork, and Galway.

For people aged 18 and above, adult mental health services are available, as detailed further on page eleven.

A critical factor here is that mental health services **do not** accept referrals from the public or community agencies, a person generally must be referred by a GP or health professional. This may vary somewhat from county to county.

Who are CAMHS and what do they provide?

CAMHS are set up to provide specialist mental health services for children and young people who are experiencing a mental health difficulties or a very serious mental health problem that requires specialist intervention. Typically these are problems that cannot usually be dealt with in the primary care or community system.

CAMHS come in all shapes and sizes, and tend to be made up of lots of different mental health professionals all working together to help young people and their families when there are serious mental health problems.

Where can I find CAMHS?

CAMHS professionals tend to work in one or more of the following places:

- Community CAMHS clinics
- Outpatient clinics or alongside mental health services in general hospitals
- Specialised inpatient, day patient or outpatient units
- In community settings
- Alongside other youth or health services

In addition to offering appointments in the above places, some CAMHS professionals may offer to see the young person and family at home if it is difficult to meet elsewhere.

Who works in CAMHS?

Child and adolescent psychiatrists who are medically qualified doctors, specialise in working with young people with mental health problems and their families.

Other CAMHS mental health professionals include:

- Psychologists
- Psychotherapists
- Family therapists
- Psychiatric nurses
- Social workers
- Speech therapists
- Occupational therapists

Most of the work that that CAMHS professionals undertake with children, young people and their families is done through outpatient appointments while the young person continues to live at home.

What problems can CAMHS help with?

CAMHS professionals deal with a wide range of mental health problems, including most of those identified within this resource.

Many children and young people are troubled by emotional, behavioural and psychiatric problems, and these cause worry and distress both to themselves and to those who care for them.

A large part of a child and adolescent psychiatrist's work is to:

- Identify the problem

- Understand the causes

- Advise about what may help

Child psychiatrists are the only CAMHS professionals who can prescribe medication if it is needed. Other CAMHS professionals, for example, psychotherapists, psychologists and family therapists are particularly skilled in providing what are often referred to as "talking therapies".

Due to the limited staffing within many of the CAMHS teams, there is usually a waiting list for services. How long a young person waits to see a CAMHS clinician will vary from area to area. However, in very urgent cases and crisis situations, CAMHS will see a young person for an initial assessment immediately.

Developing a relationship with your CAMHS team

Whilst you may not be able to refer directly to the CAMHS team yourself, it is well worthwhile for your organisation to develop a relationship with your local team if possible. Some CAMHS teams can provide what is called secondary consultation, which allows you as a youth worker to contact them to talk about someone you are concerned about, without providing any personal details of the client. In many instances, they can provide you with some useful information as to how you can best support the young person and whether they may warrant a referral to a CAMHS team.

Adult Mental Health Services

Adult mental health services are for people aged 18 to 65. They generally provide services through an inpatient setting, a day hospital or through community teams. At present, the Irish mental health system is in transition and is moving from the big old psychiatric institutions to a community care model, which sees clients being primarily treated in the community through the local mental health community team.

Who is seen by Adult Mental Health Services?

Adult mental health services are aimed primarily at people with a serious mental illness or mental disorder who have significant levels of psychosocial disability due to their illness or disorder. These will:

- Generally be people with a diagnosis of a major mental illness, such as schizophrenia or bipolar disorder;

- Include some people with other conditions, such as severe personality disorder, or severe anxiety disorder, or those who present in situational crisis that may lead to self-harm or inappropriate behaviour towards others.

The key distinguishing factor for access to adult mental health services is the level of severity of the illness and its impairment on the person and their capacity to function as they ordinarily would expect to be able to function.

Given the severity of the illness for people who are in adult services it is unlikely that youth workers or volunteers will encounter many young people who meet the criteria for entry into adult mental health services.

In most instances, if a young person over 18 is displaying symptoms of one of the major mental illnesses, they should be encouraged to visit their GP, or the local Emergency Department if it is a crisis situation.

It is important to highlight that not everyone with a mental health difficulties will receive treatment through a specialist mental health service. In fact, many people do not. Depending on the nature and severity of their illness, the person is often linked for support and management through a GP and primary health care services.

Community-Based Services

Community organisations provide a range of services to help young people deal with emotional and social wellbeing and in some instances mental health problems.

Community-based services include general health and support services. Community based services are generally managed by not for profit or non-government organisations and offer different types of support including; one-to-one support, peer support, social activities, counselling, housing and income support, outreach programs, respite services and employment programs.

The types of support offered by community organisations will vary from county to county, and there is no uniform approach to service provision in this area. The services provided will also not necessarily correspond to the geographical boundaries of the public mental health service.

Types of providers and services

The following list aims to identify and describe the differences between the specialist mental health services and the community-based services, and their role in supporting young people with either a mental illness or an emerging mental health problem:

- **Generic youth counselling and support services** In many parts of the country, generic youth counselling services are provided, either through youth service organisations like Youth Work Ireland or other services that have received specific funding to target young people who may wish to access counselling. The scope of the responsibilities of these services is often quite broad, which means that young people can access them for a multitude of issues, including mental health related problems. Try visiting the following websites to find out where counselling and support services are provided, www.youthworkireland.ie and www.crosscare.ie (Dublin only) and www.ispcc.ie/Services/Teenfocus.aspx and www.jigsaw.ie

- **Private providers** There is a large network of private practitioners located throughout the country. They either operate as sole practitioners or as part of a

practice with a number of other providers. All practitioners should be accredited with one of the many counselling or psychotherapy bodies in the Republic of Ireland. However it should be noted that there is a lack of regulation in this area. Many practitioners will have skills and an interest in working with young people, and are often part of a practice team. You can go to www.counsellingdirectory.ie to find out who provides services in your local area. Many will charge full fees to provide counselling or psychotherapy, but a number are funded to provide low cost or subsidised counselling, which means the young person or family member will only pay a nominal fee or, in some instances, the fee will be waived.

- **Community providers** There are a number of community-based counselling services, often located in rural and remote parts of the country which provide low -or no-cost counselling services to young people or family members (or both). These can sometimes be found on the counselling directory website above, or through the Family Support Agency (FSA). The FSA website lists a range of services and supports provided in each county throughout the country. To find out more, go to www.fsa.ie

- **Third level education institutions** Almost all third level educational institutions across the Republic of Ireland provide comprehensive student health, counselling and pastoral care services for students enrolled within the institution, be it a University, College or Institute of Technology. In most cases, the services are free and can be accessed by students who may be experiencing the onset of a mental health problem. Visit www.pleasetalk.ie which provides a campus-specific directory of counselling and related services in third level institutions.

- **Drug and alcohol services** Young people with emerging mental health issues often mask what is going on for them by using drugs or alcohol, or both. It's often described as a "grey area" as to whether a particular issue is a mental health problem or a drug and alcohol problem. Again, there are a number of youth-specific drug and alcohol services located around the country, but not necessarily in each county. To find out what service may be appropriate in your area, go to http://asap.gaa.ie and www.drugs.ie

Primary health care

Primary health is for most, the access point into mental health services. In fact most people with mental health issues are dealt with at the primary care level. Ireland is going through the process of setting up primary health care teams across the country. The teams are in various stages of development at the moment, and it may take some time before they are fully in place. Primary care refers to the broad range of front-line service providers who deal with health and mental health issues as the issues emerge. Service providers will include: general practitioners, public health nurses, general nurses, social workers, psychologists, community welfare offices and a number of other providers.

One of the advantages of primary care teams is that they often have links to a range of specialist providers, such as the mental health services. It's useful to become familiar with your local primary care team (should you have one in your area) and to know that they will accept referrals directly from young people or family members. In the absence of a primary care team, youth workers and volunteers should introduce themselves to a local GP at some point by way of opening up a possible referral pathway.

Medical cards and GP visit cards

Accessing a GP in Ireland can be an expensive exercise which may be beyond the reach of many young people. However, the young person may be eligible for a medical card which is issued by the Health Service Executive (HSE) if they are on a limited income. If the person can access a medical card, it means that many medical treatments, including GP visits, public hospital in-patient or out-patient services, and some social and personal services are free of charge.

It also means that drugs prescribed by their doctor are much cheaper.

If the young person is aged between 16 and 25 and financially dependent on their parent/s, and they are entitled to a medical card then the young person should also be issued with one automatically. If the young person is not dependent on their parents, their own means and income are considered to assess if they are eligible for a Medical card. Students can apply for the card via the local health office where they attend college or where their parents live.

What is a GP visit card?

If the person does not qualify for a medical card, they will automatically be assessed for a GP visit card. The income threshold for this card is a little higher. A GP visit card allows the person to visit their doctor for free, though they will still need to pay for prescriptions drugs and other health costs. The Medical Card and GP Visit Application form are the same and are available at the link below:

http://www.hse.ie/eng/services/Find_a_Service/entitlements/Medical_Card_GP_Visit_Card_Application_Form.pdf

7. Helpful hints when contacting any service

The prospect of contacting a service, either on behalf of a young person or for your own needs, can sometimes be a bit daunting. Knowing how to approach the service and some of the key questions to ask will help you in taking that next step. It will also give the organisation you are calling a sense of confidence that you know what you are doing. The following list is a useful guide that may help you in your dealings with external service providers:

- Firstly, clarify if you require consent from a parent to refer a young person to another service provider. This will usually be the case if the young person is under 16 years of age.

- You will also need the young person's consent for you to contact another agency if you are going to provide the agency with personal information about the young person.

- If you are contacting an organisation for a secondary consultation (where you wish to talk about a particular issue or challenge you may be dealing with in relation to a young person, without identifying the person concerned) you do not need the person's consent. However, it is advisable to discuss your plans with the young person concerned.

- Be clear as to your reasons for contacting the agency or organisation. Don't just call in the hope they can help if you are not clear as to why you are calling them.

- Always clarify whether the organisation you contact covers your geographical catchment (should you have one). Services often have strict funding boundaries and strict entry criteria, so it saves time at the outset to check whether you, or the young person you are advocating for, are eligible for services from the organisation.

- Keep a pen and paper handy to note down the name of the person with whom you speak, the service they are from, and any details of any information they provide. Your first contact may just be the starting point on a trail to find the service you need, and it's useful to be able to track your progress.

- When requesting assistance or support from a service for a young person with whom you are working, try to present your information and that of the young person clearly.

- One useful way of ensuring that you communicate your message clearly when contacting a mental health or similar service, is the **ABCD** approach:

  A – ALERT. Report what has alerted or alarmed you about the situation, or person or people involved. Describe what raised your concerns for this person.

  B – BEHAVIOUR. Describe specifically what troubling behaviours you have noted, if any, when, where, and how often they are occurring, and so on.

  C – CONVERSATION.   Report exactly what the person is saying, use quotes if necessary.

  D – DETAILS. Now is the time to report any other detail which may be relevant; for example, known history of issue, age of the young person, family history, drug use, previous illnesses or issues of concern and so on.

- If it is likely that the young person may be referred to another agency, ask them to keep you in the loop and inform them you may be in a position to continue working with the young person once the mental health issue is appropriately assessed and managed.

A note about confidentiality

Youth workers and volunteers need to remember that because of confidentiality requirements, there is information you may not be able to pass on to the agency you are referring to, particularly if you do not have the young person's permission. It's also critical that, if you are having a discussion with a young person who may have an emerging mental health issue, you discuss with them your boundaries around confidentiality. For example, *"What we are about to talk about will remain between you and me. However, if at any point I'm concerned about your safety or the safety of another person, I may need to talk about this with someone else. Are you okay with that?"*

Supporting a young person who may be going through a tough time is important and you may be encouraged to know that many young people get through these situations with the support from people like yourselves, a support worker, parents or carer and their friends.

8. Supporting the young person and roles people can play

It can sometimes be difficult to know what to say or do when you notice something isn't quite right with a young person whom you have known for some time. Equally, it's often difficult for them to ask for support as they may feel embarrassed about what's going on, or they may not be quite sure what they need help with.

As someone who works with young people on a regular basis, either professionally or as a volunteer, you are often well placed to support that person given they feel comfortable with you and genuinely trust you. The trick is often knowing what to say and making sure that if they want further support you can steer them in the right direction.

But what would I actually say?

If you've never had to discuss a sensitive issue with someone, think about the language you might feel comfortable using, and how to make the conversation as natural as possible.

Here are some tips:

Ask - Find a quiet moment to talk and ask open-ended questions, rather than those that elicit a simple yes or no answer. Rather than saying "*Is everything okay*?" try a question that invites a more detailed response, such as "*How are you feeling?*" or perhaps, "*How are things going at the moment?*"

Be approachable - If the person is not ready to talk to you, reassure them that they can choose to talk another time. For example, you might say "*That's fine; - if you did ever have things on your mind, though, you know you can always come to me to talk about them.*"

Suggest someone else - If the person doesn't want to talk to you and you're still concerned, encourage them to find someone else. For example, "*Sometimes it helps to talk about things. If you did have something on your mind, who would you feel most comfortable talking to?*" You might suggest a brother, sister or parent, a friend, a teacher or another youth worker or volunteer.

Listen – Listen with empathy but give the person room to tell their own story. It's easy to get into the trap of feeling like you have to have the answers.   Avoid getting too involved,

offering solutions, or reacting emotionally or in a judgemental way. The person's values and situation may be different from your own. Reflect back what they say, to make sure you understand and to show empathy. For example, "*I can understand that; it must be hard for you when your parents are fighting.*"

Talk about confidentiality - Respect confidentiality, but be honest about your duty of care. You have to tell others (but only those who need to know) if there is a risk of violence, abuse or self-harm, to the young person or to someone else. Explain this in an understanding way. "*I want you to trust me and be able to talk to me; in general, I won't pass on things you tell me in confidence. But if I think someone's going to get seriously hurt, I **have** to tell someone else about it, so we can help.*"

Involve others - If the situation is complex, you need to refer the young person to someone else, such as your supervisor or someone outside your organisation. Explain this in a helpful way, and offer to link them with the right person. "*I can see you're in a really difficult situation, I think talking to (name, for example, a youth counsellor) might help. Would you be able to tell them what you told me? I can come with you or introduce you, if you like.*"

Maintain a connection – If appropriate, keep in touch, even if other people have taken over the main task of trying to help. Observe the person's behaviour and relationships, to see whether things have improved. Find a quiet moment to ask, "*How are things going with …?*" Or "*How have things been since you talked to …?*"

Arm them with the right information – This is particularly important if the person you are seeing may be experiencing one of the more common mental health problems, like depression or anxiety. Often people who are experiencing either of these problems feel isolated and that they must be the only ones. Any attempt you make to provide them with accurate and timely information can be helpful. Websites like www.reachout.com, www.belongto.org and www.headstrong.ie have lots of valuable information relevant for young people.

Keep trying - If the problem hasn't improved, encourage the young person to persevere. You might say, "*I'm sorry to hear things haven't gotten any better for you. Did it help when you talked to…?*" A long term or complex problem may need more work, so empathise and offer encouragement; for example, "*I know that must be frustrating, but maybe this will take a*

while to work out. Will you keep working on it with …?" If no progress is being made, the young person might connect better with someone else. Encourage them to keep trying. *"That must be really disappointing. Let's see, what else could we try? It might help to talk to someone else, like (suggest a person or service). Can I help you get in touch with them?"*

Promote - Ask yourself what your organisation can do as a whole. This might mean reviewing policies or procedures after an incident has occurred, or working together on how to reintegrate a young person back into their community, after they have had some time away. Perhaps you can encourage other colleagues to take a more active role in creating a supportive environment, or you could raise issues about professional development. While your response to a young person going through a difficult time is important, don't forget your role as a member of the wider staff or volunteer team.

Other supports available

The following are people who can play a significant role in supporting a young person who may be going through a difficult time. They include:

- **Family** – Young people tell us that after friends, family are the people they most trust to talk to if they are going through a difficult time. This could be a parent, brother, sister, uncle, aunt, cousin or grandparent. Whist there might be occasions where family members may be the root of the problem, in most instances encouraging the young person to talk it through with someone in their family can be extremely helpful. Sometimes this might even involve you and the young person talking the issue through with a parent or family member.

- **Friends** – Peers play a critical role in the lives of young people and can be a great support when things are tough. Encouraging young people to be open with their peers is important. Friends are often the first to notice when something isn't quite right and well placed to talk to their friend going through the tough time and in a good position to "signpost" them to possible support options, should that be required.

- **Trusted adult** – Research tells us that one of the strongest protective factors in the life of a young person is a trusted adult. That person could be a family member or it could just as easily be a teacher, youth worker, sports coach or volunteer. If you are that trusted someone to whom a young person has chosen to open up, by using many of the strategies outlined above, you will be well equipped to support that young person through their rough patch.

- **Online** – Young people engage with the internet on a daily basis and it is fast becoming the first port of call for many young people who want to find out more information on something they aren't so sure about. Irish research has recently shown that young people are as likely to turn to a friend for help through a tough time. Online supports can be wide-ranging and include information-based services, peer-to-peer support and online therapy or counselling (Chambers & Murphy, 2011). Before referring a young person to an online resource make sure you have checked it out yourself and that you are satisfied there is good clinical support and safety protocols in place.

Looking out for young people and supporting them along the way can be tough, particularly if they have chosen to confide in you regarding their problems. Looking after yourself in the process is equally important, as the next section of this resource describe.

9. Looking after yourself

It can sometimes be challenging to avoid taking on board some of the issues a young person might be dealing with. It's also important to understand where your responsibilities lie, in your role as either a youth worker or volunteer. Remember that you are not a mental health professional, nor are you expected to be one.

A young person will usually seek you out because they have a good rapport with you, they trust and respect you, and value the relationship they have with you. It's rare that a young person would have a similar relationship with a health professional, hence the importance of the role you play in helping a young person come to terms with the issues with which they might be dealing and in guiding them to the appropriate support options.

As someone who might be supporting a young person going through a difficult time, it's important to look after yourself in the process. The following tips may help you in this regard:

- ✓ **Take care of yourself**

  It's easy for our work life balance to become all consuming, particularly when we are worried about someone we are working with. It's important to look after yourself too. Take time to relax and enjoy things you like doing. Take your breaks, leave the office at lunch time and give yourself some space.

- ✓ **Sometimes you can help "too much"**

  If the person is relying on you as their only source of support – and you're finding it a bit overwhelming – it's a good idea to find other help. Remember you're not a counsellor, and the person may need professional help. Don't "own" it all yourself.

✓ **Get advice from others**

You don't need to do this on your own. There is help and advice available from other people. Talk with your supervisor about what options there may be for the young person if you're not sure. It's also perfectly reasonable to contact one of the agencies listed below and talk through some of the issues with them, particularly those who might have more experience in a particular field.

✓ **Leave the issue at work**

Sometimes it's hard to leave behind things that are worrying us. This is where talking your concerns through with someone can be helpful. You can leave the issue at work rather than take it home with you, which can impact on your home life.

10. Local and national resources

Throughout this guide, where possible, links have been provided to additional information that may provide you with a deeper understanding of some of the issues you may be encountering.

The following is a comprehensive list of resources that are available nationally, which may be helpful for yourself or indeed the young person or family with whom you may be working. Resources are organised under the category headings of:

- Helplines
- Websites
- Services
- Resources
- Training

Helplines

Samaritans

Helpline: 1850 60 90 90

Email Support Service: jo@samaritans.org

Website: www.samaritans.ie

The Samaritans provide an around the clock phone support line for people who are in distress or experiencing a crisis and requiring emotional support. People can also email the above address with their query and the Samaritans will respond, usually within 24 hours.

Shine

Helpline: 1890 621 631

Website: www.shineonline.ie

Shine is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by enduring mental illness including, but not limited to, schizophrenia, schizo-affective disorder and bi-polar disorder. Shine aims to achieve its objectives through the promotion and provision of high-quality services and by working to ensure the continual enhancement of the quality of life of the people it serves

Bodywhys
Helpline: 1890 200 444
Email support: alex@bodywhys.ie
Website: www.bodywhys.ie
Bodywhys is the national organisation dedicated to offering support, information and understanding for people affected by eating disorders, including family and carers. The helpline offers a non-judgmental and confidential support and information service. Bodywhys also offers support groups, an online support group and email support.

Aware
Helpline: 1890 303 302
Email support: wecanhelp@aware.ie
Website: www.aware.ie
Aware is the national organisation supporting people living with depression. The Aware Helpline is a non-directive listening service for people who experience depression, and also for concerned family and friends. The Helpline offers a non-judgemental listening ear to people who may be distressed or worried, or just need someone to talk to. You can also call

the helpline if you are worried about someone who may be depressed or for information about depression or Aware services.

Childline
Helpline: 1800 666 666
Website: www.childline.ie
Childline is a 24-hour a day service for children and young people up to 18 years of age. Childline is open 365 days a year. It offers support to every young people living in Ireland through the Childline listening service over the phone.

Teen-Line Ireland

Helpline: **1800 833 634**

Website: www.teenline.ie

Teen-line Ireland is a national helpline for teenagers who are feeling fed-up, alone, distressed, worried, or who just want to talk. Teen-Line provides a listening and support service and will provide you with information about other support services in your area.

Websites

www.reachout.com

Reachout.com provides young people with information on stress, anxiety, bullying, suicide, depression, bipolar and other issues that can affect mental health & wellbeing. Reachout.com is working to improve young people's mental health and wellbeing by building skills and providing information, support and referrals in ways that work for young people.

www.jigsaw.ie

Jigsaw is Headstrong's response to the challenge of making sure young people have access to support where and when they need it. Jigsaw is a network of projects across Ireland, working with communities to better support young people's mental health and well-being.

www.belongto.org

BeLonGTo is an organisation for Lesbian, Gay, Bisexual and Transgendered (LGBT) young people, aged between 14 and 23. LGBT young people need to be respected and cared for on the same basis as all other young people, and that when they are safe and supported in their families, schools & society they will thrive as healthy and equal citizens. To get there we provide direct youth work services to LGBT young people in Dublin and support LGBT youth groups all around the country.

www.foroige.ie

Foróige offers a wide range of youth work services to meet the vast array of needs among the young people and communities we work with. Foróige clubs and other volunteer led youth groups provide general youth work services for all young people. Foróige projects and services offer more targeted services to vulnerable young people.

www.letsomeoneknow.ie

An interactive website developed by the HSE NOSP to help young people understand more about what's getting them down, and finding ways to help.

www.spunout.ie

Spunout is a website for young people that have a broad health and wellbeing focus. It contains a useful resource section which lists resources for young people by county.

www.Pleasetalk.ie

Please talk provides a comprehensive list of services provided on campus for students enrolled in third level institutions around the country. The information provided is covers student health services, pastoral care and student counselling services.

Resources

Look after yourself, Look after your mental health: Information for lesbian, gay, bisexual and transgender People

BeLonGTo have produced a specific resource in partnership with GLEN, and supported by NOSP, on mental health issues for LGBT issues. It is available to download from the following link:

http://www.belongto.org/attachments/233_Your_Mental_Health_Booklet_-_BelongTo,_GLEN_&_NOSP.pdf

Access all area: A diversity tool kit for the youth work sector

The National Youth Council of Ireland has developed a resource for all those working in the youth sector with a focus on engaging young people from culturally and linguistically diverse backgrounds. Within the resource there is a chapter on dealing with mental health. The resource is available for download from the following link:

http://www.youth.ie/diversity

Mental health: what's it all about

Headstrong: the National Centre for Youth Mental Health has developed a useful booklet for young people which provides a 'heads up' on young people's mental health and wellbeing. It's available for download at:

http://headstrong.s702.sureserver.com/sites/default/files/Mental%20Health%20-%20what%27s%20it%20all%20about.pdf

Training

If you feel you would like to further develop your skills and knowledge in mental health and in particular how you can better support a young person who may be at risk of suicide, it may be useful to tap into some of the training opportunities which are available locally and nationally. Listed below are two courses which are well regarded and ideal for those with limited or no specific knowledge in mental health.

Asist

ASIST (Applied Suicide Intervention Skills Training) is a two-day interactive workshop in suicide first-aid. It is suitable for people from a range of backgrounds - health workers, teachers, community workers, Gardai, youth workers, volunteers, people responding to family, friends and co-workers. For more information about Asist training in your area contact your local Resource Officer within the HSE or visit: http://www.nosp.ie/html/training.html

safeTALK

safeTALK is a half day training programme that prepares participants to identify people with thoughts of suicide and connect them to local suicide first aid resources. These specific skills are called suicide alertness and are taught with the expectation that the person learning them will use them to help reduce suicide risk in their communities. More information about the selfTALK course is available at: http://www.nosp.ie/safetalk.pdf

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