

# Mental Health

## Teenage Mental Health

In recent years the mental health of adolescents has attracted a great deal of media attention, and, in the light of such reporting, one could be justified in believing that we are on the cusp of an epidemic. The degree of apprehension and, on occasion, a sense of helplessness amongst those of us who look after and work with young people can be compounded further by the uncertainty surrounding mental health issues – despite their apparent prevalence nowadays. The purpose of this article is threefold: first, to provide some context for the mental health problems from which teenagers can suffer; second, to alert you, as parents, to the signs which suggest your son may have a diagnosable condition; and, third, to outline some strategies which, as part of a wider support network, can help adolescents in their recovery.

### Context

The first national survey for child and adolescent mental health was conducted in 1999, repeated in 2004, and carried out again in 2007. Whilst each concluded that the occurrence of mental health problems amongst young people was stable at 10 percent, adolescents have had to contend with a range of fresh challenges in recent years. Furthermore, our collective awareness of issues relating to mental illness has been heightened of late for a number of reasons, including: our being more prepared to discuss such problems (and, as a by-product of this,

reduced stigma); an improved understanding of the different terms within this field (and these being part of our everyday vocabulary); and an acceptance that mental illness is as serious as physical disorders (it does not need to be ‘seen’ to be ‘real’). In any case, the gravity of the situation is underscored by the following: mental illness is the largest cause of disability in the UK; rates of depression and anxiety among teenagers have increased by 70 percent in 25 years; and more than 50 percent of adults with mental health problems were diagnosed in childhood.

It is important not to conflate behaviour which is ordinarily associated with adolescents – as they experiment and react to new experiences – with ‘mental health problems’, and, for the sake of clarity, the following are generally placed in the latter category:

- Anxiety
- Stress
- Depression
- Self-harm
- Eating disorders

These conditions can have a considerable impact in the short and long-term on an individual’s performance at school (and at university and work), and on his capacity to form relationships. They can also lead to behaviour which is detrimental to his health (for example smoking, alcohol or drug abuse, malnourishment and ‘risky’ sexual activity); anti-social behaviour and criminality; physical illness; suicide.

Where boys experience mental health

problems, these are often (though not exclusively) attributed to:

- Social media: an expectation that one is online continually; exclusion and isolation
- Pressure to conform (and to keep up with modern trends)
- Fear of failure; need to perform academically and in other spheres
- Academic difficulties despite talk that examinations are easier – at a time when more importance is placed on them
- Economic recession: fewer job prospects whilst house prices are inaccessibly high
- Family history of similar problems

### Signs

The following can indicate that your son may be suffering from mental illness:

- Withdrawal
- Change in demeanour (uncommunicative; aggressive; heightened sensitivity)
- Altered appearance (weight loss or gain; decline in personal hygiene; dishevelment)
- Lack of appetite
- Fatigue and reduced concentration
- Decline (gradual or sudden) in academic performance
- Obsession with work – and failure
- Display of interest in harmful or risky behaviour
- Lack of engagement in co-curricular activities
- Lateness or irregular attendance at school

### Strategies

We need to be careful when speaking of the 'preventability' (and 'curability') of mental illness, but there is nonetheless much we can do, in addition to providing a caring and nurturing environment in its widest sense, to help boys (especially in relation to the list of

factors above, which are thought to unsettle an individual's state of mind):

- Encourage an open dialogue with your son so that he feels able to discuss how he is feeling – and talk about any problems that you have encountered in the past. Make him aware, too, of others to whom he can turn.
- Try to monitor your son's social media presence, and encourage him to spend time away from devices – indoors and outdoors – and to enjoy face-to-face contact with his friends and others.
- Promote routines as part of family life which are part of a healthy work-life balance: sleep, exercise, diet and so on.
- Reassure your son that the idea of a 'normal' person is an artificial construct; difference, diversity and individuality should be celebrated, and nobody is 'perfect'.
- Setbacks – and failure – are part of everyday life. All we can ask of your son is that he tries his hardest (this will, of course, demand that he is honest with himself!).
- Examination results and wealth are not helpful measures of 'success' – and are certainly not a guarantee of (lifelong) happiness.
- Any fears about the economy, the job market, house prices and so on are likely to have abated in the next few years.
- The best pastoral care is part of a multi-agency team, and at the College this comprises the Deputy Master Pastoral, the Medical Centre staff (including the College Doctor), the College Counsellor, Heads of School, Heads of Year, and others. Having been made aware of a mental health concern, we work together to offer support: this would normally involve a preliminary meeting with the Deputy Master Pastoral, after which the boy would be generally be encouraged to see the College Counsellor (which is a

confidential service). The Head of Year would contact the boy's teachers, if appropriate and with his consent, so that any necessary adjustments can be made.

- Sometimes further professional intervention may be necessary, and the College Doctor or your own GP would advise on the next steps to take: this may be to refer your son to CAHMS (Child and Adolescent Mental Health Service) for further treatment, such as CBT (cognitive behavioural therapy), which is often in conjunction with prescribed medication. Whilst not wishing to be alarmist, if you ever feel that your son is in immediate danger, rather than waiting for him to see his GP or a counsellor, it would be best to dial 999 or to take him to A&E.
  
- Each individual's progress and wellbeing are monitored closely, and to do so relevant parties keep in close contact at regular intervals. The Head of School, Deputy Head of School or Head of Year will normally be responsible for liaising with all constituents (including the Medical Centre and the boy's parents) on a regular basis, and for keeping them abreast of developments.

He or she will, of course, meet frequently with the boy so that he is offered the support and reassurance that he needs, whilst affording him enough time and space to help him to get better.

#### **Further support**

The following websites also contain useful information:

- [www.getselfhelp.co.uk](http://www.getselfhelp.co.uk)
- [www.youngminds.org.uk](http://www.youngminds.org.uk)
- [www.mind.org.uk](http://www.mind.org.uk)
- [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

