

Understanding Children and Young People's Mental Health

Level 2



About the Level 2 Certificate in Understanding Children and Young People's Mental Health

Statistics show that the prevalence of mental ill health among children and young people is increasing. One in eight people aged 5 to 19 now have a diagnosable mental health condition, such as an anxiety disorder, depression or a conduct disorder. This equates to three in every classroom!

Appropriate support and understanding are vital. Without this, a child with mental health difficulties is likely to become an adult with mental health difficulties too. We now know that half of all mental health problems experienced by adults first manifest themselves by the age of 14, yet only three in four children and young people with a diagnosable condition access the support they need.

This course aims to increase your knowledge and awareness of children and young people's mental health. You will explore the factors that make an individual more vulnerable to developing mental ill health as well as the factors that can protect their well-being. Perhaps most importantly, you will look at how the care, compassion and vigilance of others can support children and young people to bounce back from setbacks and successfully deal with the challenges they may face during their childhood and teenage years.

Aims

On completion of this course you should:

- Understand key themes and issues within the field of children and young people's mental health.
- Be able to explain the risk factors that can affect children and young people's mental health and how these can be mitigated.
- Understand how developmental changes and puberty can impact on children and young people.
- Be able to identify behaviours displayed by children and young people that may indicate a mental health concern.
- Appreciate the impact that mental health issues can have on children, young people and others.
- Understand the support and treatment options available for children and young people's mental health.

Course content

This course has five units. These have been grouped together into two modules:

Module A

Unit 1: Understanding children and young people's mental health in context

Unit 2: The factors that may affect children and young people's mental health

Module B

Unit 3: Understanding children and young people's mental health concerns

Unit 4: The impact of children and young people's mental health concerns

Unit 5: How to support children and young people with mental health concerns

Note: For the purposes of these learning materials, children and young people refers to those aged 2 to 18 years of age.

Module A



Unit 1

Understanding children and young people's mental health in context



What is 'mental ill health'?

If there is such a thing as mental health, then unfortunately it follows that there are also times when some children and young people experience mental ill health. Textbooks often use something called the '**mental health continuum**' in order to help people understand the relationship between mental health and mental ill health. Think about mental health and ill health at the opposite ends of a long line (a continuum):

MENTAL HEALTH  MENTAL ILL HEALTH

All of us can place ourselves on this line at some point. Where we begin on the line is probably down to the environment in which we grow up. When we experience things like stress, we may move away from being mentally healthy along the axis toward mental ill health. Often, this is just for a short time and we take steps to 'feel good' again.

However, as you can see below, it is when people get 'stuck' and cannot seem to escape the feelings and thoughts that are making their life difficult that they may move along the axis to the point where they experience mental ill health.



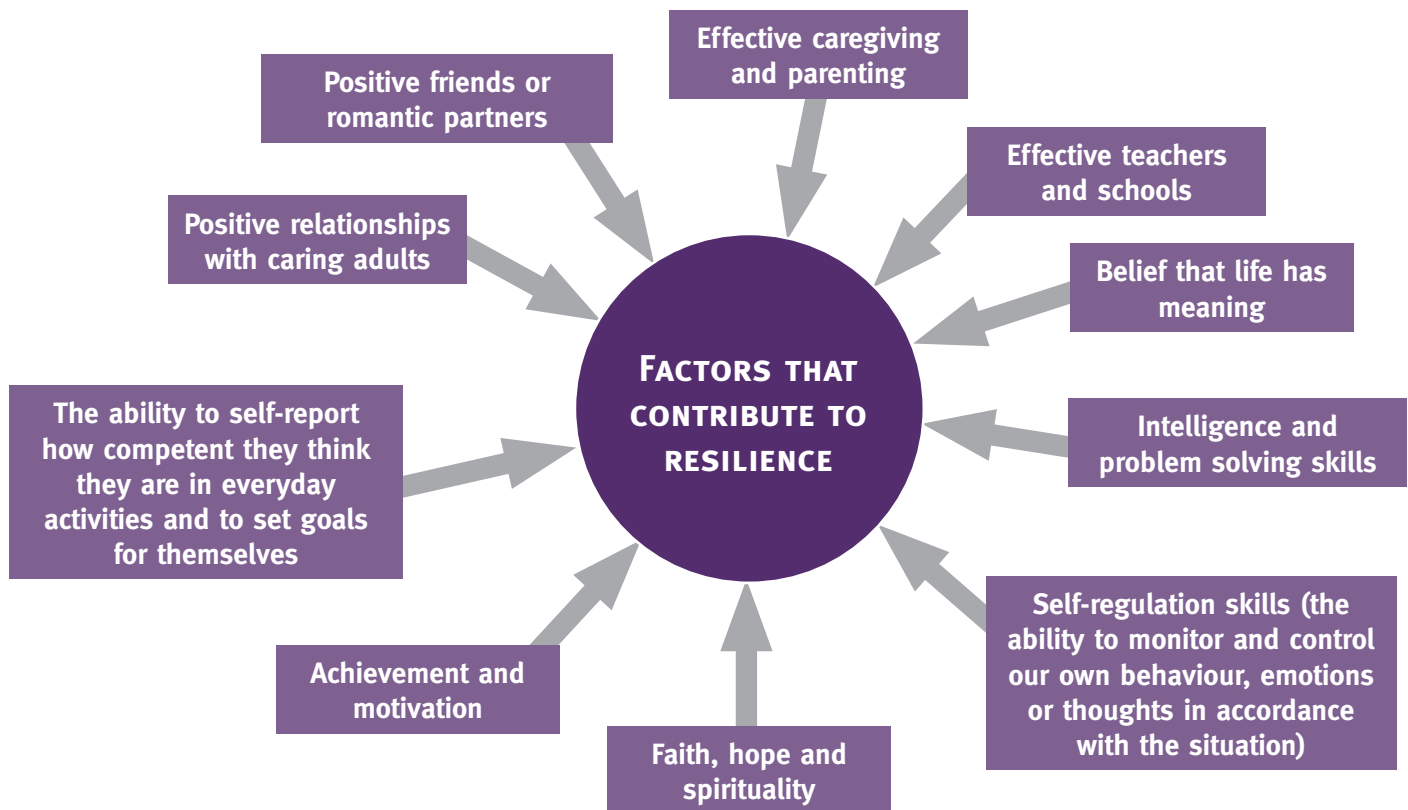
Mental ill health is a general term that describes a situation where a person's emotional health means that they find it difficult to think clearly and rationally, interact with others, and cope with the everyday demands of life. This may mean that their relationships and quality of life are all affected.

Mental ill health can be used to describe **a range of symptoms, conditions and disorders**. Examples of mental ill health can range from the stress and anxiety that many children and young people experience to a complete loss of touch with everyday reality or the most bleak, suicidal depression.

? ? Did you know? ? ? ? ?

Although the term 'mental illness' is still commonly used by health practitioners, and is used in this course, you should be aware that not everyone accepts its use, as some people believe it is negative and stigmatising. Terms such as 'mental ill health', 'mental health concerns', 'mental distress' or 'mental health difficulties' are sometimes preferred instead.

Public Health England (2016) suggests that children and young people are more likely to be resilient if they have:



Key point

Resilience is the capacity to recover quickly from difficulties, and to recover from or adjust easily to misfortune or change. It is a key factor in protecting and promoting good mental health.

What is 'self-esteem'?

The terms self-esteem, self-worth and self-respect are often used interchangeably. These terms describe **a person's overall sense of personal value**. Self-esteem can play a significant role in a person's **motivational levels and success** throughout life.

On the one hand, poor or low self-esteem can lead to feelings of worthlessness and affect a person's ability to achieve their full potential. Poor self-esteem is a common sign or symptom of depression. There are also links between low self-esteem and self-harming behaviours.



On the other hand, good or positive self-esteem helps to maintain a person's self-confidence and means that they are more likely to cope with criticism and setbacks and sustain healthy relationships, for example.

FACTORS THAT INFLUENCE SELF-ESTEEM

There are two vital elements that make up one's sense of self-esteem. These are **esteem from others** (including parents, teachers, others in a position of authority and, importantly, our peers) and **inner self-respect**.

Esteem and respect from others are just as vital as the way in which we view ourselves, and the two are inextricably linked. Those who receive constant criticism from others are likely to experience low self-esteem. This can be a particular issue for children and young people facing challenges such as face-to-face or online bullying.

Positive inner thinking or **inner self-respect** refers to the way that we internally think about ourselves. It is believed that if our inner thoughts are positive this can help us to think through difficult tasks and emotions.

Unit 2

The factors that may affect children and young people's mental health



Section 1

Risk factors that may affect mental well-being in children and young people

In this section you will learn about:

- How risk factors can affect the mental health of children and young people.
- Protective factors that can limit the impact of risk factors.
- The role of resilience in supporting children and young people's mental health.
- Supporting children and young people to recognise risk factors and signs of distress in themselves.

How risk factors can affect the mental health of children and young people

In the context of mental health, 'risk factors' are **the parts of a child's or young person's life that make it more likely that they will experience mental ill health.**

The more risk factors they experience, at any given time, the more likely this becomes. However, each person's susceptibility to the risk factors that are present in their lives will be different. This is because each person is unique and will cope with risk factors in different ways. Children and young people will also have access to different services, support networks, and coping strategies, which will directly impact on their ability to cope.

Psychologists have identified a range of factors that put a child or young person at risk of developing mental health problems. These can be grouped into the categories on the next page.

The risk factors that can affect mental health include the following:

- **Individual** – Risk factors include foetal brain damage, birth difficulties and complications, disability, poor physical health, poor attachments, poor social skills, low self-esteem.
- **Family** – Risk factors include family breakdown, poor role models, domestic abuse, lack of supervision and boundaries, long-term parental unemployment, parental criminality, parental substance misuse, parental mental ill health, poor discipline, social isolation, lack of warmth or affection.
- **School or college** – Risk factors include bullying, rejection, poor attachment to school/college, inadequate behaviour management, association with a deviant peer group, lack of recognition of achievements, academic failure.
- **Life events and situations** – Risk factors include physical, sexual or emotional abuse, changing schools frequently, family breakdown, family bereavement, physical illness or disability, exclusion from school, homelessness or living in temporary accommodation, youth custody, poverty.
- **Community and culture** – Risk factors include poor social status of the family, racism, discrimination, isolation, neighbourhood violence or crime, poor housing conditions, lack of access to support services.

How can risk factors such as these impact on the mental health of children and young people?

Being exposed to risk factors such as these has the ability to **diminish a child or young person's resilience over time**. Having diminished resilience leaves the person vulnerable to developing mental health difficulties. Some of these risk factors may also **impact on the opportunities** available to the person, limiting their life chances. At worst, exposure to such risks can cause the person a level of psychological distress that **extends into adulthood** and perhaps the person's entire life course.

Did you know?

In an average classroom: 10 young people will have witnessed their parents separate, 1 will have experienced the death of a parent, and 7 will have been bullied (Faulkner, 2011). Also, 1 in 4 young people of secondary school age will have been severely neglected, physically attacked or even sexually abused at some point in their lives (NSPCC, 2011).

Research has shown that children who are exposed to persistent and unresolved parental conflict are at a greater risk of early emotional and behavioural problems, anti-social behaviour as an adolescent and later mental health problems as they transition into adulthood.

Poor self-esteem is a common sign or symptom of depression. There are also strong links between low self-esteem, and eating disorders and self-harming behaviours, particularly during a person's adolescent years.

Self-esteem is something that needs **nurturing and promoting**. Children and young people get messages about their value from early years practitioners, teachers/lecturers and other school or college support staff. They also receive these messages about their value from their peers, relatives and other people they meet in their daily lives. People who have been in an environment where their self-esteem has been promoted and nurtured are likely to be less dependent on those messages during their adult life.

Body image

'Body image' is how you see yourself when you look in a mirror or when you picture yourself in your mind. It includes ideas about what you believe about your own appearance. For example, how you feel about your height, weight and shape as well as any marks, scars or identifiable features, and how you control your body as you move.

Body image can have a tremendous impact upon a child or young person's mental health. A positive body image is when we see ourselves as we really are and feel **confident and comfortable** in our own body. A child or young person with a positive body image is able to accept, appreciate and respect their body. A positive body image will **improve their self-esteem, self-acceptance and promote a healthy outlook and behaviour**. Having a positive body image takes a recognition that our physical appearance has very little to do with who we are as a person and our value.



A negative body image is a distorted view of our body and usually involves feelings of **shame, anxiety and self-consciousness** – a feeling that our body is flawed in comparison to others. Those children and young people who have a negative body image are **more likely to experience depression and anxiety as well as low self-esteem**.

As covered earlier, during puberty, young people's bodies undergo many physical changes and the way in which they view themselves can change. These can all affect their body image.

One of the most common contributors to negative body image is the mass media and social media. Children and young people are bombarded with images through TV, magazines, the Internet and advertising. If they feel that they do not conform to these then they may experience a negative body image.

Did you know?

In 2018 a poll conducted among 14- to 24-year-olds in the UK by the Royal Society for Public Health and the Young Health Movement found that the social media platforms Instagram, Facebook, Snapchat and Twitter significantly increased feelings of inadequacy and anxiety. Only YouTube was judged to have a positive impact.

Participants said that the four platforms have a negative effect because they exacerbate children's and young people's body image worries, and worsen bullying, sleep problems and feelings of anxiety, depression and loneliness.

Instagram was found to have the most negative impact on young people's mental well-being due in part to the fact that the images posted are very often 'airbrushed' and 'carefully staged'. Negative online comments can also instigate or worsen a person's body image concerns.

Key point

A positive body image will improve self-esteem, self-acceptance and a healthy outlook and behaviours. Children and young people who have a negative body image are more likely to experience depression and anxiety as well as low self-esteem.

How witnessing abuse or bullying can affect a child or young person

Most people do not enjoy seeing another person being hurt. Witnessing abuse or bullying can have a damaging effect on the mental health and well-being of children and young people. As a result, they may experience an array of emotions.

Children and young people may feel **uncertain** – they know that what they are seeing is wrong, but they do not know what to do to make it better.

Some children and young people may be **scared** to do or say anything to the abuser/bully for fear of making the situation worse, being ridiculed, having the group turn on them for helping the victim or becoming the victim of abuse or bullying themselves.

Many children and young people simply **do not know what to do** for the best when they witness abuse or bullying and this can cause them to feel helpless and powerless.

Many children and young people feel a sense of **guilt about what happened to the victim** as well as feeling **guilty about not stepping in**. They may feel guilty for not knowing what to do, or being too scared to help. This feeling can last long after the incident itself.



Unit 3

Understanding children and young people's mental health concerns



Most adults can express what they are feeling and experiencing in words. However, children and young people may be less able to do so due to their age or stage of development. **The way they behave may be the most important (or only) clue to their mental state.** It is therefore extremely important that adults working with children and young people are aware of the range of behaviours that may indicate that the person may be experiencing mental distress.

Let us now look at some **specific examples of behaviour that might create concern about a child's or young person's mental health:**

- Appearing unusually distressed in facial expression, body language, speech or other communication.
- Defiance, angry outbursts, aggression.
- Being impulsive, taking risks.
- Self-injury, including breath holding, biting and head banging in young children, or self-harming in older children and young people (for example, by deliberate cutting).
- Stealing, lying.
- Sleep disturbance, nightmares and night terrors, bedwetting.
- Feeding or eating problems in young children (such as only accepting a narrow range of foods).
- Destruction of property, fire setting, antisocial behaviour.
- Bullying others (in person or online).
- Difficulties with concentration, hyperactivity, being disruptive at home and in the classroom.
- Behaviour related to attachment issues, such as being overly clingy or rejecting family members.
- Difficulty playing with other children, social withdrawal.
- Misuse of drugs or alcohol.
- Changes at school such as truanting, refusing to attend school ('school refusal'), decline in academic work.
- Behaviour related to anxiety such nail-biting, hyperventilation (breathing too fast), panic attacks, avoiding specific situations.

- Behaviour associated with low mood and depression such as tearfulness, suicidal statements or actions.
- Behaviour indicating a possible eating disorder, including hiding food, purging (for example making themselves sick after eating), excessive exercising.
- Obsessive or compulsive behaviours such as excessive hand-washing and rituals such as number counting and avoiding the cracks in pavements.
- Behaviour that may seem 'strange' or 'bizarre' to others, such as wearing three coats or appearing to listen to voices that are not there.

It is best to keep an open mind and not jump to conclusions about whether a person's behaviour indicates mental health difficulties. For some children, their behaviour may be normal for them and in line with their usual character traits. The role of people working with children and young people is to **be observant, and record and report any concerning behaviour** to a senior member of staff. Knowing a child well will help you and others who work with the child to quickly identify any concerning behavioural changes.

Activity B1

Think about the children or young people you support who show behaviour that could indicate a mental health concern. Without using any names, note down some examples of these behaviours.

Key point

There is a range of behaviours that may indicate that a child or young person is experiencing mental health difficulties. By being aware of these, you can raise concerns that can be followed up by appropriately trained and experienced professionals if necessary.

The impact of developmental delay on the expression of feelings through behaviour

Not all children or young people develop as quickly as the standard model in the previous table. Developmental delay is quite common. Developmental delay means a child or young person is not meeting developmental milestones, such as walking by age 1 to 2 or talking clearly by around age 3.

Developmental delay may be mild and right itself in time, or it may be the first indicator of lifelong significant issues such as learning disability, genetic conditions or autism. For some children and young people, developmental delay can be significant. Imagine the frustration of a young child trying to communicate their needs at school when their speech is delayed, or the embarrassment of a teenager trying to play basketball if they haven't developed the hand-eye coordination needed to catch the ball.

Indeed, many children with development delay **struggle to keep up with their peers** at school, particularly with regard to physical tasks (hand writing, using scissors and other tools, PE), social development and emotional responses. They are often **misunderstood or criticised**. For example, they may be wrongly labelled as 'badly behaved' or 'lazy'. Those with severe developmental delay may function at the level of a young child even as adults. This particularly applies to individuals with profound learning disabilities.

The impact of developmental delay on a child or young person can be severe, and their feelings will often be expressed through their behaviour. Many feel tremendous frustration and this may be **manifested through anger and what others may perceive as 'stubbornness' or being 'uncooperative'**. The embarrassment at not being able to keep up with their peers can make the person **appear 'timid' and withdrawn**.



Case study: Olivia and Aiden

Olivia and Aiden attend the same classes in school and are preparing for GCSE exams. Olivia feels anxious about the exams and worries about some topics (which she doesn't understand well) and the volume of work. She talks about her concerns with friends and is reassured that they are all feeling similarly and that this is a common worry in their situation. The night before the exams, Olivia doesn't sleep well. She feels anxious on the day but manages to stay calm and focused once the exams are under way. Olivia is showing normal signs of stress in response to a stressful time in her life. It is somewhat unpleasant but she copes well and will benefit from personal growth and increased resilience as a result.

Aiden feels anxious most of the time. He thinks a lot about his worries and they seem to swirl round in his head so he finds it difficult to think straight. He feels overwhelmed at school and often goes blank in class. When teachers talk about the impending exams he sometimes sweats and gets a loud buzzing in his head. Aiden's self-esteem is low and he is convinced that everyone else is calm and clever and that he is a failure, so there is no point trying. He begins to experience headaches, stomach aches and dizziness. His family and teachers see that Aiden is struggling to cope but he becomes irritable when they try to discuss this with him. Aiden misses several exams and leaves others early. Aiden's experience is more than stress; he is showing significant levels of anxiety, which are a mental health concern.



Key point

Stress is our mind and body's response to excessive pressure, unexpected changes or perceived threats. Anxiety is an unpleasant feeling ranging from unease to fear, which is normal when facing a difficult situation. Severe or prolonged stress and anxiety can be a mental health concern.

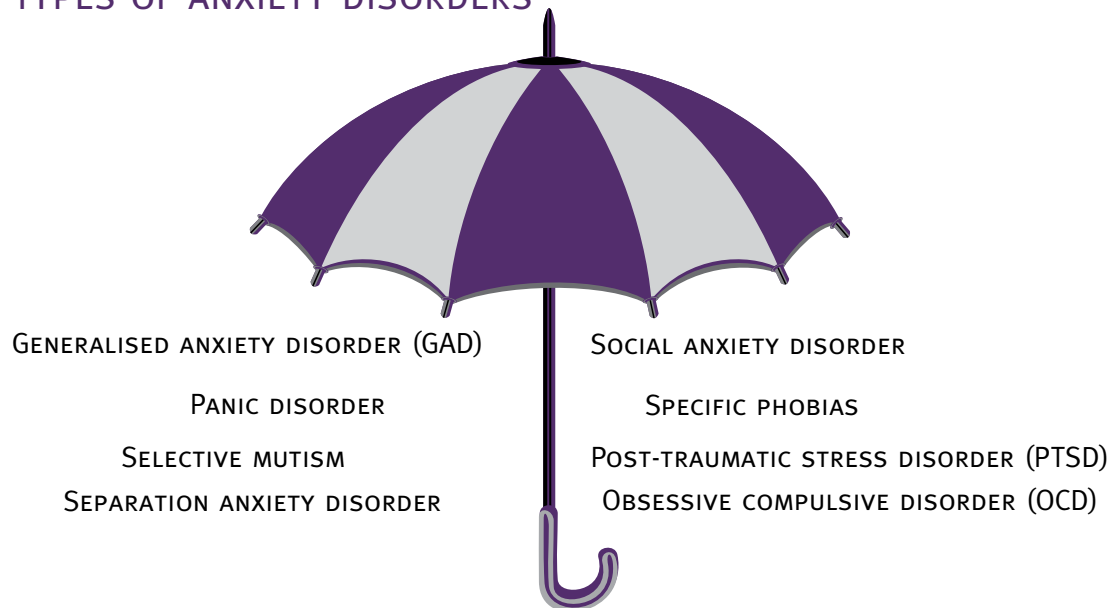
The relationship between resilience and stress

As you learned earlier in the course, resilience is the capacity to cope with adverse circumstances and to recover quickly from stressful events. It is important to appreciate the relationship between resilience and stress as this helps to reinforce the importance of building resilience among children and young people.

Types of anxiety disorders

If a person's symptoms are prolonged, persistent and reach the point where they are disabling (in other words, they stop the child or young person from functioning as they should), mental health professionals may diagnose a specific type of anxiety disorder. The term 'anxiety disorder' is an umbrella term for a number of conditions, all of which have anxiety at their core.

TYPES OF ANXIETY DISORDERS



Generalised anxiety disorder (GAD)

A child or young person with GAD feels tense, anxious or fearful most of the time. The anxiety experienced may not be due to a specific trigger, it is a general feeling that something bad is going to happen. As a result, the person may feel consistently 'on edge' and what professionals call 'hypervigilant'. They may report physical symptoms such as headaches, stomach ache and feeling sick. Some children and young people show signs of regression to an earlier stage of development, for example by resuming bedwetting. School refusal is common.

Panic disorder

This is a condition characterised by panic attacks. In these situations, the child or young person experiences a sudden increase in anxiety as well as a surge of physical sensations, such as palpitations and dizziness, that may feel like a serious medical event, such as choking. Such episodes can be self-perpetuating as the person begins to fear further panic attacks, which increases anxiety further. As a result, the person may avoid situations where they felt panicky.

“ For me, a panic attack is almost a violent experience. I feel disconnected from reality. I feel like I’m losing control in a very extreme way. My heart pounds really hard. I feel like I can’t get my breath, and there’s a massive feeling that things are crashing in on me. ”

Selective mutism

This is most common in 3 to 8 year olds. Its symptoms include an inability to speak in certain places such as school or when children have to meet people they do not know. They are usually able to speak normally when they are at home or other places where they feel comfortable and safe. As well as finding it hard to talk, the child may also find it hard to make eye contact or feel frozen and unable to move when people are talking to them. Some children will refuse to speak at all, some may only speak in a very quiet or whispered voice.

Separation anxiety disorder

Many young children are tearful when separated from their primary caregiver (usually a parent), such as when left at nursery. However, most soon settle, especially when distracted by a game or other activity. A young child with separation anxiety will show a more extreme reaction, worrying the night before about going to nursery or school, consistently refusing to let go of the parent and not being easily settled when left.

Social anxiety disorder

This is believed to be the most common anxiety disorder. Individuals with social anxiety disorder become extremely anxious in situations where they have to speak or perform in public or where they have to enter social situations that they are unsure of. The person may intensely worry about being judged and making a fool of themselves. For example, they may become anxious about, and consequently avoid, eating in front of other people in the school canteen or talking to people who they do not know well. They may react by being tearful, exhibit ‘tantrum’ type behaviour or they may ‘freeze’.

Specific phobias

A specific phobia is an irrational (not logical), intense and extreme fear of a specific object, animal or situation. Some of the more common phobias include closed-in-spaces, spiders, heights and the dark. Phobias such as these are readily understood by most people. Others, such as a fear of flowers or buttons, for example, may seem more puzzling. Some phobias are extremely disabling, causing panic, intense physical reactions and making the person go to extraordinary lengths to avoid what they fear.

Unit 4

The impact of children and young people's mental health concerns



Education

Mental ill health can affect a child or young person's education in a number of ways. For example:

- They may **find school life more stressful** or overwhelming, possibly leading to truanting, poor attendance or school refusal.
- They may **miss schooling** due to appointments or, in the worst case, hospital admissions.
- They may experience **difficulties with concentration, memory and thinking clearly, difficult emotions and fatigue**. All these factors may impact on their education.
- There may be a **decline in their school work or achievement**. As a result, young people may not achieve their academic or career potential.
- They may exhibit behaviour that others see as **concerning or challenging**.
- They may be **bullied or bully** others.
- **Relationships** with peers and/or teachers can be negatively affected.



Unit 5

How to support children and young people with mental health concerns



- Helping the person to **self-regulate** their emotions.
- Helping the person to develop **resilience**.
- Promoting **good lifestyle choices**, such as exercise, a good sleep routine and healthy eating.

Listening in a non-judgemental way

“ She listened, and I mean *really* listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point. ”

As the saying goes, a problem shared is a problem halved. The very act of talking, of expressing their thoughts, feelings and experiences can be a form of therapy in itself. However, this can sometimes be easier said than done. There are a number of things you can do to **help the person express themselves**:

- Find an appropriate place **where the child or young person can talk to you freely** – a place that is private and feels safe to them.
- **Sit by the person** rather than stand over them.
- Appear **relaxed**. This conveys the message you have time to listen.
- Remain non-judgemental. Be mindful of the messages that your **facial expressions and body language** might convey to the person.
- Do not interrupt the person or ‘jump in’ with advice.
- Sometimes conversation will lapse into silence. **Avoid the temptation to always fill the gap**. Often the person will do that themselves, and this often leads them to explore their feelings more deeply.
- Some **empathic comments and questions** now and again are perfectly fine; this shows that you are actively listening and being supportive. For example, *‘I have noticed that of late you seem quieter than usual. Is there anything worrying you/making you sad?’* or *‘Is there anything we can do to help when you feel this way?’*

At the end of the conversation, **sincerely thank the person** for talking to you and compliment them for doing so (without sounding patronising). Agree with the person **what you will do next** (for example, speak to colleagues, with their consent). Always follow through on what you said you would do. This may be the beginning of a number of conversations, so building a relationship of trust is vital.

Remember, if you have concerns about the person's safety or welfare, you must report your concerns immediately in line with your organisational policies and procedures. If this is the case, be honest with the person and let them know that you will need to speak with others.

“ Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said ‘That must have been really tough’ – he was right, it was, but it meant so much that he realised what a big deal it was for me. ”



A CALM AND NURTURING
ENVIRONMENT CAN
PROMOTE WELL-BEING.



Key point

The physical surroundings and the emotional ‘atmosphere’ within the setting combine to create an environment that can be positive and supportive of a child or young person’s mental well-being.

How to promote positive interactions with others to develop well-being

The quality of a child or young person’s relationships with their parents, siblings and wider family, as well as their peers and other adults such as teachers, is extremely important to their mental health. On the one hand, positive, healthy relationships based upon trust and mutual respect can strengthen mental well-being. On the other hand, a child or young person who grows up with unhealthy relationships, for example where they are the victim of or witness abuse, is likely to find it difficult to form healthy relationships themselves. This is a well-known risk factor for mental ill health. Children and young people who are **lacking in social contacts** are more likely to experience a low sense of self-worth and are more prone to anxious feelings, difficulties with controlling their behaviour and depression.

Module A assessment

After completing your assessment please return it to your tutor/learning provider

ADVICE TO ALL CANDIDATES

- Please complete both the personal details and candidate statement boxes below.
- Complete all questions in this assessment.
- Please ensure that the answers you provide are in your own words.
- Write your answers in the spaces provided. Add any additional work for any of the questions on plain A4 paper to the back of this assessment. Please write your name on each additional sheet and remember to include the assessment number and question number.
- You do not need to return your completed activities for the units – just this assessment.
- If you require any assistance or guidance please contact your tutor/learning provider.
- Take a copy of your work before you return it to your tutor/learning provider.

PERSONAL DETAILS

Name

Contact address

Postcode

Telephone no. (evening) (day)

Email (home) (work)

CANDIDATE STATEMENT

I confirm that the answers in this assessment were completed by myself and are my own work.

Signature Date

For office use only
Candidate ref:
Assessor:
IQA/Mod:

Passed:
Date:
Re-submit:
Date:

Assessment 1.1: The concept of mental health

(The reference in brackets at the end of each task refers to the assessment criteria for the learning outcomes of this qualification and is for your tutor's/assessor's use.)

1. Define the following terms. (1.1)

a) Mental health:

b) Mental ill health:

c) Resilience:

d) Self-esteem:

2. Explain the relationship between mental health and well-being. (1.2)
