



What is Mental Health?

YOUNGMINDS

YoungMinds define mental health in young people as:

“The strength and capacity of our minds to grow and develop, to be able to overcome difficulties and challenges, and to make the most of our abilities and opportunities”.



Often when we talk about mental health, people immediately think of the negative aspects of certain mental health disorders, such as depression or self-harm. But just like physical health, people can have good mental health or have problems that they need help to overcome.

Mental health problems and disorders

A deeper look into mental health

For children and young people, mental health also means:

- A capacity to enter into, and sustain, mutually satisfying personal relationships.
- A continuing progression of psychological development.
- An ability to play and to learn so that attainments are appropriate for their age and intellectual level.
- A developing moral sense of right and wrong.
- A degree of psychological distress and maladaptive behaviour within normal limits for the child's age and context. Children need to know that it is okay to make mistakes and for things to go wrong, so that they can learn and grow. Reflection is a very important skill to develop.
- A clear sense of identity and self-worth.

All of these things will vary slightly from child to child or young person to young person. This is especially the case if a child has a learning difficulty or is not neuro-typical; for example, a child with ASD may struggle with sustaining relationships.

When we talk about mental health the terms below often get used to mean the same thing, but they are in fact very different.

Mental health problem

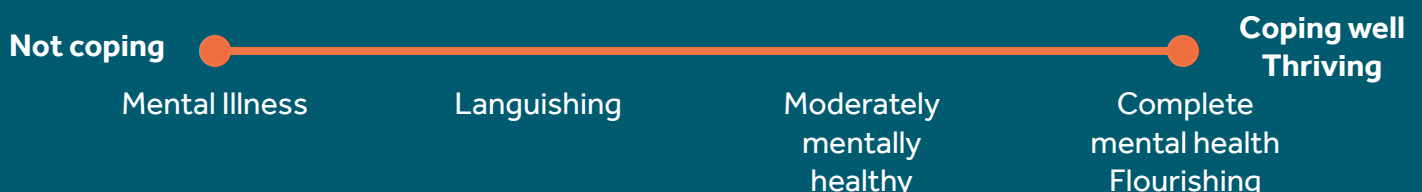
- A disturbance of function in one area of relationships, mood, behaviour, or development that is severe enough to require professional intervention.

Mental health disorder

- A severe problem (commonly persistent) or the co-occurrence of a number of problems, usually in the presence of several risk factors.

The mental health continuum

We often describe mental health as a continuum. We are all at different places on that continuum at any given time, depending on our lives and what might be happening for us.



Common issues

Anxiety

Anxieties and phobias are related to fear. These can be generalised or specific to a situation or object; for example, school or separation from a parent. For a problem to be classified as a disorder, behaviour needs to present as an exaggeration of normal developmental trends.

Depression

It is estimated that one percent of children and three percent of adolescents suffer from depression in any one year. Symptoms include sadness, irritability, and loss of interest in activities. Associated features include changes in appetite, sleep disturbance and tiredness, difficulty concentrating, feelings of guilt, worthlessness, and potentially, suicidal thoughts. Talking therapies are a good treatment for depression and sometimes medication can also be helpful.

Conduct disorder

All children may misbehave at times; this is a sign of normal child development. So when is it conduct disorder?

When it:

- is long lasting
- violates the rights of others
- is aggressive behaviour
- is deceitful behaviour
- goes against accepted norms of behaviour
- severely disrupts child's or family's everyday life

Self-harm

Roughly two children in every classroom will have self-harmed. It is difficult to get accurate data on prevalence, not least because much self-harm is secret, but best estimates taken from A&E referrals are between 1:12 and 1:15*.

**Statistics taken from the YoungMinds/Cello research into children and young people and self-harm.*

Eating disorders

Girls and young women aged between 12-20 are most at risk. At least 20 percent of cases are boys and men.

Anorexia

People with anorexia nervosa have an extreme fear of gaining weight. They feel fat even when they have lost so much weight that it becomes obvious to others. They may starve themselves by eating only tiny quantities of food. They become so preoccupied with their weight and shape, and so distorted in their thinking about food, that it is very difficult for them to accept the need to eat a proper diet. Nevertheless, they remain fascinated with food and often enjoy cooking for others. Sometimes they may pretend to have eaten when they have not. They may exercise vigorously, use laxatives, or make themselves sick in order to lose more weight.

We may move up and down from day to day, week to week, or even year to year. It is important to remember that **EVERYONE** has mental health; we may be at different places on the continuum but we all have mental health.

When working with children and young people, we will recognise that some young people are better able to stick to the positive end of the continuum than others.

For example, a person with a mental illness may be coping very well and still managing to go to school or work because they are getting help. Another person may be at the thriving end of the spectrum when something happens; for example, a sudden bereavement, and this may send them immediately down to the 'not coping' end of the continuum.

This information is an excerpt from our **Mental Wellbeing in Children and Young People** training course produced in association with YoungMinds.

The complete course covers:

- a definition of mental health
- the mental health continuum
- common issues faced by young people
- signs and symptoms
- risk factors
- myths and stigma
- protective factors and building resilience
- practical advice to help support children and young people's mental health and emotional wellbeing.

Mental Wellbeing in Children and Young People is included within EduCare's **Safeguarding and Duty of Care** package, a complete service which combines a wide range of online courses with a robust reporting suite to evidence learning to inspectors.

Visit: www.educare.co.uk

Tel: 01926 436 211

Email: online@educare.co.uk

EduCare[®] Part of **tes**

