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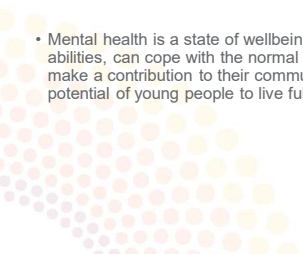
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### Mental health

- Mental health is a state of wellbeing in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively and make a contribution to their community. Poor mental health can impact on the potential of young people to live fulfilling and productive lives (WHO 2014a)



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### Mental health

The term "mental health" generally refers to a psychological and emotional state.

Like the state of mind and being it reflects, the term is fluid and is used to discuss:

- a) a positive state of psychological and emotional well-being and the conditions that foster it,
- b) the absence of mental illness, or
- c) the presence of mental imbalances that affect overall psychological well-being



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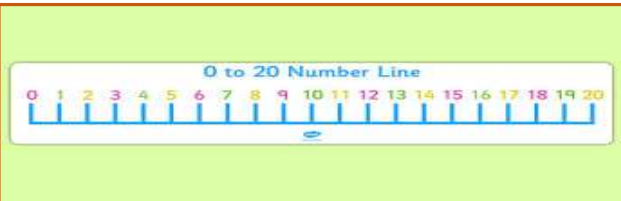
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### 5 Domains for good mental health

Positive Development (2016) summarizes positive psychological characteristics for mental health in five broad categories:

1. Positive emotions, including joy, contentment, and love
2. "Flow," defined as "the psychological state that accompanies highly engaging activities"
3. Life satisfaction: the sense that one's own life is good, which correlates with characteristics such as self-esteem, resiliency, optimism, self-reliance, healthy habits, and prosocial behaviour
4. Character strengths such as curiosity, kindness, gratitude, humour, and optimism
5. Competencies in the social, emotional, cognitive, behavioural, and moral realms



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### What is mental illness/disorder

Mental illness is the acute stage of mental health and is diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5

Poor mental health can impact on the potential of a person to live fulfilling and productive lives (WHO 2014)

- Mental health problems affect one in every four at any given time (although severity varies greatly).
- Individuals are regarded as possessing a "serious emotional disturbance"



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### What are the DSM-5 categories?

- Neurodevelopmental disorders.
- **Schizophrenia** spectrum and other psychotic disorders.
- Bipolar and related disorders.
- Depressive disorders.
- **Anxiety disorders.**
- **Obsessive-compulsive** and related disorders.
- Trauma- and stressor-related disorders.
- Dissociative disorders.

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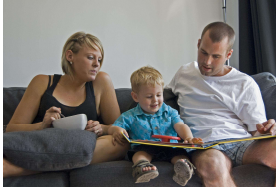
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### Mental illness

- When a mental disorder disrupts daily functioning in home, family, work, school, or community.
- If an individual is able to function well in at least two of those three areas, it is unlikely that he or she has a serious mental health disorder.
- Psychosis is the most serious form of mental illness and may be prevented if detected early in the pre-illness phase.
- It is estimated that one in ten young people experiences a serious emotional disturbance at some point in their childhood or adolescence.



Coping with Mental Health Disorders Gatehouse- Royal Childrens Hospital Melb University



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### What causes psychosis?

Psychosis can happen to anyone, the first episode of psychosis usually occurs in a person's late teens or early 20s.

It is due to changes in brain functioning, leading to a disruption of brain functioning.

Approximately three in 100 people will experience a psychotic episode at some point in their life.

Some people only experience a few episodes of psychosis or a brief episode that lasts for a few days or weeks.

Others will experience symptoms more frequently, in association with a longer-term illness such as schizophrenia.



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### Talking and thinking about mental illness-

[https://www.youtube.com/watch?v=XBCAZIN\\_Ub4](https://www.youtube.com/watch?v=XBCAZIN_Ub4)



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**Mental disorder or illness**

- Anxiety disorders are the most common affecting 15 % of young people
- First onset of schizophrenia is mostly 15-24
- Substance use disorders affected young people – alcohol the most common
- Around 6% of young people had an affective disorder with Bipolar Affective disorder and depression the most common affective disorders
- 85 % of young people with a mental disorder did not access mental health services
- GPs are the most common health service used by people with a mental illness.

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**Activity**

Discuss these statements:

- Mental illness is a lifetime diagnosis
- Mental illnesses are all the same
- People who live with mental illness are more violent
- People who live with mental illness are more likely to commit crime
- Some cultural groups are more likely than others to experience mental illness

Activity how many words and expressions can you come up with that use mental health/illness as a basis.



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**Who can help you –Mental health care providers**

In Victoria, mental health care is provided by individuals who have trained in one of the following disciplines:

- Psychiatry
- Psychology
- Pediatric medicine
- General practice -your doctor
- Nursing
- Allied health (including social work)

In addition, some providers have undertaken training in family therapy, psychotherapy, bereavement counselling, forensic mental health, cognitive behavioural therapy and interpersonal relationships counselling. Department of Health and Human Services



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**Recovery**

People recover from mental health, same as people recover from physical illness and disease. There are 2 different meanings for recovery. However, they may overlap. These are:

Health professionals think of recovery as no longer having mental health symptoms. Sometimes this is called **clinical recovery**.

**Personal recovery** means that the young person is able to live a meaningful life. What they want may be different to what someone else wants to do with their life. Don't be afraid to get them to think about what they would like to do and work towards that goal.

Family, carers and friends play an large role in recovery.



*"Recovery isn't about getting back to how you were before, it's about building something new"*

Care Quality Commission UK

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**Recovery**

The key objective is to support the person to recover and meet their own life goals.

**Exercise** **Reduce Stress** **Activities**  
**Connection** **Balanced diet** **Calmness**

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**Signs they needs help**

If a child/adolescent/parent's behaviour suddenly changes it is important that you seek advice, particularly if they show some of the following signs.

- Eating or sleeping too much or too little
- Pulling away from people and usual activities
- Feeling numb or like nothing matters
- Having unexplained aches and pains
- They start to use drugs and alcohol and this becomes a problem.
- They become depressed and are negative for a length of time.



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## Developing healthy brains



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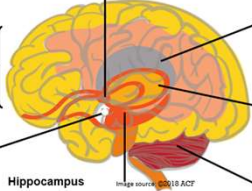
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### Trauma and the brain



**Hypothalamus**  
Links the nervous system to the endocrine system via the pituitary gland. It synthesizes and secretes hormones to control body temperature, hunger, thirst, fatigue, sleep, and circadian cycles.

**Prefrontal cortex**  
Responsible for executive functions, such as judgement, reasoning, and self awareness. Trauma reduces capacity for PFC to moderate automatic responses

**Amygdala**  
Survival response centre within the limbic lobe that becomes enlarged and more sensitive the more it is activated through responding to threats


**Hippocampus**  
Consolidates memory by providing the context/ sequential data for episodic memories. Goes offline in the face of trauma - memory is not encoded properly.

**Corpus Callosum**  
Bridge between the 2 hemispheres. Chronic stress can damage and thin down this bundle of neurons

**Thalamus**  
Sensory receptor within the diencephalon. Receives and passes on sensory data to be further processed by other areas of the brain

**Cerebellum**  
Balance and coordination, motor skills may be impacted by trauma

Image source: ABC 10 ACT



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### Regulation Domains

- Emotional
- Cognitive
- Physiological
- Relational
- Behavioural




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Impact of complex trauma on the development of self-regulation

- Neurobiological impact
- Physiological Impact
- Early care-giving experiences
- Ongoing environmental influences

A child's brain develops through relationships with others. The quality of these relationships shape children's brain development.

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**Limbic lobe- emotional gateway**

- The part of the brain that helps us attach an emotion to an experience or memory
- This part of the brain is particularly involved with the emotions of fear and anger
- Also heavily involved in attachment processes
- This area develops mainly after birth

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**Amygdala & Hippocampus**

**Amygdala**

- the 'smoke detector' of the brain
- is mature at birth
- processes & stores implicit memories

**Hippocampus**

- matures between 2-3yrs of age
- provides context to memories & embeds into long-term memory

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### Mindfulness and co-regulation

- Pre-Frontal Cortex**  
(the centre of Mindfulness/ Self awareness)
- Right Orbitofrontal Cortex**  
(Regulation of Arousal)

- Mindful awareness/ meditation de-activates the amygdala
- Quality co-regulation de-activates the amygdala

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### Working in this space

- **Relational** (safe)
- **Relevant** (developmentally-matched to the individual)
- **Repetitive** (patterned)
- **Rewarding** (pleasurable)
- **Rhythmic** (resonant with neural patterns)
- **Respectful** (of the child, family, and culture)

(Bruce Perry, as cited by <https://attachmentdisorderhealing.com/developmental-trauma-3>)

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### What we need for a healthy mind

#### The Healthy Mind Platter

**SLEEP TIME** **PHYSICAL TIME** **FOCUS TIME**  
**TIME-IN** **DOWNTIME** **PLAYTIME** **CONNECTING TIME**

The Healthy Mind Platter for Optimal Brain Matter

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**Downtime**

- Just being still
- Massage
- Baths
- Showers
- Weighted blankets
- Cooking
- Art and craft
- Gardening-growing plants



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28

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**Focus time**

- Reading
- Rituals- tea time at table
- Play
- Drawing
- Watching birds-nature walks
- Board games
- Cards
- Drama



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29

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**Time in**

- Mindfulness activities
- Relating
- Prayer
- Forest bathing
- Yoga



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**Play time**

- Imaginative play
- Indoor and outdoor
- Water play
- Mountain biking
- Friends
- Drama-plays-centre of attention



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**Sleep time**

- Experts recommend that infants (4 to 12 months old) get 12 to 16 hours of sleep a day, including naps.
- School-aged kids (6 to 12 years old) should get between 9 and 12 hours of sleep per night.
- In 15 year olds for optimal socioemotional adjustment, they found that 8.75 to 9 hours of sleep was required, which is in line with most guidelines that have been recommended by experts.
- But for academic outcomes, 7 to 7.5 hours was found, which is well below what experts recommend (8-10 hours for young people).
- One interpretation of the latter result is there is a subset of teenagers who stay up later at night to study. But Fulighi et al (2017) suggest that those who do so may be trading better emotional health for higher achievement.



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32

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**Physical**

Creates mind body awareness

- Drumming
- Swinging
- Rocking
- Hanging
- W/aking

If you are having a hard time falling asleep or are not sleeping well, research indicates that exercise is an effective way to improve sleep quality without resorting to medication.



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**Connecting time in relationships**

- If you smile at me and I don't smile back, your feelings will be different than if I resonate with your smile, feeling the feelings inside of me and then revealing that resonance with a returned smile on my face, in my gestures, and in my tone of voice.
- Our separate bodies become "connected" as energy flows from you in the form of a smile that then connects with me.
- Your eyes and your ears pick up how that energy was received and two separate "entities" become connected as one in the exchange.
- This is how people come to feel "close" to each other even with physical distance that separates their physical bodies.
- Closeness is about resonance where two "systems" become linked as one.

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**Anxiety disorders**

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**Anxiety disorders**

There are a range of anxiety disorders including:

- Specific Phobias
- General Anxiety Disorder
- Social Anxiety Disorder
- Panic Disorder
- Agoraphobia

The most common disorder that affects young people is Panic disorder



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### Anxiety disorders

- Panic disorder involves recurrent and often unexplained attacks of panic.
- If you think it possible that someone you care about has panic disorder, check with your family doctor who may suggest a referral to a psychiatrist or psychologist.
- Effective treatments are available for panic disorder, and include psychological treatments as well as medications.
- There are support groups to help you and your family to cope.

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### Obsessive compulsive disorder

OCD symptoms include obsessions, compulsions, or both.

- An obsession is an uncontrollable thought or fear that causes stress.
- A compulsion is a ritual or action that someone repeats a lot. Compulsions may offer some relief, but only for a little while.



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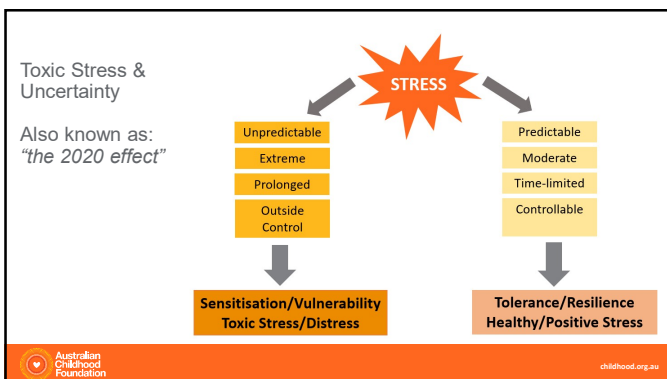
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### Treatment and recovery

- The aims of treatment for anxiety disorders are:
- to help you cope with and stop panic attacks
  - to become aware of and stop fear-driven avoidance
  - to reduce your vulnerability to future panic attacks.

It is important to remember that even if treatment has been helpful, you will probably still experience some symptoms of anxiety during your recovery.

- The major treatments for panic disorder are:
- Cognitive Behavioural Therapy (CBT)
  - Mindfulness
  - Yoga



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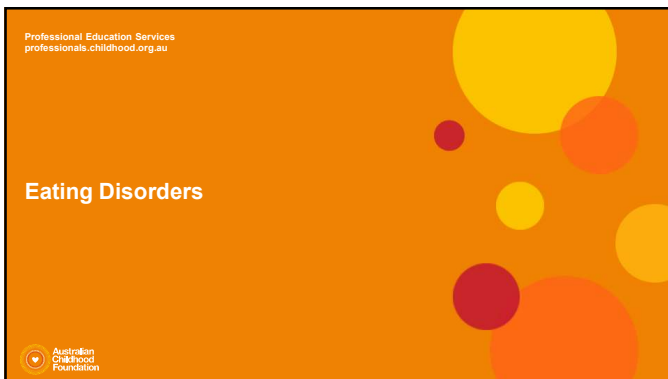
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**Eating disorders myths busted-** [https://www.youtube.com/watch?v=tBML\\_yqgRYU](https://www.youtube.com/watch?v=tBML_yqgRYU)



A hand is shown pointing at a tablet computer. The tablet screen displays a colorful landscape with a sun, mountains, and a large purple smiley face in the foreground. The background of the slide features a pattern of light-colored dots.

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**Anorexia nervosa**

- Anorexia nervosa is an eating disorder.
- The severe weight loss associated with dietary restriction can be life threatening, not only due to the associated medical complications but also due to the severe mental anguish that an eating disorder causes.
- Anorexia nervosa presents in not only young women but also across all ages, both genders and socioeconomic demographics.
- Although dieting and avoidance of weight gain are characteristics of the disease, the actual causes are varied and complex.

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**Factors in causation**

Although it is much more common for females to suffer from anorexia, it does also occur in males. However, where females diet to achieve a socially desirable 'thin' body, males can often abuse their bodies by using steroids, over exercising and controlling their food intake to try to achieve a 'muscular and toned body'.

Family and twin research indicates that there is a genetic link. It is thought that familial personality features that increase a person's vulnerability to anorexia nervosa, such as perfectionism, obsessive compulsive tendencies and anxiety, contribute to the increased genetic risk.

Many sufferers have experienced trauma of some kind, although this on its own is not enough to explain the development of the eating disorder. It is very important that sufferers adversely affected by emotional, physical or sexual abuse seek treatment for this trauma from a psychiatrist or psychologist, along



A photograph of a woman with a very thin physique, wearing a pink top. She has short blonde hair and is looking towards the camera.

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**Signs**

**Early physical clues may include:**


- loss of periods or failure to begin menstruating in girls • weight loss without evidence of any other illness that would explain weight loss • poor peripheral circulation resulting in cold mottled

**Early psychological clues may include:**

- an obsessive concern about body weight and shape and dieting • an unrealistic perception about being fat • an extreme fear of getting fat or gaining weight or of eating.

**Early behavioural clues may include:**

- cutting out foods once enjoyed • avoiding sharing meal times with others because of food anxieties • excessive or secretive exercise • vomiting and using laxatives (purging) as part of a pursuit of thinness • social withdrawal.



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**Bulimia Nervosa**

Bulimia is characterized by repeated episodes of binge eating followed by self-induced vomiting (purging), misuse of laxatives, diuretics or other medications, fasting, or excessive exercise.

**Signs & Symptoms**

- Binging, or eating uncontrollably, often in secret
- Frequent bathroom use after meals
- Preoccupation with body weight
- Depression
- Mood swings
- Feeling out of control



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**Recovery- eating disorders**

- Recovery is possible, although partial relapses and remissions do occur. In children and adolescents, acute physical complications are more common, but appropriate treatment early in the illness leads to high rates of recovery after 12 to 18 months. It is most important that treatment is kept up for as long as it takes for you to be free from the domination of anorexia nervosa symptoms.
- Weight restoration is an essential first step in recovery but not a sign of recovery. It takes time to heal the mind from anorexia nervosa and restore a sufferer to a state where they are not dominated by negative feelings related to weight and food.
- Eating disorders are on a spectrum and sometimes the boundaries between different kinds of eating disorders are blurred. For example, sufferers who are anorexic may also binge and purge, sufferers of bulimia may move toward anorexia, and binge eating can lead to anorexia or bulimia.



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## Working with parents with a mental illness



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### Supporting families and children of parents with a mental illness

Parents with a mental illness may need extra support from services, families and friends.

- Ask the family how best you can support them.
- Talk with the parent about their illness and ask if it's OK to find out more.
- Discuss any symptoms and warning signs and how you can support them.
- Be understanding and let the parents and children know that they don't have to manage on their own.

<https://youngcarersnetwork.com.au/>




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*I thought when the doctors told Dad that Mum had a mental illness she was going to die - that was scary. Everyone was so serious and didn't know what to do. I didn't know what to do either. I wish someone had of talked to me.*

**Matt, son of a mum with mental illness**

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### Supporting parents with a mental illness

Programs and interventions dealing with self-efficacy and competence in parents with a mental illness might focus on:

- providing parents with instruction on parenting skills and tasks and/or modelling appropriate parenting behaviours
- changing parental self-efficacy beliefs and parenting cognitions
- providing education about child development and age-appropriate abilities
- teach parents effective discipline and other strategies to improve positive interactions with their children.



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### Family Emotional Safety Plan

#### Why have a plan

It helps to have a general sense of how your brain functions under great stress to know why you should have a plan. Anytime you are emotionally shaken from fear, anxiety, anger or hurt, you are functioning from your primal brain, your amygdala.

There are chemicals that wash over the rest of your brain cutting off access so that your only functioning abilities are in your survival center.

Effective problem solving requires access to the control centers for logic, language and creativity though these cannot be utilized when greatly upset.

So that if your plan when your child makes a poor choice that angers you is to come up with a logical consequence on the spot, you will not be capable of that kind of higher level thinking.



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53

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### Depression and Suicide



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### Maternal depression

Because chronic and severe maternal depression has potentially far-reaching harmful effects on families and children, its widespread occurrence can undermine the future prosperity and well-being of society as a whole.

Despite the frequency of depression among new mothers, large numbers of affected individuals may not be identified as having a treatable condition, and only 15 percent obtain professional care.

National scientific council on the developing child-Harvard



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### Symptoms-emotional

- Pervasive sadness
- Irritable mood
- Low, depressed mood
- Loss of enjoyment or pleasure
- Irritability or being aggressive and angry
- Extreme risk taking



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### Symptoms- cognitive, self talk

- Worrying
- Feeling worthless
- Feeling hopeless
- Thinking about death frequently
- Guilt, self blame
- Indecision
- Shame and low self esteem
- Paranoia



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**Symptoms- physical**

- Can't concentrate
- Fatigue or low energy nearly everyday
- Significant change in weight or appetite
- Difficulty sleeping
- More sensitive to pain
- Agitation or being slowed down



**Social symptoms**

- Withdrawing or deliberately isolating themselves
- Not attending normal social activities

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58

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**The case of adolescence**

It is all too easy to reach prematurely for the *bad case of adolescence* as a pseudo –diagnosis and not see through the slightly grubby, belligerent or provocative façade to the real anxiety and sadness beneath.....do not be fooled – always check for depression

Dr G Martin- Gatehouse

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**Depression – how does it differ in Adults v Adolescents**

- In contrast to adults, depressed young people may emphasise:
  - Profound boredom
  - Feeling unloved
  - Lonely
  - Acting out
  - Risk taking behavior-extreme



Depressed young people may, in response to favourable events, describe brief windows of normal mood which belie underlying depression

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### Relationship between depression and other health compromising behaviours

- Regular tobacco smoking
- Binge drinking
- Weekly cannabis smoking
- Illicit drug use
- Early age first sexual experience

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62

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### Suicide warning signs

Appearing depressed or sad most of the time. (Untreated depression is the number one cause for suicide.)	No obvious changes
Feeling hopeless.	Acting impulsively.
Talking or writing about death or suicide	Losing interest in most activities.
Withdrawing from friends.	Experiencing a change in sleeping habits.
Feeling helpless.	Experiencing a change in eating habits.
Feeling strong anger or rage.	Losing interest in most activities.
Feeling trapped -- like there is no way out of a situation.	Performing poorly at school.
Experiencing dramatic mood changes.	Giving away prized possessions.
Abusing drugs or alcohol.	Writing a will.

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63

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**Suicidation**

- Ask permission before delving into sensitive areas
- Positively reframe their lives
- Do not argue with them
- Tell them how you fell- they may be feeling the same way too
- Humour/tricks such as the magic wand/ interview in a range of settings
- Listening
- Take expressions of distress seriously- watch for depression/self harm/suicidal intention



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64

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**Helping**

- **Ways to start a conversation about suicide:**
- "I have been feeling concerned about you lately."
- "Recently, I have noticed some differences in you and wondered how you are doing."
- "I wanted to check in with you because you haven't seemed yourself lately."
- **Questions you can ask:**
- "When did you begin feeling like this?"
- "Did something happen that made you start feeling this way?"
- "How can I best support you right now?"
- "Have you thought about getting help?"



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**Helping**

**What you can say that helps:**

- "You are not alone in this. I'm here for you."
- "You may not believe it now, but the way you're feeling will change."
- "I may not be able to understand exactly how you feel, but I care about you and want to help."
- "When you want to give up, tell yourself you will hold off for just one more day, hour, minute—whatever you can manage."



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### Strengthening your relationship

- One of the most important things you can do is to work on strengthening your relationship.
- Try to build empathy and understanding by putting yourself in their shoes.
- You might be frustrated that they seem down and irritable a lot of the time and doesn't seem to be doing much of anything to help themselves.
- Depression makes even doing the smallest things more difficult.



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67

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### Recovery

- Making and maintaining good friendships and connection is very important in recovery from depression.
- Make the most of family, friends and local community groups to support you and the young person.
- Try not to let them become isolated.
- There are also groups run by people who have experienced a mental illness and who have had successful treatment.
- These include self-help and mutual support groups or associations, and mental health consumer organisations
- Some offer website chat rooms.
- Online support to young people has excellent outcomes.



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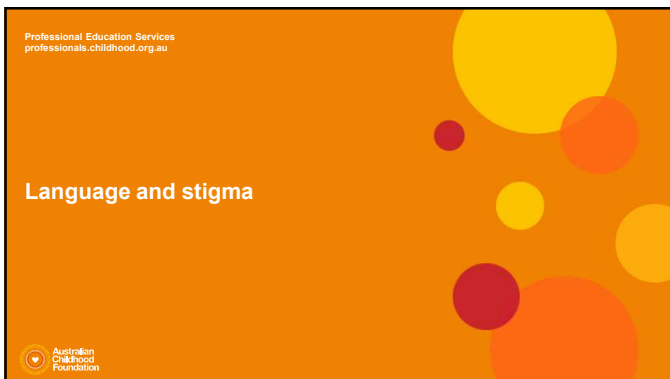
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### Language and stigma



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**Language**

Mental illness is common, but it is still often misunderstood. Myths and misconceptions about mental illness add to stigma and make life harder for the people affected.

Despite the progress we have made in the past decade, the stigma associated with mental illness still exists in our community.

The way we talk about mental illness and the things we express publicly through media, social media, in our homes and in our workplaces can make a difference.

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70

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**Do say**

Do say	Don't say	Why?
A person is 'living with' or 'has a diagnosis of' mental illness	'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad'	Certain language sensationalises mental illness and reinforces stigma.
A person is 'being treated for' or 'someone with' a mental illness	'victim', 'suffering from', or 'affected with' a mental illness	Terminology that suggests a lack of quality of life for people with mental illness.
A person has a 'diagnosis of' or 'is being treated for' schizophrenia	A person is 'a schizophrenic', 'an anorexic'	Labelling a person by their mental illness.
The person's behaviour was unusual or erratic	'crazed', 'deranged', 'mad', 'psychotic'	Descriptions of behaviour that imply existence of mental illness or are inaccurate.
Antidepressants, psychiatrists or psychologists, mental health hospital	'happy pills', 'shrinks', 'mental institution'	Colloquialisms about treatment can undermine people's willingness to seek help.
Reword any sentence that uses psychiatric or media terminology incorrectly or out of context	'psychotic dog', using 'schizophrenic' to denote duality such as 'schizophrenic economy'	Terminology used out of context adds to misunderstanding and trivialises mental illness.

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71

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**Schizophrenia and Schizo Affective Disorder**

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72

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**National Psychosis Summit: Psychosis Stories**  
<https://www.youtube.com/watch?v=130VRJM5P30>



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73

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**Schizophrenia**

- Schizophrenia and Schizo Affective Disorder are diagnosis of a mental illness about which there is much stigma and misinformation. This often causes people with schizophrenia and their family additional distress.
- First onset of psychotic episodes usually between 15-24 years of age- with key age 15-17 but can occur with onset of puberty
- The typical symptoms of Schizophrenia/ Schizo Affective Disorder involve disorders of thinking, perception and motivation that distort reality and cause changes in behaviour.
- Although it is likely that there is no single cause of schizophrenia, current evidence supports the belief that it is due to biological abnormalities of brain function.
- Schizophrenia may develop very gradually, or it may present abruptly.

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74

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**Who gets schizophrenia**

Anyone can get schizophrenia.  
 Schizophrenia affects one in 100 people across all countries, socioeconomic groups and cultures.  
 Schizophrenia usually begins when people are aged between 15 and 25, although it can also emerge later in life.  
 Men are slightly more likely to develop schizophrenia than women, and men tend to have an earlier onset.



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**Symptoms**

Symptoms vary from person to person, but commonly include:

Negative symptoms

- Mood Feeling unmotivated
- Irritability
- Not feeling social
- Suicidal thoughts
- Feeling apathetic
- Depression
- Not feeling any emotions
- Elevated mood



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76

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**Symptoms cont.**

Positive symptoms including psychosis

- Delusions
- Hallucinations

Disorganised symptoms

- Difficulty making decisions
- Difficulty planning
- Difficulty interpreting others' emotions and motivations

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78

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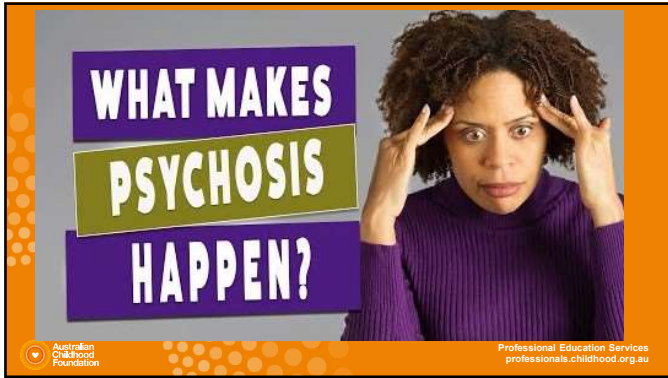
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**Experiences**

- Schizophrenia appears to come and go in cycles, worsening in periods known as relapse, but improving or disappearing completely during remission. People with schizophrenia can have periods of stable emotional health.
- However, during the acute or psychotic phase, when delusions and hallucinations may occur or worsen, many have trouble with everyday tasks such as thinking clearly, managing their feelings, solving problems, decision making and relating to family, friends or professionals.

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80

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**What causes schizophrenia**

- It is now accepted that schizophrenia is a syndrome (cluster of symptoms) produced by a complex change in brain functioning. This change interferes with intellectual processes and produces unusual experiences and emotional changes.
- The causes of schizophrenia are multiple. They involve a combination of genetic risk factors and other contributors such as complications during pregnancy and early life, and almost certainly other problems with brain development during adolescence.
- While much research has been carried out in recent years, a great deal still needs to be learned about this complex disorder of the central nervous system.

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81

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### What other problems do people with schizophrenia face

People with schizophrenia may also face other problems. Anxiety and depression are very common.

The rates of substance use (cigarettes, alcohol and cannabis especially) can be up to ten times higher than in the general community.

Because symptoms, if left untreated, affect relationships, many people with schizophrenia are single, and unemployment can be a problem.

People can also have accommodation problems and may withdraw from family and friends. Isolation and loneliness can be common.



82

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### Bi Polar disorder

83

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### What is bipolar disorder

Bipolar disorder is a mood disorder. It is characterised by periods of mania or hypomania, depression and 'mixed episodes' (a mixture of manic and depressive symptoms). The illness is commonly subdivided into:

- Bipolar I disorder – at least one lifetime manic episode
- Bipolar II disorder – only periods of a major depression accompanied by at least one hypomanic (not manic) episode.
- Most people with bipolar disorder experience multiple episodes at an average of one episode every two to three years, with each phase lasting about three to six months.



84

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**Signs and symptoms**

Hypomania and mania are characterised by a distinct period of abnormally and persistently elevated, expansive or irritable mood.

- Mania usually lasts at least one week and causes significant difficulties in carrying out normal roles such as job or family responsibilities

Hypomania

- Hypomania usually lasts at least four days and does not cause profound difficulties in job or family roles.

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85

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**Treatment**

Approaches may include:

- Diagnosis and medication
- providing education about the recurrent and disabling nature of this condition and potential side effects of medications
- providing methods by which the young person can manage or control the side effects e.g. diet and exercise
- addressing the fear people with bipolar disorder often have about the potential sudden loss of control of their behaviour and the embarrassing consequences
- helping to locate support groups – these operate in most parts of Australia and provide information about living with a mood disorder

The Royal Australian and New Zealand College of Psychiatrists



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86

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**Self harming-Cutting**



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87

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### Self-injury/harming

- Self-injury is characterized by deliberately injuring oneself to alleviate some kind of emotional distress.
- The most common form of self-injury is cutting or scratching the skin, but people also self-injure by burning themselves, picking at skin and wounds, or hitting themselves.
- Self-injury is more common in girls than boys, and onset is often around puberty.
- Many young people who self-injure are simply "regular kids" going through the adolescent struggle for self-identity.
- They're experimenting. "I hate to call it a phase, because I don't want to minimize it. It's kind of like kids who start using drugs, doing dangerous things." (Lader 2016)



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88

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### Self harm


The most common type of self-harm among young people is cutting.

Other types include burning the skin until it marks or bleeds, picking at wounds or scars, self-hitting and pulling hair out by the roots.

At the more extreme end of the spectrum, self-harm can include breaking bones, hanging and deliberately overdosing on medication.

There are other deliberate behaviours that can be harmful to one's health that are not normally included in the definition of self-harm. These include:

- self-starving,
- binge drinking,
- smoking or other drug use and dangerous driving.



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89

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### Indicators of self-injury

- Talking about self-injury
- Suspicious-looking scars
- Wounds that don't heal or get worse
- Cuts on the same place
- Increased isolation
- Collecting sharp tools such as shards of glass, safety pins, nail scissors, etc.
- Wearing long-sleeved shirts in warm weather
- Avoiding social activities
- Refusing to go into the locker room or change clothes in school



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**Talking about the self -harm**

- When talking about cutting or self-harming:
- **Focus on their feelings.** Focus on the feelings or situations that lead to the self harm do not focus on the injuries.
- **Communicate in whatever way you feel most comfortable.** If you're too nervous to talk in person, consider starting off the conversation with an email, text, or letter (although it's important to eventually follow-up with a face-to-face conversation).
- **Give the young person time to process what you tell them.** The better you understand cutting and self-harm, the better able you'll be to support the yp.

Talking about self-harm can be very stressful and bring up a lot of emotions. Don't be discouraged if the situation feels worse for a short time right after. It's uncomfortable to confront and change long-standing habits.

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91

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**Other Diagnosis**

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92

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**Autism**

The autism spectrum is very wide. Some people might have very noticeable issues, others might not. The common thread is differences in social skills, communication, and behaviour compared with people who aren't on the spectrum.

- Studies suggest that the frequency of occurrence of being on the spectrum is actually fairly uniform.
- This means is that if you are in your seventies, or sixties, or fifties, or forties, for example, you are just about as likely be on the spectrum (a bit more than one percent chance) as a child or adolescent is growing up today.
- So while we need to look for "causes" we need to stay calm in the face of our understandable distress that there is not a huge epidemic unfolding.

Siegel 2014

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93

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**ADHD**

What is ADHD?  
**ADHD is a brain-based syndrome that has to do with the regulation of a particular set of brain functions and related behaviours.**

- These brain operations are collectively referred to as "executive functioning skills" and include important functions such as attention, concentration, memory, motivation and effort, learning from mistakes, impulsivity, hyperactivity, organization, and social skills.
- There are various contributing factors that play a role in these challenges including trauma, developmental neurobiology of the brain, as well as proposed *genetic* influence.

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94

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**What the young person with ADHD needs**

- Structured, consistent and predictable environment at home
- Calming techniques
  - Breathing
  - Feather tennis
  - Rhythmic activities – drumming, rocking swinging
- Repetition and frequent feedback on progress
- Interactive relationship for learning
- Allowance for slower speed of response
- Use of positive statements
- To be mentored in new behaviours

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95

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**Personality Disorders**

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### Borderline personality disorder

- Borderline personality disorder (BPD) is a mental illness that can make it difficult for people to feel safe in their relationships with other people,
  - To have healthy thoughts and beliefs about themselves,
  - To control their emotions and impulses.
  - People with BPD may experience distress in their work, family and social life, and may harm themselves.
- Having BPD is not the person's own fault – it is a condition of the brain and mind.



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97

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### Personality disorder

- Cluster A (Odd, bizarre, eccentric)**
  - Paranoid PD, Schizoid PD, Schizotypal PD
- Cluster B (Dramatic, Emotional, Erratic)**
  - Antisocial PD, Borderline PD, Histrionic PD, Narcissistic
- Cluster C Fear-Related:**
  - Avoidant, Dependent, Obsessive-Compulsive Personality Disorder



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98

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### Acknowledging trauma in BPD

- Many people with BPD have experienced significant trauma, either in the past or in their daily lives, so they need health care that makes them feel safe while they recover.
  - Assessment of trauma should be done sensitively and in an appropriate context.
- For example, a history of past trauma should not be elicited in the
- emergency department during a crisis.
  - When people with BPD have disclosed past trauma, health professionals should validate the person's experience and respond with empathy.
  - Health professionals should only discuss past trauma with the family of a person with BPD if the person has given their consent.



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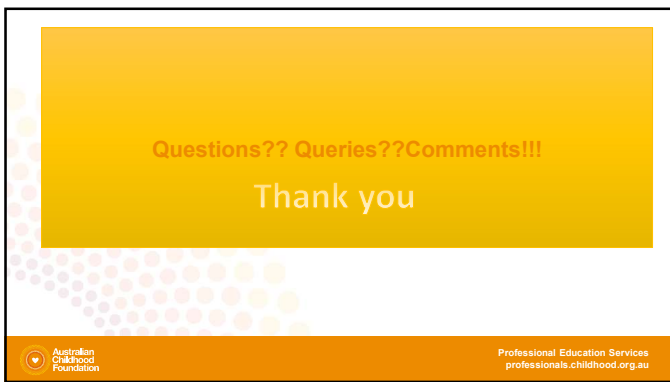
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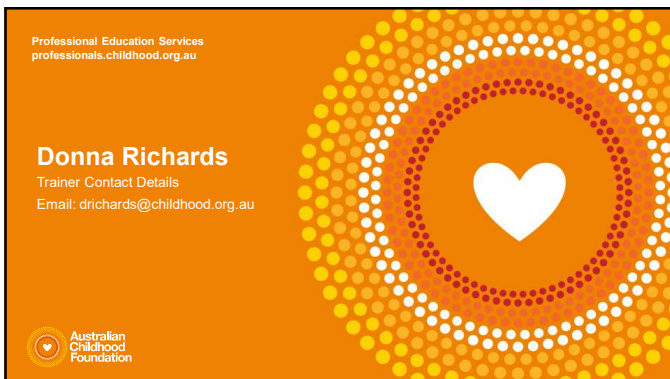
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