



Exploring teenage anxiety, depression, self-harm and eating disorders and an introduction to mental health first aid

About this briefing paper

As part of our [Fostering Communities programme](#) we will be producing a series of briefing papers for the fostering community in Wales which will cover a range of relevant and useful topics.

This briefing paper will provide a short introduction exploring anxiety, depression, self-harm and eating disorders in teenagers, as well as an introduction to mental health first aid. This includes tips on how to recognise the signs of mental health issues in teenagers and how you can support young people in care to manage and look after their wellbeing and mental health.

The Fostering Communities programme

[Fostering Communities](#) is a national programme of improvement and support led by The Fostering Network in Wales and funded by the Welsh Government from 2020 – 2023. The programme will support looked after children and their foster families throughout Wales, by improving wellbeing outcomes for children and increasing the competence, confidence and motivation of the fostering workforce.

The programme is underpinned by a fostering community shared power model, built around workstreams and interventions, which will aim to improve wellbeing in line with the Social Services and Well-being (Wales) Act 2014.

Through our bespoke programme of work, we will improve the experience of looked after children in Wales, support foster carers to provide permanent, stable and aspiring homes, and ensure that children in foster care are able to make a positive and valued contribution to their own wellbeing. Briefing papers for all the programme workstreams/projects are available upon request.

Introduction

Mental health influences how we think and feel about ourselves and others, and how we interpret events. A young person with good mental health will feel the ability to

control their emotions, be able to think, reason and remember; and develop and sustain positive relationships with others.

For many foster carers, the idea of supporting or intervening in a young person's mental health issue can be a challenging prospect as there may be the worry of saying the wrong thing and making matters worse. However, with the right strategies you can approach those difficult conversations or situations and help support the young person.

For some young people in care, past trauma or certain life events they have experienced can have a negative impact on their mental health. Many teenagers may not know if they are developing symptoms of mental health issues or they may feel embarrassed or scared to talk to others about this.

This briefing paper will help develop your awareness of types, signs and triggers in relation to anxiety disorders, depression, self-harming and eating disorders and some mental health first aid tips for each situation.

Anxiety disorders

Anxiety is a natural response which can support us through avoiding dangerous situations and giving motivation to solve everyday issues. Anxiety has a wide range, from mild uneasiness to a panic attack, which can be frightening.

Anxiety disorders may be caused by environmental or medical factors, genetics, brain chemistry, substance abuse or a combination of these. Anxiety is usually a response to outside forces and can be brought on by a young person experiencing some stress in their lives. Young people may make themselves anxious by 'negative self-talk', a habit of always telling themselves the worst will happen.

Some types of anxiety:

Panic Disorder

This is what leads to a panic attack, these can develop suddenly and develop rapidly, caused by a sense that something awful is going to happen to the individual.

Phobias

Someone fearing a phobia avoids or restricts the activities they do, which can appear excessive and unreasonable. It can be places or events, common fears are to leave home, crowds, public places, open spaces, public transport or social events.

Acute stress disorder or post-traumatic stress disorder

These can develop after a distressing or catastrophic event, actual or threatened death, serious injury or any form of abuse taking place. It can also come from witnessing any of those. Less common is a stress disorder caused by the knowledge that the abovementioned events happened to someone in the family, but they do also exist.

Obsessive-compulsive disorder

This is the least common disorder that can be very disabling. Obsessive thoughts and actions accompany the anxiety. They are often recurrent and involve the individual undertaking repeated actions and they cannot dispel the thoughts or actions.

A lot young people with anxiety issues do not fit into one particular type. It is common for many people to experience depression and anxiety.

How to help

Proactively approach the young person about your concerns. If they do not start a conversation about how they are feeling then you should be mindful of their personal space. They may be more uncomfortable about you being physically close if they are anxious. Respect their privacy and confidentiality unless there are safeguarding concerns.

If a young person is having a panic attack, try and move them to a quiet space, help to calm them by encouraging slow controlled breathing (count to three). Be a good listener, without judging. Calmly and confidently explain to them they are experiencing a panic attack and it is not life threatening, explain the attack will stop and they will recover fully, assure them that someone will remain with them.

Listen without judging. Their issues are not due to laziness or weakness, it is their coping mechanism. Let them know anxiety disorders are common and can reduce or disappear.

Advise them that effective help is available. They can learn skills to help them manage and reduce the effects of stress and anxiety. Reassure them that although anxiety can be unpleasant it is rarely harmful.

Signpost them to their GP, school pastoral support, social or support worker, advocate or mentor; there are lots of people and agencies who can offer differing degrees of support and techniques to meet all personality types and individual needs.

Depression

What is depression?

Just feeling a bit down in the dumps or 'blue' does not mean someone has depression. People can have periods of feeling down and recover with no treatment. Clinical depression is very different. To get a diagnosis the feeling of depression would typically last for at least two weeks and affect a young person's behaviour, it

could affect them physically, emotionally and cognitively. Depression is a common but serious illness which can recur throughout people's lives.

Signs and symptoms of depression

The young person will be low in mood for at least two weeks, they will likely be finding it difficult to study, work or manage relationships. When depression is severe it can increase the risk of potential suicidal ideation, self-harm and substance misuse.

Effects on emotion

Sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness and hopelessness.

Effects on thinking

Frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death and suicide.

Effects on behaviour

Crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as: self-harm, misuse of substances and risk-taking sexual behaviour.

Physical effects

Chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, loss of sexual desire, unexplained aches and pains.

Some warning signs

- Tiredness even if they are sleeping more than usual or experiencing insomnia
- Difficulty doing household chores
- Withdrawing from the family
- Avoiding discussion about important events
- Behaving 'badly', or in an angry and anti-social way - particularly boys.

How to Help

Approach the young person about your concerns, choose a suitable time and location, making sure you are both available and comfortable. Let them know you are available to talk to them when they are ready, but do not put pressure on them. If they do not start a conversation about how they are feeling, then you should.

As you talk look out for any signs of crisis – suicidal ideation or if they have self-harmed. If you do not have concerns that they are in crisis, then ask about how they feel and how long they've felt that way.

Make sure you wait and listen to everything they want to say, it will give you a better understanding of what support or information may be of help to them.

Treat them with respect and dignity and do not blame them for their difficulties. Help them to feel hope and optimism and realise depression is a common mental health issue.

Make sure you have realistic expectations for them. Depression is not laziness, but depression can cause a lack of motivation. Let them know you do not think any less of them for being depressed, they are not weak or a failure.

It is more important for you to be genuinely caring than to 'say the right thing'. Try to be understanding, compassionate and patient, they may be overwhelmed with irrational fears so you need to be gently understanding and acknowledge that those fears may be very real to them.

Encourage them to maintain hope by telling them over time and with treatment they will feel better. Offer emotional support and hope of a more positive future in whatever form the young person will accept.

Ask them if they want help with tasks but do not take over.

Offer information about depression and encourage them to seek professional help.

Self-harming

What is self-harm?

Self-harm is a behaviour and not an illness, often used to cope with emotional distress or to communicate an individual is distressed. It includes minor injuries, overdosing as well as potentially dangerous and life-threatening forms of injury. It does not include piercing, tattoos or recreational substance misuse. Some people who self-harm may experience suicidal ideation at the time, others report never feeling suicidal.

Self-harm is not necessarily about control, different emotions will be triggered by each individual and there will be different trigger factors for each individual.

Essentially, it is about a young person seeking some form of release and escape from the difficulties they are facing. It can develop into an addictive cycle. Self-harm is not attention seeking, many people hide their self-harm. It may be a cry for help and is a visible reminder of their current inner struggle.

Possible underlying causes

- Adolescence
- Family
- Scientific/biological factors
- Social disadvantage
- Emotional mental and physical issues
- Alcohol and drug use
- Discrimination

Possible warning signs

- Unexplained accidents or injuries of cuts, bruises, cigarette burns (typically on wrists, arms, thighs and chest)
- Keeping fully covered even in warm weather
- Avoiding situations where undressing or revealing oneself is expected (swimming)
- Sharp objects or cutting instruments amongst possessions, blood stains on clothes/bedding or on tissues in the bin
- Changes in socialising, sleeping and eating patterns
- Low self-esteem, isolation, irritability, mood changes
- Poor performance at school or work
- Loss of interest in favourite pastimes, hobbies and sports.

How to Help

Approach the young person and assess and assist with any crisis. Don't ignore warning signs. If you feel unable to talk to them about self-harm get someone who can.

Directly express your concerns sensitively. Monitor them closely, they can cause serious injury or disability inadvertently.

Listen and communicate non-judgementally. It can be hard to discuss, they may be afraid of your reaction. Be patient, respond calmly and try to avoid anger or making judgements, so they engage with you. Don't dismiss them as manipulative or attention seeking. They need to be listened to, supported and shown compassion and respect.

Give support and information, don't blame them for their difficulties, it may be hard to witness or understand from your own perspective, but it could be the only way they know how to cope at that time. Don't focus on stopping the self-harm but look at helpful coping strategies to reduce the self-harm. Recognise it may take time before the self-harming could cease.

Encourage them to get the appropriate professional help. Most do not seek professional help, so you may need to provide the signposting and information. Help includes GP's, psychologists, counsellors, psychiatrists, CAMHS, and pastoral team in schools. Let the individual choose who or how they wish to access help and support.

Encourage other support: Support of family and friends offering positive reinforcement of progress and praise can really help recovery. Joining and attending local support groups, practical wellbeing strategies, exercising, avoiding alcohol or substances and keeping a mood diary.

Eating disorders

What are eating disorders?

Anything which involves a disturbance to normal eating habits or weight control behaviour which results in impairment to physical health, or which affects an individual's psychological and social functioning. Young people with eating disorders see their self-worth largely in terms of their body shape and weight, and their ability to control these.

Anorexia nervosa

Young people may lose weight to the point of starvation. Although the individual may be severely underweight, they see this as a success rather than a problem; therefore, they have limited motivation to change. Indicators are use of appetite suppressants or laxatives, avoiding food and mealtimes, having a distorted body image and hormonal changes. Warning signs include severe and rapid weight loss, avoidance of eating in front of others, hair loss, ceasing of menstruation, obsessions with their body image.

Bulimia nervosa

Attempts to lose weight are undermined by periods of uncontrolled overeating so that normal weight is maintained. Binge eating and self-induced vomiting are typical indicators. Warning signs include sore knuckles, swollen salivary glands, tooth decay, throat infections, palpitations and epileptic fits.

Most young people with changes in their eating habits or displaying weight controlling behaviour do not fit into the two examples above; they are said to have atypical disorders, which means over evaluating body shape or weight, but not fitting into the full pattern of anorexia or bulimia.

Three examples

Food Avoidance Emotional Disorder (FAED)

Emotional issues, such as anxiety and depression, interfere with eating so that the sufferer eats very little and loses a lot of weight. Can be confused with anorexia, but they tend to recognise they are underweight. This is typically evident in children between 5-16.

Binge Eating (compulsive overeating)

Mainly characterised by a preoccupation with body shape and weight, which influences the self-worth. It is often associated with being overweight and obese. There is no purging (vomiting) and the disorder is more responsive to treatment. This is thought to be the most common atypical eating disorder.

OFSED (other specified feeding and eating disorder)

These are disorders where an individual may have some but not all of the diagnostic signs of anorexia or bulimia. These need to be diagnosed by a professional.

How to help

Follow the steps outlined for self-harm and offer reassurance that they can access support and treatment to help them recover.

Some treatments that work for anorexia are cognitive analytical theory, cognitive behavioural therapy, interpersonal dynamic therapy, or focal psychodynamic therapy.

Some treatments that work for bulimia include cognitive behavioural therapy, antidepressant medication and interpersonal psychotherapy.

Final words

Do not forget to seek support for yourself as well, as this can be a very emotional and upsetting time. Remember, you are not responsible for the causes of the issues highlighted throughout the briefing paper, but you can provide the way out for a young person by finding and accessing the right help and support for both you and them. It is also essential that you share information and work with your supervising social worker and the young person's social worker. This way you can form a protective team around the young person, and everyone is clear about the issues and what support each person has to give them and when.

The different individuals involved will also be able to access different resources and 'share the emotional burden' with you. They are likely to have previous experience with the issues you are faced with and may offer helpful suggestions. They might even be able to connect you with another person who has dealt with and managed similar challenges.

Resources and further reading

Included below are some links to research undertaken and published by various organisations within the UK.

<https://www.nice.org.uk/guidance/cg28/resurces/depression-in-children-and-young-people-identification-and-management-pdf-975332810437>

<http://www.ons.gov.uk/ons/rel/census/census-2001-national-report-for-england-and-wales/national-report-for-england-and-wales-part-1/index.html>

<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

If you have any concerns about the young person you are caring for, look up advice and support from the NHS websites, speak to your GP surgery and your social workers within the local authority for tips and signposting to services and resources specific to your area.

<https://www.nhs.uk/conditions>

<https://111.wales.nhs.uk>

<https://www.themix.org.uk>

<https://www.mind.org.uk/information-support/for-children-and-young-people>

Welsh Government has an online mental health toolkit for young people.

<https://hwb.gov.wales/repository/discovery/resource/e53adf44-76cb-4635-b6c2-62116bb63a9a/en>

How The Fostering Network can help

The Fostering Network is the UK's leading fostering charity, bringing together everyone who is involved in the lives of fostered children to make foster care the very best it can be.

Get in touch

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