

# Better Times

Contributing to the  
Mental Health of  
Children and  
Young People

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Copies are also available from the Ministry of Health

PO Box 5013, Wellington, New Zealand



MANATŌ HAUORA

# Foreword

*Better Times: Contributing to the mental health of children and young people* has been developed as part of the Strengthening Families strategy, which is an intersectoral initiative led by the Ministries of Health and Education and the Department of Social Welfare in consultation with other key government and community agencies. Strengthening Families aims to improve the wellbeing of families and achieve better outcomes for children.

This document aims to assist anyone working with children and young people to contribute to promoting their mental health. This includes helping early childhood workers, teachers, social workers and others to recognise and support children with mild and moderate mental health problems and to make appropriate referrals to specialists when necessary.

There are a number of Strengthening Families projects aimed at improving the mental health of children and young people. *Better Times: Contributing to the mental health of children and young people* complements other Strengthening Families initiatives aimed at enhancing the skills of specialist mental health staff and encouraging agencies to work together to ensure children and families receive the services they need.

*Better Times: Contributing to the mental health of children and young people* was developed by the Ministry of Health in consultation with other agencies and potential users. It will be a useful resource and we are pleased to make it available.



Karen O Poutasi  
Director-General  
of Health



Howard Fancy  
Secretary for  
Education



Margaret Bazley  
Director-General  
of Social Welfare



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# 1 Introduction

## Can you make a difference?

It is not always easy to recognise when a child or young person is developing mental health problems nor is it easy to know how best to help them. This document is to assist people

working with children and young people in schools, te kohanga reo, Pacific early childhood centres, other early childhood services, health care settings, social services and other community organisations to recognise when a child or young person may be developing mental health problems. While acknowledging you may already be doing this, it discusses ways in which you may be able to take an active role.

There are many ways in which we, and the organisation we work for, can reduce the chance of a child or young person developing a mental health problem and help those who do have problems overcome them. This booklet is to help you understand what these problems are and how to help.

Suggestions are also made about how organisations can assist in preventing the development of mental health problems. As someone involved with a child or a young person on an everyday basis, you are likely to be able to recognise changes of behaviour or mood, and be able to make an important contribution.

Most children and young people have their ups and downs emotionally – everyone has good and bad days. For some children and young people the down times can become persistent and they need support and help. Help should be provided as early as possible in order to prevent the problems becoming worse.

## Children and young people

In this document the term children and young people refers to the age range 0 to 17 years inclusive. This

clearly includes many different stages of development. Therefore, when identifying potential problems or planning interventions, you will need to keep in mind the normal behaviour range for a particular stage.

**Appendix 2 describes some ‘normal’ behaviours that can cause concern and indicates when to be concerned at different developmental stages.**

## What are mild to moderate mental health problems?

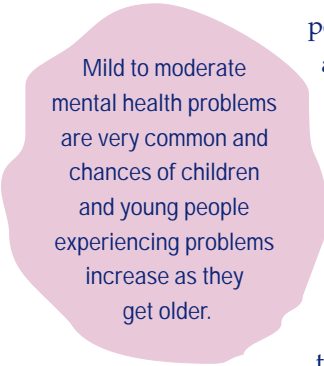
A variety of terms are commonly used to describe mild to moderate mental health problems. These include: *mental illness, emotional problems, behaviour disorders, ‘bad’ behaviour, nervous disorders or ‘nerves’, mental breakdowns, troubled behaviour* and so on. These terms

The term ‘mild to moderate mental health problems’ refers to problems of emotional stability and behaviour, not serious enough to warrant specialist referral, but of concern because they signal that the child or young person is distressed in some way. There is the potential for the problem to become worse and more long term if it is not addressed.

sometimes have negative connotations reflecting stereotypic, judgmental and blaming attitudes. Such negative attitudes may contribute to the troubled person’s problems.

Mild to moderate mental health problems in children and young people show as disorders of behaviour and/or functioning which interfere with the individual’s ability to reach developmental potential intellectually, emotionally or socially in the short or long term. The problems may be related to the individual’s developmental stage, or might be a reaction to events in their life. The behaviours often come back into balance with support and understanding.

When very young children exhibit behavioural problems they do not necessarily have a mental health problem. The behaviours are usually associated with the child's developmental stage and/or



Mild to moderate mental health problems are very common and chances of children and young people experiencing problems increase as they get older.

personality, for example, temper tantrums and aggressive behaviour with siblings and peers.

The behaviour may cause some difficulties for parents/caregivers, whānau, and those who work with the children. The way these behaviours are handled will have a significant impact on whether or not they become entrenched or pass as the child matures. A child who is supported and guided to behave in an acceptable way and who has

their acceptable behaviour noticed and affirmed will be more likely to move through a negative stage than one whose behaviour is constantly criticised, and who is punished frequently or neglected (see also Appendix 2).

This document does not specifically address children and young people with physically or intellectual disability, although, of course, they could have mental health problems, just like anyone else.

## 2 Recognising Mild to Moderate Mental Health Problems in Children and Young People

### How do you know when a child or young person has a mental health problem?

#### Pointers

There are some general pointers indicating that a child or young person is troubled in some way. Their behaviour might:

- be unusual, or different from that of other children and young people of a similar age
- be unusual for that particular child or young person
- indicate sudden, severe and persistent change in mood
- indicate that the child or young person is clearly distressed or upset – particularly if this is an ongoing problem
- involve the child or young person clearly isolating themselves or being rejected by showing a change in play, social behaviour, work habits and/or achievement.

Mental health problems show in a range of ways, not all of which are obvious. It can be a mistake to think that only 'overt' behaviours are of concern, for example, being over-willing to please, or being withdrawn can be a concern too.

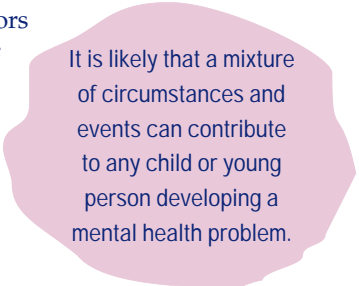
There are a range of behaviours which, if persistent and intense, indicate the child or young person has problems. These include:

- aggression (verbal or physical)
- withdrawal (becoming less sociable)
- very odd or unusual behaviour
- irrational fears
- age-inappropriate and/or unacceptable sexual behaviour
- unexpected weight changes and extreme increases in physical activity
- sleeping problems
- changes in appetite
- distress, such as crying a lot
- attention-seeking behaviour
- lack of appropriate level of confidence and low self-esteem
- criminal offending
- substance abuse
- self-harm and suicide attempt
- high levels of anxiousness
- obsessive or ritualistic behaviour.

## Why do children and young people develop mental health problems?

Research has identified the following risk factors can be associated with an increased chance of someone developing a mental health problem:

- family instability and disruption
- socioeconomic disadvantage



It is likely that a mixture of circumstances and events can contribute to any child or young person developing a mental health problem.

- child abuse and other violence
- parental history of mental illness, alcoholism and criminal offending
- inherited tendencies
- poor educational achievement (sometimes unrecognised physical difficulties, such as poor sight or hearing, can contribute)
- poor peer relationships (no friends or inability to get on with classmates)
- cultural disassociation (feeling alienated from their own cultural knowledge and values).

Where any of these factors exist a child or young person is at increased risk of developing mental health problems. However, sometimes with none of the risk factors apparent the child or young person's behaviour causes concern. Some disorders, such as autism and some anxiety disorders, are not related to these risk factors at all. No one should assume that lack of obvious risk factors means that there is no problem.

## Life events

Certain life events and situations can increase a child's vulnerability to mental health problems. Events such as personal failures, family crises, losses and relationship problems are common to everyone and are usually accompanied by painful feelings, which may be difficult to deal with and sometimes persist. Children and young people and their families may need additional support during these difficult times.

## Violence

Violence is particularly damaging. It has a negative effect on the person experiencing it and can contribute to their developing patterns of violent behaviour. **School violence**, particularly **bullying (physical and verbal)**, has been found to be extremely common and very damaging. Child abuse (physical, sexual, emotional and neglect) is strongly associated with short and long term mental health problems. There is a clear association between

family violence and child abuse. Children who live in a home where there is domestic violence are known to be at considerable risk of developing a range of problems, including mental health problems.

## Discrimination

Racial and sexual discrimination can contribute to the development of mental problems. Some young people will discover that they are gay, lesbian or bisexual and this is a very important issue for them. Teasing and rejection can give rise to depression and suicidal behaviour. Fears and discomfort about sexual feelings can cause some young people considerable distress. Discrimination can also result from differences in culture, religion, family values, socioeconomic status or body size. In addition, children or young people with a mental illness or behaviour may be discriminated against by others, because of their illness or behaviour.

## Resilience factors

The risk factors may be balanced by protective factors. A child's innate personality, intelligence and having at least one supportive person in the extended family can often contribute to their not developing mental health problems or to their being able to overcome difficulties when they arise. A supportive family environment is extremely important. Having support outside the family, being involved in a supportive organisation and having satisfying interests have also been found to be significant protective factors. These are sometimes called resilience factors.

Some children and young people do not develop mental health problems.

# 3 How Can We Help?

It is appreciated that your various duties may not require expertise in dealing with mental health problems. While it is important to recognise the limitations of your own role, and the time you have

You are in a position to prevent children and young people from developing mental health problems and can make a significant difference to outcomes when problems are identified.

available, it is also very important not to presume that it is someone else's problem to draw attention to a child or young person with problems and find them help.

The suggestions given here are quite general and can be adapted and extended to suit your setting whether it is an educational facility, a health care situation or some other community activity.

You may wish to examine the ways in which you already function and to further develop some of the following suggestions.

## (1) Respond to children and young people positively

Children and young people with mild to moderate mental health problems can behave in frustrating and sometimes frightening ways. It is not unnatural to sometimes feel irritated or angry or to wish to avoid the troubled individual. However, there is a big step between recognising and displaying your negative feelings, which could cause harm. While it is not always appropriate to be sympathetic, and many behaviours exhibited by children and young people must be contained and limited, expressing criticism, anger, condemnation and blame do not usually engender positive change. These feelings are best shared with colleagues who can support you.

Children and young people will be motivated to make changes if they are responded to in ways that allow them to feel understood and supported, able to participate in solving their own problems and feeling respected as individuals. Showing a genuine interest in a child or young person and their background affirms their identity and individual value (who they are).

Demonstrating respect for an individual by avoiding embarrassing and humiliating them, by respecting their privacy and confidentiality, by listening carefully to what they say and inviting participation in finding solutions to problems are all important. There is a place for giving feedback about undesirable behaviour, information and advice, but the timing of this is a sensitive matter. An individual who is angry or upset will not be able to listen and process what is being said to them at that time but may be able to do so later. A child or young person may not want to lose face and appear to take the advice of an adult if there is a risk that peers observe a 'telling off'. It may also help to point out an individual's strengths at the same time as you discuss the changes you want to see.

## **(2) Consider the child or young person's behaviour in a wide context**

It is crucial to understand why the child or young person has a problem and/or is misbehaving. The child or young person's problem may have arisen from a range of social, cultural and medical factors and circumstances. You may not be in a position to investigate any of these. Whatever your role, it is useful to think about what you know about factors, such as the child's home life, their relationship with their peers, what might be happening to them at school and whether they are failing to learn adequately. These factors will help you make a decision about how best to turn things around for the child or young person and consider who else should be involved. Remember to consider and respect privacy when following up any of these issues.

## Assessment

When a child or a young person has a problem, a full assessment of their situation is a vital part of understanding the causes of their difficulty and of identifying what will help them. You may be in a position to refer a troubled child or young person for assessment of, for example, their health and development, their functioning at school or their family circumstances. Such referrals are not always easy to arrange because the family may need convincing that an assessment is necessary, there may be waiting lists to see specialists, or the agency or individual to whom you are making the referral may appear reluctant. If you are convinced the child or young person needs help, and that the help should be based on a thorough understanding of the factors contributing to the problem, persist in your efforts (see page 16 for a list of agencies you may refer to).

### (3) The culture of the child or young person is of crucial importance

Culture is of vital importance in mental health. Identity (who you are) is reinforced by knowing where you are from. Feeling good about yourself is very dependent on feeling that you have an identity, that you are someone with roots and a background to which you belong, and that your identity is respected and valued. There is much that organisations can do to foster the cultural identity of children and young people, for example, by respecting their customs and values, encouraging use of appropriate languages and addressing discrimination issues within the organisation.

It is also important to recognise that some behaviours which mean one thing in one culture do not have the same meaning in another culture. For example, not making eye contact is regarded as a sign of low self-esteem or of rudeness in many European cultures, but in some Pacific cultures and with Māori it is a sign of respect for authority and rank.

When a person is troubled, they may be best helped by someone of their own culture. Therefore, organisations should identify people within or outside their organisations who can give assistance to children, young people and their family/whānau in a culturally effective way.

#### **(4) Ensure that your organisation's climate promotes mental health**

Organisational facilities, policies and programmes should serve children well. Your organisation may wish to consider the following:

Every organisation is responsible for protecting children within their care and for contributing to their positive development.

- Do you have services and surroundings which are supportive of, and relevant to, the developmental needs of those who use them?
- Do you have some way of identifying what the needs of the children and young people you work with are, and do you evaluate whether your services meet these needs?
- Do you have staff appropriately trained to work with children and young people?
- Do staff have a level of skill appropriate to their role?
- Are staff trained to manage children and young people's behaviour positively?
- Are there policies in place which protect children and young people from violence and abuse within your organisation (bullying and abuse by staff and other pupils for example)?
- Do you have protocols advising staff on how to respond when they come across family violence?

- Are there systems in place to adequately inform children and young people (and their parents/caregivers and whānau) about issues and events involving or affecting them?
- Are there practices in place which welcome the participation of children and young people (and their families/whānau) in age-appropriate decision-making and planning of services that affect them?
- (Where appropriate for the agency's function) is there a range of programmes available to suit the needs and abilities of the various children and young people you work with?

## (5) Contribute to mental health promotion

The way in which health promotion, and education about prevention of mental health problems, is delivered will depend on the nature of the agency involved. Some examples are:

### Health promotion material

- displaying pamphlets, posters and other health promotion material relating to mental health and mental illness, for access by parents/caregivers, whānau and /or children and young people
- providing parents/caregivers and whānau with information about promoting positive self-esteem in their children.

### The curriculum

- including a range of social skills enhancement programmes in the curriculum and delivering them in an age-appropriate way
- including other mental health promotion modules in your curriculum.

### Staff training

- arranging for specialist agencies to provide workshops for staff on particular issues. For example, depression or suicide prevention.

### Using experts

- locating and utilising people in your community with skills in delivering programmes which promote mental health, for example, anti-violence programmes
- using Māori expertise by being aware of where these unique skills are accessed, for example, from iwi and Māori urban authorities, kaupapa Māori mental health services and Māori units in hospitals and health services
- using other cultural and social structures, such as Pacific organisations, churches and specialist cultural workers.

## (6) Children and young people can often help each other

Children and young people are influenced positively and negatively by their peers. Some organisations use the advantages of positive influence by encouraging peer groups to provide support to those who need it; they also learn and practise conflict resolution and other social skills. In order for this to happen, organisations need to set up structures that encourage or establish peer support activities. For some young people, peer groups are the only environment within which they function well (having become alienated from their family, school and community).

## **(7) Provide children and young people with positive experiences**

Low self-esteem is likely to be a component of every mild to moderate mental health problem, even when this is not apparent. One of the most useful ways children and young people with problems can be helped is through finding ways to enhance their self-esteem and confidence.

There are always opportunities for children and young people to have positive experiences, to achieve even small things which enhance their self-esteem, to be put in touch with experiences that are new and challenging and to have their strengths and positive characteristics affirmed. Reinforcing successes, however small, contributes to anyone's self-esteem.

## **(8) Use relevant expertise**

Some agencies will have available specialist staff within their service or wider organisation who have the relevant skills to assess and counsel children, young people and families and provide support and guidance to other staff. You may have the relevant expertise to:

- support, advise and inform parents/caregivers and whānau
- assist parents/caregivers and whānau to find help for their own problems, for example, for mental health problems, domestic violence or drug and alcohol abuse
- make a thorough assessment of the child or young person's circumstances
- provide the child and/or the family with support, counselling and advice
- assist the child and/or family to attend to practical issues, for example, accommodation, budgeting, learning problems or health problems.

## **(9) Work with others and know who to turn to**

Sometimes you will want to know who is available in the community to give you advice or to make a referral to (see page 17 for information about making a referral). Some examples of ‘help’ agencies are listed below. Remember when consulting and/or making referrals about a child or young person, it is a legal and ethical requirement that you seek their permission and usually that of their parents/caregivers too.

You may be the recipient of information that indicates that the child or some other person is in danger. Child abuse or suicidal thoughts are two examples of this situation. You must take action in these circumstances in order to protect those at risk by making a specialist referral or contacting the Police or the Children, Young Persons and their Families Agency (CYPFA). In such circumstances, it is both legally and ethically appropriate to break confidentiality if you cannot persuade the child or young person to give you permission to make a referral or take any other action necessary to help them.

Having an agency policy which defines clear protocols is very important. CYPFA has developed inter-agency protocols which you may find useful to guide reporting of child abuse and neglect (see ‘Resources’ page 20).

When attending to the needs of children and young people with mental health problems, it will usually be important to consider all the factors affecting the individual’s wellbeing. It will be very important to communicate with other people working with the individual and their family and to co-ordinate interventions in a helpful way. Where Strengthening Families local co-ordination initiatives exist in a community, they provide an ideal opportunity for networking with individuals from other agencies.

## (10) Who else can help?

Who you turn to for advice, or to whom you refer a child, young person and/or their family will depend on your agency, your role and the particular situation involved and on the nature of the problem exhibited. Your local telephone book will be a source of information and as will the Citizens Advice Bureau (local number or 0800 367 222). Some local authorities also publish social service directories.

The following people and agencies may be helpful for consultation and/or referral:

- social workers working in a Social Workers in Schools programme
- school guidance counsellors
- CYPFA
- Māori social services
- Māori health providers
- iwi services
- general practitioners
- public health nurses
- specialist child and adolescent mental health services
- drug and alcohol services
- Specialist Education Services (including the Eliminating Violence, Managing Anger programme)
- Youthline
- youth health centres
- iwi and cultural services

- other local agencies (your organisation should compile a list of relevant local agencies and individuals)
- Pacific health services and Pacific mental health services.

## Making a referral

Making a referral will sometimes involve telephoning or writing to the relevant agency with the permission (consent) of the child/young person and/or their parents or guardians. Sometimes a referral may need to come from a family doctor, in which case you will want to support the child/young person and/or their family to see their doctor and ask for a referral to a specialist service. Sometimes the child/young person or their parents/caregivers or whānau will self refer on your advice.

Many services are willing to be contacted to give advice about whether a referral should be made and whether they or another agency are the most appropriate in the circumstances.

If you have concerns about a child or young person already known to be under the care of a specialist service or a family doctor and you believe you should discuss their care with that party, you need authorisation from the child/young person (and their parents if they are too young to give this themselves) to make contact. The specialist will need authorisation from the child/young person and their parents or guardian in order to discuss the case (Privacy Act 1993 requirements).

This is not the case where there are serious concerns about safety or serious mental health concerns. Under the Mental Health (Compulsory Assessment and Treatment) Act 1992, anyone with serious concerns about an individual can speak to a Duly Authorised Officer (DAO) about these, or request that they follow up the matter, without the permission of the person the concern is about. DAOs are contactable through local hospitals.

Your agency should have protocols about who to consult internally when you believe a referral is necessary, who will make the referral, and what the process is in various circumstances.

### **Involving parents/caregivers and whānau**

When the behaviour of a child or young person is of concern, you will normally want to communicate with their family, provide support and advice, and seek their involvement in identifying the appropriate interventions to help the child or young person. Parents are sometimes very sensitive about an implication that their child has a problem and it is important to frame your contact in a supportive and non-critical manner. Parents/caregivers can also be relieved that someone has recognised a problem and is willing to assist in identifying a source of help.

Respecting the culture of the family is important; where possible, a staff member of the same culture as the family should make the contact.

With older children and young people it is important to seek their permission to involve their parents/caregivers. This may require your reassurance and support because the child may fear upsetting their parents/caregivers. Most families are supportive. Occasionally a child or young person will resist their family being involved and it is important to try to understand the reasons for the resistance. If you believe it might be unwise or unsafe to involve the family/whānau, you must follow whatever policy your agency has for such circumstances and make a decision in consultation with other staff.

## **(11) Take care of yourself**

Troubled children and young people can be difficult and demanding, and their personal circumstances may be distressing to you. It is, therefore, important that you have adequate support and advice. Ideally you

organisation should ensure that this is available and that the climate of the organisation is supportive of the staff as well as the children. Any staff member whose primary role is that of a social worker or counsellor needs to have adequate professional supervision and initial and ongoing training.

You will not serve yourself or children and young people well if you try to help them beyond the confines of your role, experience and expertise.

There are a number of dilemmas that may arise when you get involved in helping a troubled child, for example, you may find yourself needing to support a child in a situation where their family is not helpful or supportive. You will need to consider carefully how best to support the child to live with or leave the situation, help the family see things differently or gain additional support for the child.

## Conclusion

**The experiences children and young people have during their growing up strongly influence how they develop. You are in a position to reduce the chances of children and young people developing serious mental health problems while they are young and in later life. The list of suggestions given above is not exhaustive. You may have identified other useful policies and practices. Discuss these with your colleagues. The suggestions given in this booklet can be developed in much greater detail to suit your needs and to provide topics for staff discussion and training.**

## Resources

The **Mental Health Foundation of New Zealand** has a comprehensive range of resources including some of the titles listed below. The Foundation will supply its *Resource and Information Centre Catalogue* on request.

Address: Mental Health Foundation of New Zealand  
PO Box 10-051  
Dominion Road  
Mt Eden, Auckland

Phone: (09) 630 8573

Fax: (09) 630 7190

Web site: <http://www.mentalhealth.org.nz>

The **Health Funding Authority** (HFA) publishes an extensive *Health Education Resources Catalogue* which includes sections on mental health, child health, adolescent health, Māori health, Pacific health and sexual health. The catalogue is available from your local public health service.

### Some specific publications

Andrews L & Merry S. 1998. *Down Times – Teenage Depression in New Zealand: A guide for young people and their families*. Auckland: David Bateman Ltd. Auckland.

Beautrais AL, Coggan CA, Fergusson DM et al. 1997. *The Prevention, Recognition and Management of Young People at Risk of Suicide: Development of guidelines for schools*. Wellington: National Health Committee and Ministry of Education.

Coggan CA, Dickinson P, Rimm M et al. 1999. *A Practical Guide to Coping with Suicide*. Auckland: Mental Health Foundation of New Zealand.

Mental Health Foundation of New Zealand. 1997. *Young People and Depression: A comprehensive resource for people working with children*. Auckland. Mental Health Foundation of New Zealand.

Ministry of Health. 1994. *Feeling Stink: A resource on young people's mental health issues for those who work with them*. Wellington: Ministry of Health.

Ministry of Health. 1998. *Consent in Child and Youth Health: Information for practitioners*. Wellington: Ministry of Health.

Ministry of Youth Affairs. 1998. *Helping Troubled Young People* (pamphlet) Wellington: Ministry of Youth Affairs.

National Health Committee & Ministry of Education. 1997. *The Prevention, Recognition and Management of Young People at Risk of Suicide: A guide for schools*. Wellington: National Health Committee, Ministry of Education.

New Zealand Children and Young Persons Service. 1996. *Breaking the Cycle: Interagency protocols for child abuse management*. Wellington: New Zealand Children and Young Persons Service.

Rivers L. 1995. *Young Person Suicide: Guidelines to understanding, preventing and dealing with the aftermath*. Wellington: Specialist Education Services.

Tiatia J. 1998. *Caught Between the Tides: A New Zealand-Born Pacific Island perspective*. Auckland: Christian Research Association.

## Appendix 1

# Recognising the Signs of Serious Mental Health Problems

There are a range of named mental health problems that can emerge in childhood and adolescence – some are more likely to show in adolescence than in early childhood. Mild to moderate mental health problems may be the early signs of a more serious problem and early assistance is essential.

Some of the more serious mental health disorders are described briefly below to help with early recognition. Treatment of the disorders listed is a specialist task and when a child or young person experiences one of these it is essential that a referral is made to a specialist agency such as a child, adolescent and family mental health service (see page 17 for information about making a referral).

Referral to a mental health service should be made if:

- the child or young person's personal suffering and distress is serious and persistent
- the child or young person is unable to cope with normal tasks and social relationships because of their problem and/or distress
- the family is concerned about the child or young person
- the child or young person is a risk to themselves or others.

The specialist mental health service will respond to the referral by completing a thorough assessment of the child's physical and emotional health and functioning and their family and social circumstances. In this way a diagnosis can be made and appropriate treatment commenced. Treatment may include providing support for the child or young person and their family, individual and/or family counselling, medication when this is appropriate, or admission to hospital. Admission to hospital is only likely in the event of a serious disorder or safety concern.

More than one of the conditions described below can occur at the same time, for example, a young person may abuse solvents or drugs to deal with feelings of depression or anxiety. Anxiety and depression often occur together.

## Types of problems

### Depression

It is important to understand that a depressed person is not simply sorry for themselves. Their condition may be accompanied by physical changes in their body. It is sometimes hard to distinguish depression from temporary 'blues' or a bad mood. Depression is not the same thing as the sadness and anger people experience with loss and grief although it can develop from loss. Likewise, anger can be a significant component of depression.

The central feature of depression is 'feeling down' to an extreme degree

Depression is relatively common and many people, including young people, experience some periods of depression. Girls in particular seem to be at risk of depression during adolescence. Depression is not a reflection of inadequacy or failure. A tendency towards depression can be inherited and occasionally there can be a physical cause.

Significant symptoms of depression include:

- changes in appetite
- difficulty sleeping, or sleeping too much
- loss of energy and enthusiasm
- feelings of hopelessness and worthlessness
- sometimes having feelings of guilt
- preoccupation with death.

Children and young people with serious and persistent depression require thorough mental health assessment and supportive assistance to address the causes of their depression. Modern anti-depressive medication can be very effective in assisting with overcoming the symptoms of depression and lifting the depression enough to enable the individual to address underlying problems.

Depression, especially severe depression, is a common cause of suicide attempt and suicide.

## Anxiety

Anxiety is a feeling of emotional discomfort accompanied by a sense that something is about to go wrong – this sense may

Everybody gets worried from time to time as a normal response to stressful and anxiety-provoking situations, for example, exams and a change of school. Anxiety becomes a problem when it is intense and interferes with a person's ability to cope with normal activities.

be specific to a particular situation or generalised and unfocused. The feeling is usually quite out of proportion to the matter troubling the individual. Anxiety can be very distressing for the person experiencing it and reassurance about the true nature of the troubling matter will not necessarily relieve it. Anxiety problems are common.

Some of the symptoms include the person:

- showing bodily signs of fear – fast pulse, paleness, rapid breathing, shaking, nausea and headaches
- reporting feeling tense and restless, or being unable to take part in a particular activity
- appearing uneasy, withdrawn and/or reluctant to face certain objects or activities.

***Anxiety can take various forms:***

*Panic attacks* – attacks of severe unfocused fear accompanied by extremely uncomfortable physiological symptoms of fast pulse and rapid breathing. Fears of these attacks can lead to the individual being reluctant to go out or be involved in normal activities.

*Phobias* – irrational fears of certain situations, for example, heights, dogs or water. Phobias may include a generalised fear of school.

*Separation anxiety* – a fear of being away from a parent – quite common in younger children and in school age children, this presents in the same way as school phobia – a reluctance or refusal to go to school. It can also present as complaints of physical symptoms of illness.

*Obsessive compulsive disorder* – a condition in which a person has a compulsion to repeat actions or rituals, accompanied by recurrent unpleasant thoughts. The person will experience considerable anxiety if the behaviour is not repeated by them.

Severe anxiety problems may respond well to specialised counselling and/or sometimes medication.

## Behaviour disorders

Many children 'misbehave' from time to time as they learn about keeping rules and how to handle their feelings in a socially acceptable way.

Behaviour disorders manifest themselves as problem behaviours with children and young people repeatedly breaking rules and getting into trouble.

Misbehaviour is a disorder when it is persistent and interferes with the child and other children's ability to get on with the normal functions and tasks of day-to-day life. The way in which misbehaviour is handled, especially on a long-term basis, can greatly reduce or increase the likelihood of it becoming a problem. This is why it is so important that children and young people have

consistent and positive parenting, and that those who work with them respond to mistakes and misdeeds in a positive fashion that moves the child forward and does not add to the problem becoming entrenched.

There are a number of factors which may contribute to the development of behaviour disorders. These include:

- an inherited disposition or inborn inability to respond appropriately to social expectations
- some physical causes such as brain injury
- inconsistent and unsupportive parenting
- distressing life experiences.

You may hear various diagnostic terms used to describe some of the more serious behaviour disorders, including attention deficit hyperactive disorder (ADHD), conduct disorder and oppositional defiant disorder.

Some children, who normally behave quite well, might react to situations of stress, change or loss in their lives with a deterioration of behaviour. It is not fully understood why some children develop behaviour problems and others do not.

Severe disorders of behaviour are very difficult to help and specialist assistance is required to assess the child's social circumstances and to identify appropriate interventions. Some people with ADHD respond well to medication.

**Behaviour disorders may show as severe include:**

- anger management problems
- aggression
- bullying
- destructive behaviour
- criminal offending
- sexual offending or inappropriate sexual behaviour
- defiance
- lack of concern for others
- constant and serious inability to concentrate and/or to be attentive.

## Substance abuse

Regular use of such substances may lead to dependence – the psychological and/or physiological need to have the substance in order to function socially and get through the day.

Dependence is indicated when an individual:

- takes the drug often in larger amounts than intended

Experimentation with drugs and alcohol is common in mid to late adolescence. Most young people will use alcohol and tobacco from time to time and some will use cannabis intermittently. There is a small group, however, who use alcohol excessively and use cannabis and other drugs regularly. This can interfere with their health, relationships and wellbeing.

- cannot stop or cut down
- puts a lot of effort into obtaining the substance
- uses the substance dangerously (like overdosing)
- fails to take part in some normal activities
- needs to use more and more for the same effect.

In addition to dependence, binge drinking (excessive amounts taken on either a regular or occasional basis) is a problem because of increased risk of accidents, aggressive or self-harming behaviour, or alcohol poisoning.

Young people who misuse drugs and alcohol are at increased risk of school failure, of becoming involved in crime and of attempting suicide.

The fact that a young person is abusing substances may not always be very obvious. Changes in social behaviour and achievement, sleepiness in class and inability to concentrate may be significant signs.

People who abuse substances are often expert in denying their problems to themselves and others. Specialist assessment will help clarify the extent of the problem, identify contributing factors and recommend appropriate intervention.

## Eating disorders

Anorexia nervosa (drastic reduction in food intake), bulimia (normal or binge eating accompanied by bouts of forced vomiting) and laxative abuse usually start when children and young people (particularly girls) experiment with dieting. Anorexia may be accompanied by excessive exercise.

**Common features of these disorders are:**

- an extreme focus on losing weight and being slim and a belief that being OK and liked by others depends on this
- an unrealistic view of body shape
- binge eating
- spending long periods in the toilet, especially after eating.

The early signs of an eating disorder are concern with weight and signs of dieting, excessive exercise, lying about how much food is eaten and/or about extent of weight loss.

Eating disorders are more common in people:

- who are female
- whose sporting activity requires them to be slim
- who have a family history of eating disorders, alcoholism or depression
- who are overweight
- who are perfectionist
- who have multiple problems and chaotic lifestyles, including childhood sexual abuse, physical abuse or neglect, drug and alcohol problems and unstable relationships.

Eating disorders are very persistent conditions. People with eating disorders are frequently unable/unwilling to address their eating habits. They can be very convincing but untrustworthy when discussing their condition. Anorexia is physically dangerous and can lead to death. Thorough assessment and expert intervention are strongly recommended.

## Psychosis

The most common psychotic illnesses are schizophrenia and manic depression (bi-polar disorder). These are very serious illnesses requiring specialist help and medication. Their usual onset is in late adolescence or early adulthood (15 to 25 years).

Psychotic illnesses are those in which the individual experiences periods of loss of contact with reality.

Early recognition and intervention are important because these illnesses can cause misery to the young person and their family and disrupt the young person's normal life and development in a significant way. Early recognition and intervention can lead to better long-term outcomes.

### Some signs that a person may be developing a psychosis include:

- a change in behaviour whereby the young person becomes increasingly unable to pay attention or do things logically
- excitable and confused behaviour
- inability to communicate information
- reports that they hear voices, or see unusual things (hallucinations)
- unreal beliefs, especially about being persecuted (delusions).

## Suicidal behaviour

Suicidal behaviour is discussed here under the section on serious mental health disorders because it is often associated with these conditions. However, it is important to keep in mind that suicidal behaviour can occur in young people whose mental health problem is mild to moderate in nature and occasionally in

Suicide is the second most common cause of death for young people in New Zealand.

someone with no apparent problems. Suicidal behaviour is not a mental illness in itself but can result from a young person's illness, such as depression.

Young men are more likely to die by suicide than young women. However, young women are more likely to attempt suicide than young men. Young Māori, both male and female, have a higher rate of suicide than non-Māori.

Other suicide risk factors include:

- previous attempts of suicide
- family history of suicide
- a history of child abuse
- a history of relationship problems
- a recent loss of an important relationship or job
- recent trouble with the law
- social isolation and lack of support
- being affected by someone who has died by suicide
- alcohol or drug problems.

Suicidal behaviour may be triggered by loss of hope, or a crisis such as changes to an important relationship or job, recent trouble with the law, or the death of a close person.

It is always important to consider suicide attempt as a possibility when a young person is troubled.

Warning signs include:

- suicide threats
- previous suicide attempts

- statements revealing a desire to die (or indirect threat)
- a preoccupation with asking questions about death
- getting affairs in order, for example, making a will or writing goodbye letters
- giving personal effects away (CDs, tapes, books, clothes, prized possessions)
- personality changes or odd behaviour (nervousness, apathy about appearance or health, aggressiveness, unusual thoughts, risk taking)
- withdrawal, apathy, moodiness, anger, crying, sleeplessness, lack of appetite
- loss of interest in usual activities
- tendency towards isolation
- statements about hopelessness, helplessness, or worthlessness
- sudden appearance of happiness and calmness after a period of some of the characteristics listed above.
- Based on information from the Canterbury Suicide Project (1992–96)

All threats or talk of suicide should be taken seriously.

If you observe suicide warning signs ensure the immediate safety of the individual by:

- having someone be with them at all times
- removing any potentially dangerous items, for example, drugs, car keys
- seeking support and advice for yourself
- insisting on getting help
- contacting family, whānau or caregivers
- referring them immediately to a specialist mental health service.

## Appendix 2

# When Should You be Concerned?

There are some behaviours that are quite normal at one developmental stage but at another indicate that the child or young person is troubled. The following charts are intended as a guide to making decisions about whether a child or young person is in need of help. If the behaviour falls in the consult/support column, the child needs extra support; you should consult with other staff about the child and the family's needs and watch the situation. If the problem does not pass, or gets worse, expert help should be sought.

## Preschool children (0 to 4 years of age inclusive)

Parents/ caregivers	Support and advise parents/ caregivers if they are troubled by the child's behaviour.	Make referrals if parents/caregivers are consistently unable to cope with their child's behaviour or respond in ways which make the problem worse.
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Behaviour	Normal	Consult/support	Seek help/refer
Temper tantrums/ anger control problems	Very normal in younger children.	In children over about three-and-a-half years of age, if frequent and troublesome.	If the child is consistently hurting themselves and others.
Physical/verbal aggression bullying	Some physical aggression normal in children between 18 months and three years of age.	Excessive, unprovoked and persistent particularly after about three years of age.	Over about three years of age, if frequent and persistent, if parents are not coping well or if child is known to be exposed to a lot of violence in the home.

## Preschool children (0 to 4 years of age inclusive) cont.

Behaviour	Normal	Consult/support	Seek help/refer
Anxiety-related problems	<p>Distress on separation from parents common until about three years of age.</p> <p>Fears of specific places and things are quite common in preschool children.</p> <p>Obsessional behaviour, for example, washing hands repeatedly – some children go through spells of this.</p>	<p>If distress on separation persists over many weeks.</p> <p>Only if seriously interferes with normal activities.</p> <p>If persists for more than two or three weeks.</p>	<p>If distress on separation persists over many months.</p> <p>If severely interfering with normal activities.</p> <p>If persists and extends in range.</p>
Sexual behaviour	<p>Sexual curiosity, occasional sexual games and use of 'rude' words. Masturbation is normal.</p>	<p>Repeated inappropriate sexualised approaches to other children and adults.</p>	<p>Simulated intercourse. Preference for sexual behaviour over other activities. Forcing sexual activity on other children.</p>

**Preschool children (0 to 4 years of age inclusive) cont.**

Behaviour	Normal	Consult/support	Seek help/refer
Social/ relationship difficulties	Children only learn how to relate well with others after about two years of age and become more sociable as they progress through the school years. Some are naturally more shy than others.	Child isolated or unable to engage in activities with other children especially after about three years of age.	Child persistently unable to make relationships with other children in later preschool years.
Moodiness/ sadness/ distress	All children have moods and become distressed when something goes wrong. Some experience and/or express these feelings more strongly than others.	Frequent unhappiness especially if not related to obvious incidents.	Persistent unhappiness especially when there is no obvious cause for this.
Hyperactivity	Small children are usually very active and many move quickly from one activity to another. Concentration ability varies hugely from child to child.	Child over three years of age unable to stick at any task or concentrate for more than a few seconds.	Persistent chaotic activity.

## Preschool children (0 to 4 years of age inclusive) cont.

Behaviour	Normal	Consult/support	Seek help/refer
Wetting and soiling	Normal in children under three years and quite common even after that.	Lack of daytime control after four years of age.	
Changes in sleeping and eating patterns	Normal in children younger than three years of age. Many children have strong likes and dislikes for certain foods throughout childhood.	Sudden onset of change in normal pattern in child over three years of age.	Severe and persistent eating and sleeping problems.
Disruption/ defiance	Learning how to 'conform' is a normal developmental task and takes time to develop.	After about four years of age especially if persistent enough to interfere with own or other's activities.	Extreme defiance and disruptive behaviour after about four years of age.
Dishonesty lying/stealing	Occasional incidents very normal as are imaginary stories.	If a child over about four is not beginning to learn about not touching other people's property.	Persistent stealing over about four years of age may indicate that a child is very needy or unhappy.

## Primary school children (5 to 12 years of age inclusive)

Parents/ caregivers	Support and advise parents if they are troubled by the child's behaviour.	Make referrals if parents are consistently unable to cope with their child's behaviour or respond in ways which make the problem worse.
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Behaviour	Normal	Consult/support	Seek help/refer
Temper tantrums/anger control problems	Occasional loss of control especially if very frustrated, disappointed or provoked.	Frequent rages.	Persistent and frequent loss of control especially if accompanied by physical aggression.
Physical/verbal aggression bullying	Occasional especially if provoked.	More than occasional and not improving with support and guidance.	Frequent incidents.
Anxiety-related problems	Distress on separation from parents common but short-lived when starting school. General anxiety about trying new things is also common.	If child does not settle down after a week or two. Persistent fears of specific places and things. Obsessional behaviour, eg, washing hands repeatedly.	Persistent separation difficulties. Child consistently refusing to go to school. Persistent irrational fears and obsessional behaviour.

## Primary school children (5 to 12 years of age inclusive) cont.

Behaviour	Normal	Consult/support	Seek help/refer
Sexual behaviour	Occasional games and 'rude' talk.	Preoccupation with sexual topics.	Preoccupation with sexual behaviour. Forces sexual behaviour on other children.
Social/relationship difficulties	Some children are naturally more shy and some like playing alone some of the time.	Obviously not fitting in.	Persistent social difficulties with other children.
Moodiness/sadness/withdrawal	Occasional incidents especially when there is an obvious cause.	More frequent incidents.	Persistent unhappiness with or without obvious cause.
Hyperactivity	Some children are more active than others.	Interferes with normal tasks and activity.	Severe and disabling.
Bedwetting and soiling	Some children wet their beds until their mid-primary school years.	Daytime wetting.	Persistent soiling can be difficult to help and needs expert medical advice. After about seven years of age children should be offered expert assessment and help with bedwetting.

**Primary school children (5 to 12 years of age inclusive) cont.**

Behaviour	Normal	Consult/support	Seek help/refer
Changes in sleeping and eating patterns	Short lived and in response to a specific situation like an illness or upset.	If changes persist. Dieting especially in non-obese children.	Sudden and serious changes in normal patterns, which persist.
Dishonesty/ lying/ stealing	Occasional incidents.	Regular incidents.	Frequent and persistent lying and stealing.

## Adolescents (13 to 17 years of age inclusive)

Parents/ caregivers	Support and advise parents if they are troubled by the child's behaviour.	Make referrals if parents are consistently unable to cope with their young person's behaviour or respond in ways which make the problem worse.
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Behaviour	Normal	Consult/support	Seek help/refer
Temper tantrums/anger control problems	Occasional loss of control especially if frustrated or provoked.	Frequent outbursts.	Persistent and frequent loss of control especially if accompanied by physical aggression.
Physical/verbal aggression/bullying		Uncharacteristic incidents.	Persistent and severe aggressive behaviour.
Anxiety-related problems	Some young people are naturally more anxious than others.	Sudden incidents of anxiety-related behaviour in response to specific stress.	Persistent phobias and obsessional behaviour. School refusal.

## Adolescents (13 to 17 years of age inclusive) cont.

Behaviour	Normal	Consult/support	Seek help/refer
Sexual behaviour	Interest in friends and prospective relationship partners – level of actual sexual behaviour varies.	Anxiety about sexual issues distresses young person.	Harassment. Inappropriate sexual behaviour. Sexual aggression.
Social/relationship difficulties	Many young people experience some social difficulties and lack confidence.	If the young person does not appear to be coping with their difficulties themselves.	Obviously distressed and out of kilter with their peers.
Moodiness/sadness/withdrawal	Occasional incidents.	More frequent incidents.	Persistent moodiness, sadness or withdrawal.
Hyperactivity	Occasional high spirits.	Inability to settle at things.	Activity seriously disruptive of others' and individual's own ability to get on with tasks.
Bedwetting and soiling			Any persistent bedwetting and soiling.
Changes in sleeping and eating patterns	Occasional, especially in response to stress.	Changes are of concern if they last more than a few days.	Persistent changes.

## Adolescents (13 to 17 years of age inclusive) cont.

Behaviour	Normal	Consult/support	Seek help/refer
Disruption/ defiance	Some testing of limits quite normal.	Does not respond to normal management.	Chronic and seriously interfering with own and others' functioning.
Dishonesty/ lying/stealing	Occasional deceit to avoid trouble.	More regular dishonesty.	Chronic dishonesty and criminal offending.
Substance use	Occasional experimentation, eg, tobacco and alcohol.	More regular use. Some negative effects on health and behaviour. Occasional use of illicit substances eg, ecstasy, speed, cannabis.	Evidence of regular use, preoccupation with using substances. Use clearly interfering with own health and functioning.

Note: Suicidal threats and preoccupation with death are always to be taken seriously. Make a referral. The same applies to bizarre behaviours and reports of hallucinations.

## Appendix 3

# Principles for Managing Undesirable Behaviour in Children and Young People

Children and young people who are disruptive, defiant or antisocial can make it difficult for you to get on with your job. They can also distract or upset other children and young people. Persistent undesirable behaviour is a sign that a child or young person has a problem.

Persistent, serious misbehaviour, particularly in adolescents, can be extremely difficult to change and requires the assistance of experts. However, in younger children, and with milder forms of misbehaviour in adolescents, you are in a position to help the child or young person gain self-control in the short term and behave better in the future.

The age of the child or young person and the issues contributing to the behaviour, will of course need to be taken into account on situation-by-situation basis when considering how to respond. There is no prescription which will work in every case but it is worth keeping the following principles in mind.

- **Be sure to notice and praise success.** Positive attention for 'good' behaviour is far more likely to bring about improved behaviour than negative comments and criticism.
- **Help children succeed.** Many children and young people who misbehave have low self-esteem or want attention. Make opportunities for them to succeed in acceptable ways and reinforce their strengths.
- **Encourage responsibility but avoid humiliation.** Avoid humiliating the child or young person in front of others and find ways to help them 'save face' when discussing their difficulties. This does not mean making excuses for them or encouraging them not to be responsible.

- **Be clear.** Be sure the child or young person fully understands what it is you want them to do, or how it is that you want them to behave. This may mean breaking complex tasks into small ones or asking the child to repeat your instructions before attempting the task.
- **Get the child's attention.** Before you give a child a task or ask them to do something use their name, be sure you have their attention. Let the child know an instruction is coming and keep it short and clear.
- **Find positive role models.** Involve the child or young person in activities with others who will serve as good role models rather than those who will encourage inappropriate behaviour.
- **Provide some choices.** When possible provide the child or young person with some choice so they feel they have some power; but do not give so many options they cannot choose.
- **Allow physical activity.** Some children and young people need regular physical activity; plan tasks so they can move around from time to time.
- **Use quiet times.** Sometimes the child or young person will need a quiet time on their own. Time out should be seen as a time to reflect and regain personal control rather than as a punishment.
- **Be clear about consequences.** Logical consequences, things that arise naturally from behaviour, for example completing a task before being able to do an activity of choice, can motivate the child to avoid a negative behaviour in the future.
- **Avoid severe and unfair punishment.** Severe and disproportionate punishments are not often effective in the long term and can breed resentment and deceit. Physical punishment is illegal in preschools and schools and should not be used in any situation.
- **Show interest.** Develop a positive relationship with the child or young person by showing an interest in things that matter to them.

## Appendix 4

# List of nearest local agencies and other contacts – develop your own list

Agency	Phone number	Contact Person
CYPFA		
Child, Adolescent and Family		
Mental Health Services		
Specialist Education Services		
Alcohol and Drug Services		
Māori Social Services		
Iwi Social Service		
Māori Health Service		
Pacific Social Services		
Pacific Health Service		
Public health nurse		
Family Planning Association		
Other local community agencies		