

## A Guide to Common Difficulties

### Anxiety

As many as 1 in 6 young people will struggle with anxiety difficulties at some point in their life.

There are lots of words to describe anxiety (e.g. worry, fear, stress or panic). Anxiety is a normal part of life and most people feel anxious about certain life situations. However, sometimes anxiety can continue for a long time or might be so strong that it starts to interfere with how you live your life and do everyday things. This is when anxiety is a problem and when you might need to come to see CAMHS.

Having an anxiety problem might mean that you feel frightened, panicked and nervous a lot of the time. It might mean that you have trouble sleeping, eating and concentrating. When anxiety is a problem it can make you feel down, tired and/or irritable. You might also experience physical feelings such as feeling your heart beating strangely, having a dry mouth, having body aches and pains and you might feel shaky. You also are likely to notice that you are avoiding situations.

Anxiety difficulties could be due to your life experiences, your family history, experiences of trauma or something to do with your genes and personality. At CAMHS we will work hard with you to help you to understand and manage your anxiety in a more helpful way so that you can get back to living your life in the way that you want to. We have clinicians trained in ways to treat anxiety problems.

Anxiety based problems include (but are not limited to):

*Generalised Anxiety Disorder*

*Obsessive Compulsive Disorder*

*Panic Attacks*

*Phobias (including Social Phobia)*

*Post-Traumatic Stress Disorder*

More information can be found by following these links:

Royal College of Psychiatrists:

<http://www.rcpsych.ac.uk/mentalhealthinfo/problems/anxietyphobias/anxiety,panic,phobias.aspx>

Young Minds:

[http://www.youngminds.org.uk/for\\_children\\_young\\_people/whats\\_worrying\\_you/anxiety](http://www.youngminds.org.uk/for_children_young_people/whats_worrying_you/anxiety)

National Guidelines:

<http://www.nice.org.uk/>

## Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a condition that affects social interaction, communication, interests and behaviour. It includes Asperger syndrome and childhood autism. In itself, ASD is not a mental health problem. However, sometimes people with ASD experience mental health problems as a result of their social and communication difficulties.

Some people also use the term autism spectrum condition or 'neurodiverse' (as opposed to people without autism being 'neurotypical').

The main features of ASD typically start to develop in childhood, although the impact of these may not be apparent until there is a significant change in the person's life, such as a change of school.

In the UK, it's estimated that about one in every 100 people has ASD.

## **Signs and symptoms**

ASD can cause a wide range of symptoms, which are often grouped into two main categories:

- **Problems with social interaction and communication** – including problems understanding and being aware of other people's emotions and feelings; it can also include delayed language development and an inability to start conversations or take part in them properly.
- **Restricted and repetitive patterns of thought, interests and physical behaviours**– including making repetitive physical movements, such as hand tapping or twisting, and becoming upset if set routines are disrupted.

About half of those with ASD also have varying levels of learning difficulties. However, with appropriate support many people can be helped to become independent.

There is no 'cure' for ASD, but a wide range of treatments – including education and behaviour support – can help people to manage their condition. Read more about available treatments at:

<http://www.nhs.uk/Conditions/Autistic-spectrum-disorder/Pages/Treatment.aspx>

## Depression

All of us have our ups and downs and situations in our lives can make us feel sad, down or upset. However, some young people can feel sad, lonely, down, upset, stressed, withdrawn and flat for long periods of time. When this starts to interfere with your day to day living it is known as depression.

When a person is depressed they may find it hard to do things that they previously enjoyed. They might find that their sleeping and eating patterns change. They might feel exhausted, miserable, lonely, upset and irritable and find

that they criticise themselves and feel hopeless. In some cases people who are depressed use self-harm to manage their feelings.

Many people suffer from depression at some point (2% of under 12's, 5% of teenagers and 10% of adults).

Depression can be caused by lots of things such as your life experiences, family history, bullying, feeling like you have lack of support or it may even run in your family and genes.

At CAMHS we have clinicians who are trained and have experience of helping children and young people understand and overcome depression.

More information can be found by following these links:

Royal College of Psychiatrists:

<http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/youngpeople/depressioninyoungpeople.aspx>

Young Minds:

[http://www.youngminds.org.uk/for\\_children\\_young\\_people/whats\\_worrying\\_you/depression](http://www.youngminds.org.uk/for_children_young_people/whats_worrying_you/depression)

National Guidelines:

<http://www.nice.org.uk/>

## **Eating Disorders**

Eating Disorders are a very serious set of conditions and if you think that you may have an eating disorder it is important that you seek help as soon as you can. Your GP will be able to check your physical health and refer you to us.

### **Anorexia Nervosa**

Anorexia is a serious eating disorder that affects roughly 1 in 100 young people per year. Anorexia is characterized by people worrying a lot and being preoccupied with their weight and their body. Typically, people with anorexia are very frightened about putting on weight and go to extreme lengths to lose weight, even if they are already classed as underweight. Anorexia raises strong feelings for all those who are touched by it: the individuals, their families, friends, relatives and other adults in their lives.

A young person with anorexia may have a lot going on in their life that they cannot control: taking control of their eating is one way of getting a sense of control in their life. They may judge themselves very harshly and believe they are fat even if other people tell them that they are thin.

Eating problems like anorexia are not just about food, they are about feelings too. We do not know what causes someone to develop an eating disorder and it is likely that a number of factors contribute such as:

- Control - losing weight can make us feel good and in control.
- Longstanding unhappiness which may show itself through eating.

- Puberty - anorexia reverses some of the physical changes of puberty. You can see it as putting off some of the challenges of becoming an adult.
- Family - saying "no" to food may be the only way you can express your feelings.
- Depression - binges may start off as a way of coping with unhappiness.
- Low self-esteem.
- Social pressure - Western culture, particularly the media, idealizes being thin.
- Genes may play a part.

Symptoms of anorexia include: losing a lot of weight quickly, eating less and less food, thinking about the calorie content of food, feeling panicky about eating food with other people or having a big meal; feeling moody or irritable because of the lack of food; feeling cold; feeling depressed and unable to concentrate. Girls' periods may stop and boys may stop having erections.

Anorexia is a serious eating disorder and the longer terms consequences can be severe such as developing weak or brittle bones and affecting the ability to have children. Ultimately, if left untreated, anorexia can result in death and although it is often very difficult for an individual with anorexia to accept help, it is very important that help is sought as soon as possible.

## **Bulimia Nervosa**

Bulimia is an eating disorder that shares much in common with anorexia but typically involves patterns of eating that includes binges and attempts to 'purge'.

Again, Bulimia is not all about food, it is about feelings too and people with bulimia may experience a number of symptoms such as: poor sleep, poor concentration, depression, loss of interest, preoccupation with their body and food, tiredness and irritability. People who are inducing vomiting may:

- Eventually lose the enamel on their teeth
- Get a swollen face
- Have palpitations
- Feel weak and tired
- Experience huge weight swings
- Get kidney damage
- Have seizures
- Be unable to get pregnant

When young people come to us with an Eating Disorder we work hard to understand the underlying issues and provide access to a multidisciplinary team to start to make healthy changes.

More information can be found by following these links:

Royal College of Psychiatrists

<http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/eatingdisorders/eatingdisorders.aspx>

Young Minds:

[http://www.youngminds.org.uk/for\\_children\\_young\\_people/whats\\_worrying\\_you/anorexia](http://www.youngminds.org.uk/for_children_young_people/whats_worrying_you/anorexia)

[http://www.youngminds.org.uk/for\\_children\\_young\\_people/whats\\_worrying\\_you/bulimia](http://www.youngminds.org.uk/for_children_young_people/whats_worrying_you/bulimia)

National Guidelines:

<http://www.nice.org.uk/>

## **Learning Disabilities**

The Department of Health in England (DH 2001) in their 'Valuing People' document define a learning disability as:

'a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) along with a reduced ability to cope independently (impaired social functioning). The onset of disability is considered to have started before adulthood, with a lasting effect on development'.

For the purposes of service delivery the terms "mild", "moderate", "severe and profound" learning disabilities are sometimes used to categorise or label children and young people. This appears to suggest distinct categories for learning disability but in reality these do not adequately describe the range of impairments or disabilities this group of children may have or the support they may require.

Children and young people who have moderate, severe, or profound learning disabilities may also experience mental health problems and/or challenging behaviour. This can include:

- Anxiety
- Anger and aggression
- Low mood, sadness
- Agitated, unsettled or disruptive behaviours
- Self-harm
- Psychosis

At CAMHS, we have a range of professionals including Psychiatrists, Learning Disability Nurses and Psychologists who have extensive training and experience of working with children, young people and families who are affected by Learning Disabilities. We work in a number of ways to support young people with their difficulties. This includes consultation with professionals and services, and direct work with young people and their families. We meet children and families in community settings such as their home, school, respite and in clinic.

## **Obsessive Compulsive Disorder (OCD)**

We all have habits and ways that we like to do things. We often hear people say that they have OCD when they mean they like to have things done in a certain way. However, OCD is a serious anxiety disorder that affects the way people think, the way people feel and the way people act. People with OCD experience (often intrusive) obsessions and feel compelled or have urges to perform certain actions or rituals. Typically, the symptoms of OCD get in the way of everyday living. About one in 50 people experience OCD.

Obsessions may be experienced as horrible thoughts or preoccupations and worries that seem irrational or over the top. Compulsions may include excessive washing, checking, counting or repeating actions. The compulsions may be used as a way to stop the obsessions from entering the mind, to decrease anxiety or to prevent terrible things from happening.

At CAMHS we work hard alongside you to get to a shared understanding of what is going on and develop a plan that will help you to manage the OCD in a different, more helpful way.

More information can be found by following these links:

Royal College of Psychiatrists

<http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/obsessivecompulsivedisorder/obsessivecompulsivedisorder.aspx>

Young Minds:

[http://www.youngminds.org.uk/for\\_children\\_young\\_people/whats\\_worrying\\_you/obsessions\\_compulsions](http://www.youngminds.org.uk/for_children_young_people/whats_worrying_you/obsessions_compulsions)

National Guidelines:

<http://www.nice.org.uk/>

## **Post Traumatic Stress Disorder (PTSD)**

Sometimes young people are exposed to or experience situations or events that are traumatic, life threatening, horrific and terrifying. When this happens, sometimes young people go on to develop symptoms of PTSD.

The symptoms of PTSD are in three main categories:

### **Flashbacks or nightmares**

You keep remembering the traumatic event even when you don't want to and get flashbacks or nightmares. Essentially, you keep reliving the event(s).

### **Avoidance and numbing**

You might feel too terrified to relive the event or think about it so you might try to keep yourself busy and keep your mind occupied. You might avoid the places and people that remind you of the trauma, and try not to talk about it. You may deal with the pain of your feelings by trying to feel nothing at all – by becoming emotionally numb.

### **Being on guard and unable to relax**

You may feel anxious all the time and feel unable to let your guard down. We call this 'hypervigilance' and 'hyperarousal'. You might feel jumpy and irritable and find it hard to sleep.

Young people may experience PTSD immediately after a traumatic event or it may start weeks, months or years later. Most people who have experienced a traumatic event would experience symptoms of PTSD for the first few weeks after and many people go on to recover naturally given time, understanding and support. Around one in 3 people who experience trauma will develop PTSD.

### **Complex PTSD**

Young people who have experienced severe neglect or abuse may develop complex PTSD. This looks and feels much like the description above but includes further symptoms and experiences such as intense guilt, shame, an overly sensitive fight/flight response, impaired impulse control, feeling numb and finding it difficult to trust and connect to people.

At CAMHS, we will work hard to understand the causes of any PTSD and help you to begin to recover using interventions that are evidence based.

More information can be found by following these links:

Royal College of Psychiatrists:

<http://www.rcpsych.ac.uk/expertadvice/problems/ptsd/posttraumaticstressdisorder.aspx>

Young Minds:

[http://www.youngminds.org.uk/for\\_children\\_young\\_people/whats\\_worrying\\_you/post\\_traumatic\\_stress](http://www.youngminds.org.uk/for_children_young_people/whats_worrying_you/post_traumatic_stress)

National Guidelines:

<http://www.nice.org.uk/>

## **Psychosis**

Psychosis is a term that we use to describe a set of symptoms that interfere with a person's ability to think clearly and tell the difference between what is real and what is not. Psychosis also affects how people behave. Psychosis is usually an indication of serious mental health problems and if you are experiencing symptoms of psychosis it is a sign that you need support.

People who develop psychosis often have their first psychotic experiences in their teens or early twenties and it is important to get help as soon as possible as there are interventions that can be very helpful in enabling people to go on to lead the life they wish to live.

Early signs of psychosis include:

- Withdrawal and loss of interest in usual activities
- Loss of energy or motivation
- Problems with memory and concentration
- Problems with work or study
- Lack of emotional response or inappropriate emotional display
- Changes or problems with sleep or appetite
- Unusual ideas or behaviour
- Feeling changed in some way.

People with psychosis may experience distressing symptoms such as:

- Hallucinations - hearing voices no-one else hears, seeing things that aren't there, or feeling, smelling or tasting unusual sensations with no obvious cause
- Believing others can influence their thoughts, or they can influence the thoughts of others or control events
- Believing they are being watched, followed or persecuted by others or that their life is in danger
- Feeling their thoughts have sped up or slowed down
- Thinking or talking in a confused way.

Psychosis is not a condition in and of itself. It is a set of symptoms that can be triggered by other conditions such as schizophrenia, bipolar disorder (manic-depression), drug misuse (there appears to be a particularly strong link between psychosis and cannabis use) and severe stress.

Treatments for psychosis include talking therapies such as CBT, social support and use of medication.

More information can be found by following these links:

Royal College of Psychiatrists

<http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/youngpeople/psychosis.aspx>

Young Minds:

[http://www.youngminds.org.uk/for\\_children\\_young\\_people/whats\\_worrying\\_you/psychosis](http://www.youngminds.org.uk/for_children_young_people/whats_worrying_you/psychosis)

National Guidelines:

<http://www.nice.org.uk/>

## **Self Harm**

Self Harm can bring up really difficult feelings for lots of people but it is more common than you might think. As many as one in ten people self harm at some point in their life.

Self-Harm is a term used to describe when someone inflicts pain or damage on themselves in some way. This may include cutting, scratching, burning, biting, head-banging, tying ligatures and ingesting substances and taking overdoses. It is usually a sign that someone is trying to come with overwhelming feelings.

It seems that sometimes people's difficulties build up to the point where they feel unmanageable and young people often describe a sense of release related to self-harming. It is often used as a way of coping. People self-harm for a variety of reasons and each episode of self-harm isn't always for the same reason. Common reasons for self-harming include (but are not limited to):

- Relieving tension
- Communicating distress
- Gaining a sense of control
- To feel something
- To make emotional pain physical
- To punish themselves

Sometimes, but not always, self-harm can be used as an attempt to commit suicide. Often people who self-harm are experiencing mental health problems although self-harm in itself is not a mental illness. Nevertheless, the key to addressing and managing self-harm is often to get help with underlying issues. Self-harm can be dangerous and people who self-harm sometimes risk killing themselves accidentally. If you are self-harming it is important that you seek help as soon as possible.

At CAMHS we will work hard to understand what the underlying issues are and work with you to help you to manage in a more helpful and less damaging way. In the meantime, this self-help booklet might help: [http://www.gp-training.net/pal/mentalhealth/pdf/self\\_harm.pdf](http://www.gp-training.net/pal/mentalhealth/pdf/self_harm.pdf)

You might also find talking to Childline helpful: 0800 1111

More information can be found by following these links:

Royal College of Psychiatrists

<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm.aspx>

Young Minds:

[http://www.youngminds.org.uk/for\\_children\\_young\\_people/whats\\_worrying\\_you/self-harm](http://www.youngminds.org.uk/for_children_young_people/whats_worrying_you/self-harm)

National Guidelines:

<http://www.nice.org.uk/>