

WHEN SHOULD I BE WORRIED?

WHAT IS ANXIETY?

WHAT IS DEPRESSION?

WHY DO PEOPLE DEVELOP ANXIETY AND DEPRESSION?

RECOVERY

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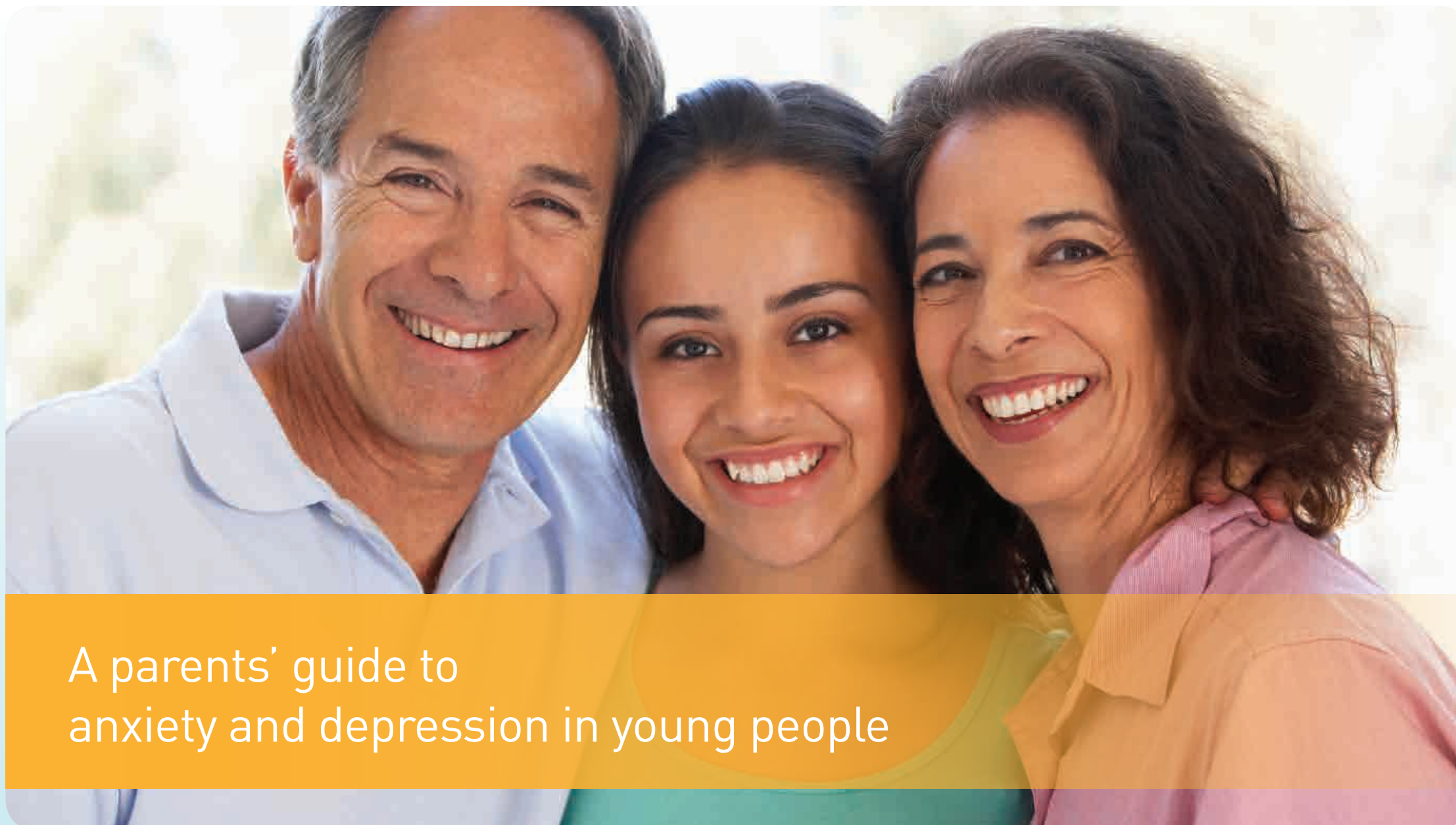
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A parents' guide to anxiety and depression in young people

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We would like to thank the blueVoices members who have contributed quotes to this resource. blueVoices is *beyondblue*'s national reference group for people who have personal experience of anxiety and depression, or support someone who does.

The scenarios in this resource are fictional but have been based on real-life situations.

For more information, or to register visit: www.beyondblue.org.au/bluevoices

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WELCOME!

Welcome to our resource for parents and carers about anxiety and depression in young people. Others working with young people may also find the information of great benefit. This resource aims to help you understand anxiety and depression, in particular, how it affects young people, how you can help support young people through difficult times, and where you can find the right help.

We all expect some ups and downs in our lives, and young people are no different. They are faced with a range of challenges as they develop into mature adults, taking on the accompanying roles and responsibilities. As young people move from adolescence to adulthood they undergo a range of developmental changes. The obvious changes are physical, but alongside these come changes to how they think and feel. Their sense of identity and values are developing, and importantly, their views and hopes for the future are beginning to take shape. Along the way they have to juggle expectations from themselves, their families, and the culture and community that they are part of, and sometimes this juggling act can be a bit unbalanced.

In Australia, one in six young people (16–25 years) have anxiety and around one in four young people live with depression.¹ If someone you know shows signs of these conditions, getting help early is really important for their recovery.

We recognise the diversity of identity among families in Australian society and have used terms to be as inclusive of this diversity as possible. In the resource we have touched on some of the concerns, strengths and potential sources of information for families who identify as Aboriginal and Torres Strait Islander or of migrant or refugee background as well as families with same sex parents, trans parents and rainbow families.

This resource provides an overview of the key information about anxiety and depression in young people but there are also other resources and websites that you might find useful.

There is also a booklet for young people about anxiety and depression. This booklet is available to download at www.youthbeyondblue.com



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WORDS OF WISDOM FROM PARENTS/ CARERS AND YOUNG PEOPLE

“Support your children in what they’re going through, don’t deny it, or invalidate what they tell you. Listen, act and be a support to them when they need it. What we go through is real, and it only takes a second inside our heads to see that.” – Georgina, 17 years

“...the best thing you can do is help the young person in your life to access the help and resources that are good for them, and give them space to keep growing. Let them know you are there for them, and let them know it every day if necessary.” – Hannah, 22 years

“Be empathic and listen, try not to judge, even when you don’t agree or understand. I really believe if that person trusted you enough to want to talk to you about something that is troubling them, then that is the simplest help you can give them.” – Angela, parent

“Seek professional help as quickly as possible. Understand it is a common occurrence amongst adolescents of today’s society and it is not because you are a bad or failed parent.” – Allan, parent

“Love your child, they need you. Every now and again, stop and look how far they have come, and acknowledge the progress, even just to yourself. Surround yourself with loving, understanding people. Take time out and look after your own health.” – Paula, parent

“No matter what, if your child starts to display symptoms of mental illness, you have to seek professional intervention as soon as you can. The longer you delay getting treatment, the worse it will be. Seeking as much knowledge and information about what is happening to your child does assist.” – Allan, parent

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WHEN SHOULD I BE WORRIED?

Many parents and carers talk about how it can be hard to work out what is a 'normal' reaction to difficult experiences. When is sadness 'normal' sadness? When should you begin to worry? Knowing the young person's personality and what they might experience as they develop into an adult can help you to better understand their emotional changes.

The development of autonomy and independence is a key step of adolescent development. As this happens, young people may begin to challenge more of the decisions made by others and further explore what they want and think. Through this process they learn to review their mistakes and consider other options, and they become more aware of what or who influences their thinking. They begin to work through more complex problems without the help of others, and they move their focus from themselves to being more thoughtful and aware of others and their situations. Part of this development may include reflecting on family and culture and community values, particularly for young people of refugee and migrant backgrounds and Aboriginal and Torres Strait Islander young people. Another significant aspect of this time of development is their experience of peer and intimate relationships. The beginning and ending of their first relationship in particular can be a learning and emotional experience.

When moving through these developmental changes young people will experience a range of emotions, perhaps moodiness, irritability, frustration, happiness, pride and satisfaction; they are normal responses to new challenges. It is an exciting time but one that can be a little confronting and at times disappointing.

So if you are wondering about a young person and whether how they are feeling or reacting to a situation is 'normal', have a think about what is happening for them at this stage of their life. What is their stress or anxiety in response to? What are some of the ways that others might react to this situation? And how long have they been feeling this way? 'Normal' reactions to difficult experiences can continue for days or a couple of weeks depending upon the situation, but if after that you do not see any improvement then it might be worth thinking about what else might be going on. Does anxiety or depression have a part to play in how the young person is feeling?

“His personality changed, he was angry and withdrawn, and he physically seemed to disappear inside his body, confused by simple instructions. He refused to talk to us as parents. We were unsure as to whether this was teenage hood and normal or something was wrong.” – Paula, parent

“Looking back at my son he was very moody before the diagnosis and we put this down to him being a teenager.” – Janine, parent

When should I be worried?

- Have you noticed a change in behaviour?
- Is this change across multiple settings (home, school, work)?
- Is this behaviour occurring frequently?
- Has this been going on for more than two weeks?
- Is this change impacting on the young person's day to day life (e.g. school work, relationships)?

These quick questions can give you an indication of how worried you need to be. Act on the side of caution, but the more you answer 'yes' the more you need to consider discussing these changes with the young person and/or a health professional.

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SCENARIO

How Nick supported his daughter Jenny, 15 years

Jenny was always on edge and easily startled, she was distracted and worried, and she was missing too much school. She was just overwhelmed. And I don't think living in a small country town helped either. Privacy is not so easy to come by in a small town. And on top of that, who could she get help from? The only counsellor in the area visited once a month and was so busy you couldn't get an appointment.

The school gave me some practical tips for helping Jenny with her schoolwork but when it came to her mental health, well, they just referred her to the local doctor, and there was another problem; the doctor was our family friend. Jenny was not going to open up to her. It felt a bit hopeless. I started searching online. I found it all a bit confusing but I muddled my way through it and found eheadspace and Kids Helpline. I did not know that these online services even existed. Jenny was not very keen but she agreed to give it a try. She liked the idea of being able to talk online in her bedroom.

Over time she learnt how to relax and how to talk with me about what was bothering her. I would have liked to know more about what she was saying but she was getting better so I just had to trust that the counsellor knew what she was doing. Eventually the local counsellor found time to see Jenny, so Jenny had support online and in person. And slowly things got better. But it really made me realise that my town could really do with some more help when it comes to young people in trouble.

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WHAT IS ANXIETY?

Anxiety is a normal reaction to stressful situations. Symptoms include sweaty palms, racing heart, and maybe feeling nauseated. This anxiety helps to tell us if there is something significant happening; it might be a dangerous situation that should be avoided, or it might provide the motivation needed to get something done or perform at our best.

For some young people, these intense feelings or fears can become overwhelming and are long lasting. They find that their anxiety is unbearable and that just completing their daily routine is hard work. Anything extra becomes further cause for anxiety. Anxiety conditions can be crippling to a young person's life if they do not get the help they need.

There are different types of anxiety but they share many of the key symptoms, what varies is the intensity and the focus of the person's anxiety. Anxiety and depression can often occur simultaneously.

“I had a lot of physical symptoms of anxiety such as a racing heart and turning red. I became anxious all the time and it was triggered by anything. I eventually started to do some research on the internet about what might be going on for me.” – Jennifer, 23 years

What a young person might feel

It probably seems obvious but young people experiencing anxiety feel 'on edge' or worried most of the time. Feeling overwhelmed, frightened (particularly when having to face certain objects, situations or events), dread (that something bad is going to happen) or panicked are also common. The anxiety might increase when they are asked to do something out of the ordinary.

Some young people also experience a range of physical symptoms when they are anxious; heart racing, butterflies in the stomach, muscle tension, shaking hands or nausea. These physical symptoms might even lead them to worry that they have an undiagnosed medical problem.

“My heart was beating so fast and so loud I honestly thought it was going to fail at any moment. This continued for days.” – Gemma, 20 years



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What a young person might think

Young people with an anxiety condition often describe an inability to stop thinking and that their thoughts are often unwanted and intrusive. They can find it hard to focus on anything other than their worries. Some identify that what they are thinking about may be irrational or silly, but that they are unable to stop these intense and sometimes unbearable thoughts. These thoughts may also be negative in nature, which in turn affects how the young person feels; more miserable and anxious.

Some young people also experience upsetting dreams or flashbacks of a traumatic event.

Some common anxious thoughts include:

- “I’m going crazy.”
- “I can’t control myself.”
- “I’m about to die.”
- “People are judging me.”

What a young person might do

Our natural instinct is to avoid situations that cause anxiety or stress so when anxiety conditions develop young people may begin to avoid places, people or specific situations that cause them to worry. This might mean that they begin to spend less time with friends and community, as social situations may be overwhelming, or they might begin to avoid going to school, university or work because of how they feel.

Other young people may experience urges to perform certain rituals in an attempt to relieve anxiety, find decision making stressful, be easily startled, and have difficulty being assertive. Many young people who experience anxiety also find it hard to sleep and consequently feel really tired. A lack of sleep can also cause the symptoms to worsen, as they have had no rest or opportunity to have a break from their thinking.

“I experienced uncontrollable strings of panic attacks, followed by days where I was simply unable to get out of bed or eat. It wasn’t until I ran out of a university lecture in the midst of an intense panic attack that I decided to seek proper help.” – Ella, 22 years

Anxiety is a part of life but it should not create an ongoing sense of fear or anxiousness, dramatically changing the way someone spends their time. If a young person you know is experiencing extended periods of anxiety, and it’s changing the way they do things, then they might be experiencing an anxiety condition.



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What are the different types of anxiety?

Generalised anxiety disorder (GAD)

A person feels anxious most days and worries about everyday situations such as school, work, relationships or health for a period of six months or more.

Obsessive compulsive disorder (OCD)

A person experiences unwanted and intrusive thoughts and fears (obsessions) that leave them feeling really anxious. To manage these anxious thoughts they begin to do things, or use rituals (compulsions) to cope. Even though they often know that these thoughts are irrational, the obsessions return all the time and the compulsions are hard to resist. For example, a fear of germs can lead to constant washing of hands and clothes.

Panic disorder

A person has regular panic attacks for more than a month. The panic attacks are periods of intense fear or extreme anxiety that happen suddenly or when there is no sign of danger. Physical symptoms, like sweating, feeling short of breath, pounding heart, dry mouth, thinking that you're dying, and losing control or about to collapse are common in panic attacks.

Post-traumatic stress disorder (PTSD)

PTSD can happen after experiencing a traumatic event, for example, war, assault, accident or disaster. A person may experience difficulty relaxing, upsetting dreams or flashbacks, and avoidance of anything that reminds them of the event.

Social phobia

A person has an intense fear of being criticised, embarrassed or humiliated, even in everyday situations, such as speaking publicly, eating in public, being assertive at work or making small talk.

Specific phobias

A person feels anxious about a particular object or situation, like going near an animal, going to a social event, or receiving an injection and will go to great lengths to avoid it. Some phobias include animals, insects, heights, and blood.

Many people experience more than one type of anxiety and may experience depression as well.



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Common symptoms of anxiety

The symptoms of anxiety are sometimes not all that obvious as they often develop gradually and given that we all experience some anxiety, it can be hard to know how much is too much. If a young person is experiencing several of the signs and symptoms across at least three of the categories below, they may be experiencing anxiety.

Feelings

- overwhelmed
- fear (particularly when having to face certain objects, situations or events)
- worried about physical symptoms (e.g. fearing there is an undiagnosed medical problem)
- dread (e.g. that something bad is going to happen)
- constantly tense, nervous or on edge
- uncontrollable or overwhelming panic

Behaviour

- withdrawing from, avoiding, objects or situations which cause anxiety
- urges to perform certain rituals in a bid to relieve anxiety
- difficulty making decisions
- being startled easily
- not being assertive (i.e. avoiding eye contact)

Thoughts

- "I'm going crazy."
- "I can't control myself."
- "I'm about to die."
- "People are judging me."
- having upsetting dreams or flashbacks of a traumatic event
- finding it hard to stop worrying
- unwanted or intrusive thoughts

Physical

- increased heart rate/racing heart
- shortness of breath
- vomiting, nausea or pain in the stomach
- muscle tension and pain (e.g. sore back or jaw)
- feeling detached from your physical self or surroundings
- having trouble sleeping (e.g. difficulty falling or staying asleep or restless sleep)
- sweating, shaking
- dizzy, lightheaded or faint
- numbness or tingling
- hot or cold flushes
- difficulty concentrating

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SCENARIO

How Mitch supported his son Blake, 14 years

I was determined to make sure our separation would not affect the kids. But Julie and I just never agreed. And I was exhausted; I did not have the energy for any dramas. So when Blake's football coach noticed that Blake was always tired, often sitting down when he should be training, I pushed him to work harder but he just didn't.

One day I asked him what was going on and he replied "What do you think? School is boring, my teachers are terrible, our football team is hopeless, and you and Mum have given up."

I didn't know what to say. I should have seen it coming. I also noticed that Blake was not eating much, he was always angry, and he didn't hang out with his friends anymore. I spoke to a few mates, not many had any answers, but one suggested a local health professional. At first I thought, "Nahh, don't be stupid, he doesn't need to see someone" but then I realised that I had no other options. I did not know what to do. I called the health professional and he sounded like he would be OK, so I booked Blake in. I didn't really know how to choose but I decide that if I found him easy to talk to then Blake might too. The health professional also suggested some websites to have a look at about how to support Blake. It did not take much reading to realise that we had not paid enough attention to what Blake needed. We might not have been able to stop it but we should have seen the signs earlier. I also rang my mate to hear more about his son, and why they were going to the health professional. It seems Blake is not the only one with problems.

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WHAT IS DEPRESSION?

How we feel relates to the things that are happening in our lives. It's normal to be happy sometimes, frustrated at other times and disappointed when things don't go to plan.

Depression leaves people feeling down and unable to cope with everyday life. It affects how a person feels and thinks, and it can also affect someone's physical health and overall enjoyment of life. There are different types of depression but they all share some common symptoms. These symptoms vary in intensity and in the impact they have on someone's life. Everyone is unique and can experience depression in different ways. Depression and anxiety often occur simultaneously.

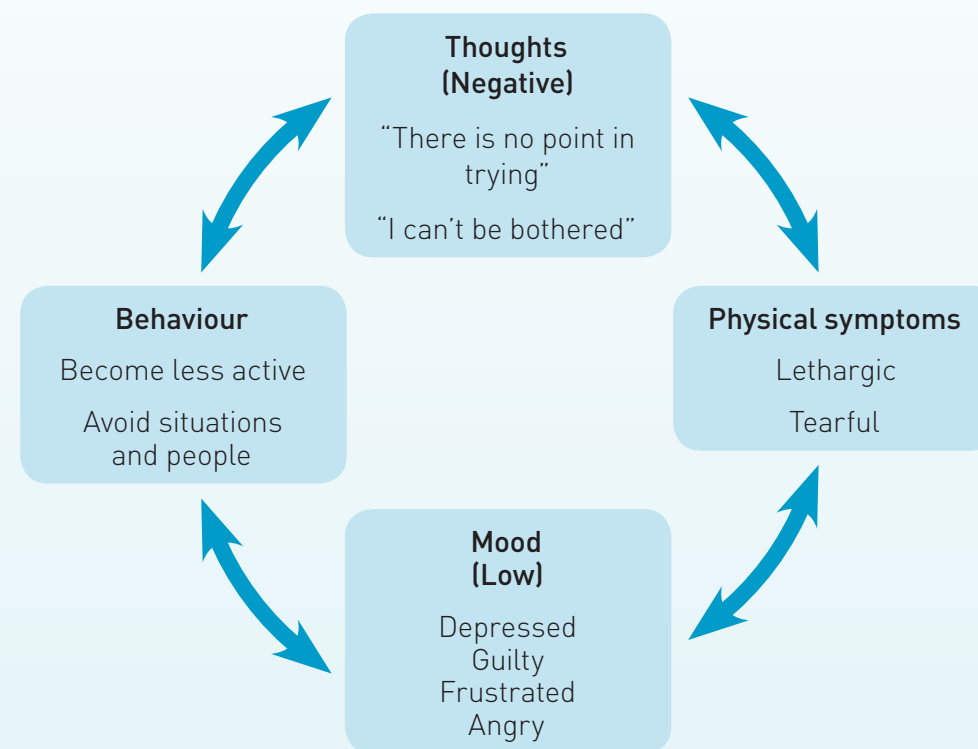
“ Things I normally found enjoyable would start to not be so good, I would not want to see friends or talk to people. I would feel really upset like I wanted to cry all the time. ” – Andrew, 18 years

“ The symptoms were there, sleeping longer, weight gain, loss of motivation and it was very frustrating as he just would not or could not seek help. ” – Robert, parent

What a young person might feel

Some young people feel irritable; others feel sad and really stressed most of the time. Some young people become more angry than usual and are restless, unable to relax or stop thinking about their worries. Young people with depression may experience feelings of guilt, worthlessness, frustration, unhappiness, indecisiveness, disappointment and misery.

Many of the feelings young people have are connected to how they think. So if what young people are thinking about tends to be negative their feelings probably will be too.



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What a young person might think

Young people with depression describe having many negative thoughts about themselves, the people around them or their environment. These thoughts are not often accurate and depression has affected their ability to concentrate and consider certain situations or decisions objectively.

Some young people think about how their condition is affecting other people and begin to feel guilty for being a nuisance, while others worry that they are a failure and that nothing good will ever happen to them. These often really intense feelings can leave some young people thinking that life is not worth living.

Some of the other common things that young people worry about include:

- **Friendships** - being part of the group or feeling rejected or bullied, supporting someone who is also struggling to find enjoyment in life.
- **Intimate relationships** - wanting to be in a relationship or trying to make a relationship work.
- **Academic performance** - managing school or university workloads, preparing for exams and setting unrealistic expectations for what they will achieve at school or university.
- **Work pressures** - learning a new job, keeping up with employer expectations.
- **Financial matters** - having enough money for study and personal commitments.
- **Family stresses** - family conflict or family breakup.
- **Loss and grief** - the loss of someone close, moving house or changing schools, the end of a relationship.
- **Negative experiences around personal identity** - discrimination and the fear of it, internalised stigma or bottling up negative feelings about identity (for example about sexuality, gender identity), and negative family/friendship experiences during coming out.

- **Negative experiences related to your family's cultural heritage, language or religion** - being discriminated against or fearing it, being ignored, and avoiding places and situations.



“I became so resolute that I didn't even bother to reach out anymore, because I felt like I was a lost cause.” – *Georgina, 17 years*

“It was as though I was a sink and any sort of happiness or energy just drained out. I felt completely helpless and empty.” – *Jessica, 17 years*

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“When I came out it felt like the biggest weight had been let off my shoulders, it does take time. I knew who I was at about 17–18 but it took me until I was I think 22 to come out. Because there’s that fear factor of will they still accept me?” – Robert, 25 years

What a young person might do

With depression it is common for young people to lose interest in things that they previously found enjoying or satisfying. It might be because of intense sadness or worry, an inability to concentrate for extended periods or they may feel exhausted and lack the energy to get involved in things around them. This can mean that they become disconnected from their friends and family, leaving them feeling isolated and at times more depressed.

There can also be changes in how young people eat and sleep. Some young people lose their appetite while others use food as a way to feel better. Some young people want to sleep all the time while others just can’t sleep no matter how tired they feel.

The experience of depression can be different for everyone but the things to look out for are ongoing changes in their mood, behaviours and general wellbeing. These are the signs that depression might be a problem for a young person.

“Something wasn’t right. I withdrew from my family and friends and found myself frustrated, angry, overwhelmed, anxious and really sad. I just couldn’t stop crying I didn’t care anymore about my school work or other interests.” – Kate, 25 years



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Common symptoms of depression

A young person may be depressed if, for more than two weeks, he or she has felt sad, down or miserable most of the time or has lost interest or pleasure in most of his or her usual activities, and has also experienced several of the signs and symptoms across at least three of the categories below.

Feelings

- overwhelmed
- guilty
- irritable
- frustrated
- lacking in confidence
- unhappy
- indecisive
- disappointed
- miserable
- sad

Thoughts

- "I'm a failure."
- "It's my fault."
- "Nothing good ever happens to me."
- "I'm worthless."
- "Life's not worth living."
- "People would be better off without me."

Behaviour

- not going out anymore
- not getting things done at work/school
- withdrawing from close family and friends
- relying on alcohol and sedatives
- not doing usual enjoyable activities
- unable to concentrate

Physical

- tired all the time
- sick and run down
- headaches and muscle pains
- churning gut
- sleep problems
- loss or change of appetite
- significant weight loss or gain

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How Steve supported his child Jade, 17 years

Jade had always been a bit different but that didn't ever seem to be a problem until adolescence, after that school became really hard. Jade talked about how people would say things, flippant remarks but they'd often be discriminatory, and that would leave Jade feeling left out and alone. We had a pretty good relationship so we talked about what was happening, we talked about how Jade was feeling and as Jade got older we talked about gender.

Jade didn't think that either male or female really fit the gender Jade felt inside. We talked about how you didn't have to act or be like other people wanted you to, but at the time I didn't really know how to explain gender. Jade's gender wasn't a big deal for Jade, or for me, but it was for kids at school and some of our family and friends.

At home Jade started what I thought was typical teenage angst you know, Jade's usual cheerful manner began to diminish, the laughter stopped, and jokes became quite cynical. It was difficult to get Jade to go to school. It kept getting worse. Eventually Jade told me about some really nasty messages on social media, bullying at school, and about feeling numb most of the time. I was really worried.

I did some late night research on the internet and realised something else was wrong, that Jade was depressed. I started searching the internet for support, and also making some phone calls. I got some advice from the national LGBTI support service; they helped me find a doctor who could support Jade through what I now know as diverse gender expression. The doctor really helped Jade with the depression and together they found an appropriate counsellor.

Jade has good days and bad days with the depression, but the therapy and medication is really making a difference. Jade went to the pride festival this year and found a social group for other young genderqueer people. It finally seems like Jade has found a place to fit in and it's made the world of difference to Jade's mental health and outlook on life. Jade went through a really tough time which as a parent was hard to watch, but I couldn't be prouder of the person Jade is growing up to be. And with Jade's encouragement I also joined a group for parents of LGBTI young people. I didn't think it would be my style but actually I have become good mates with some of the other parents, we have had a lot of similar experiences.

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WHY DO PEOPLE DEVELOP ANXIETY AND DEPRESSION?

There is no simple answer as to why people develop anxiety or depression; it's different for everyone. For most people there are a combination of reasons.

For some young people anxiety or depression develops after a stressful life event. It might begin with some feelings of sadness, distress or anxiety but over time the symptoms become more intense and begin to affect friendships, relationships and everyday life.

Risk factors for developing anxiety and depression include:

- a history of depression or anxiety in close family members, including when families have faced traumatic events for generations
- being female
- stressful life events
- personality and coping style
- history of physical illness or disability
- drug and alcohol use
- adverse experiences in childhood, such as lack of care or abuse
- family poverty
- learning and other school difficulties
- adverse events in the person's life recently, such as being a victim of crime, death or serious illness in the family, having an accident, bullying or victimisation
- parents separating or getting divorced
- being in a minority group that's disadvantaged socially (such as being part of a sexual minority or gender diverse group, Aboriginal and Torres Strait Islander, refugee, homeless or a youth in the criminal justice system)
- lack of a close, confiding relationship with someone

- premenstrual changes in hormone levels
- caring full-time for a person with a long-term disability
- the side-effects of certain medications or drugs.

A young person having one, or even a few, of these factors in their life doesn't mean they'll necessarily develop depression or anxiety – the positive things in their life can protect against this. But generally, the more of these factors a young person has, the more likely it is they'll develop depression or anxiety.

Young people of refugee and migrant backgrounds may experience additional stresses related to moving countries and living in a different culture. This does not mean that someone with these experiences will develop anxiety or depression, but they are more likely to develop these conditions sometime in their life.

Using drugs and alcohol can lead to anxiety or depression and if you are already experiencing anxiety or depression, drugs and alcohol don't help. They often make the symptoms much worse.

In 2004 over one in five Aboriginal and Torres Strait Islander young people lived in families that had experienced seven or more stressful events over a period of 12 months,² which increased their chances of developing anxiety and depression. Experiences of racism and discrimination can have a big impact on a person's wellbeing. Information from Kids Helpline revealed that Aboriginal and Torres Strait Islander students, and students from language backgrounds other than English, were much more likely to experience bullying at school than other students.³ Aboriginal and Torres Strait Islander young people and their families may also experience grief and loss associated with a history of discriminatory policies and practices leading to transgenerational trauma. Transgenerational trauma is transferred from the first generation of people who have experienced the trauma directly in the past to the second and further generations of offspring.

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Lesbian, gay, bisexual, transgender and intersex (LGBTI) young people may also experience some additional stresses that increase their chances of developing anxiety and depression. In particular, when young people come out or question either their sexuality or gender identity, the chances of them developing anxiety or depression are increased. Negative reactions, discrimination and lack of support from family and friends can also increase their risk of developing anxiety and depression. And for bisexual young people there may be additional discrimination from both the broader community and from within LGBTI communities.

beyondblue's Families like mine has been produced as a guide for families on how they can support children and young people who are lesbian, gay, bisexual or gender diverse.

“A lot of people just don't seem to get that while they might be joking it can actually really upset you. You lose all this self-worth. For a period of time I didn't want to go out, I didn't want to go school I didn't want to wake up, I just wanted to stay in my bedroom. I just wanted to stay asleep in my little cocoon. I sort of withdrew socially and people didn't seem to get why, which led to further alienation from others. I just guess I stopped being who I was and just became sort of this body walking around pretending to be a person.” – Marlee, 16 years

It is evident that the cause of anxiety and depression is not always clear but it could be related to early life experiences, someone's biological make up and/or the stresses in their life.

Whatever the cause, there is a lot known about recovering from anxiety and depression, in particular what helps. So if anxiety or depression is a problem for someone you know the focus does not need to be why, but more helpfully, what can they do now? There are self-help strategies, online support services, or health professionals that can help. With the right help, most people recover.

“It is important to accept the challenge it presents, seek help, and try to overcome the difficult times and focus on the positives in life, as every challenge conquered starts with the decision to try.” – Andrew, 18 years

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RECOVERING FROM ANXIETY AND DEPRESSION

Recovery does not necessarily have a beginning, middle and end. Some people may only experience one episode of anxiety or depression, while others will find that their symptoms return at different times in their life. With the right treatment and support young people can recover from anxiety and depression.

During a young person's recovery they might find themselves thinking about how anxiety or depression has changed their life. They might also find there are times they feel angry that they have anxiety or depression, that it seems unfair. These are common reactions. Having to accept the need to learn how to manage it can be overwhelming.

There are situations or events that can increase the severity of a young person's symptoms, or increase the chance of a young person having another episode of anxiety or depression. These triggers may include: family and relationship problems, financial difficulties, change in living arrangements, employment issues, drug and alcohol use and other medical problems. Finding ways to limit the stress and manage tricky situations helps to minimise the effect of these situations on a young person's anxiety or depression.

“Often many triggers, little things in life that brought it back. The memories would be enough to set me off. Learning to control these reactions to certain stimuli is the hardest part to recovering from PTSD.” – *Georgina, 17 years*

There are a range of things that young people can do, both practically and psychologically, to manage their symptoms, help to improve their quality of life and reach their goals and potential.

“Don't be negative about it – it is an illness and can be treated with the right program, treatment and doctor. It is manageable but the person needs to take the first step.” – *Robert, parent*

Some of the helpful suggestions for recovery include:

- the support and understanding of family and friends
- professional support
- keeping physically healthy and managing stress
- strong connections with cultural heritage and community.

Helping a young person with anxiety or depression can take many forms. You might offer practical, emotional, or financial support. You might help them manage their symptoms, or you might be in a position where you are only able to offer your support and wait for an opportunity to do more. There are some young people who may not want help. This does not mean that you do not help them; it just means that you have to be very thoughtful and sometimes creative about how you can approach the way you help them.

Recovery can take time and acknowledging their achievements and strengths through this time can be empowering to the young person.

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SCENARIO

How Gabe supported his son Dante, 21 years

My son would not get help. He was stubborn. I had told him that now he was a man that he had to make his own decisions, but this was the wrong one. He was depressed. I had read all the symptoms and he had most of them. I got friends to talk with him, his boss to say something but still nothing. I felt pretty useless.

I had nearly given up when one day one of his mates, Jack, who he had not seen for ages, came by. He had not been around much because he had got so depressed that he tried to kill himself. At first I thought Dante should stay away from him, I did not want him hearing those terrible stories. But he seemed to know how Dante felt. Dante and Jack became good mates again and one day Jack took Dante to headspace. And Dante kept going back. He would not tell me what was going on but 12 months later, after a pretty tough road, the medication and talking therapy has begun to work.

Dante is doing OK these days. He still won't tell me what he talks about but I guess I would have been like that when I was 21. Lucky Jack came along; not sure what would have happened otherwise.

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If you are concerned that a young person is experiencing anxiety or depression then it is important to let them know that you are worried. Talking about thoughts and feelings can be difficult for young people; it does not always come naturally. They might get angry when you ask if they are OK, or they might say nothing. You might find it difficult to talk openly too. Approach these conversations with respect and thoughtfulness, and try to avoid judgment. Let the young person know why you are worried and what you have noticed. Encourage them to talk about how they are feeling and any current things that might be stressing them. Regardless of where your child or loved one is at, all young people need to know that they are loved, respected and trusted. Anything you can do to demonstrate this to them will be valuable.

“So the support of my family has always been there. We have a pretty big family. When I say family, I don’t just mean the immediate family, my parent’s sisters, it’s also the cousins, and aunts, and the uncles, so it’s like really... a really big family, that’s how we call ourselves family.” – Robbie, 25 years

Whether at school, university, work or a combination of these, anxiety or depression can change how a young person performs academically, socially and emotionally.

While a young person might need professional help they also need to pay attention to the other parts of their life: their friends, family, activities, community, education, work and study.

“My husband and I support our daughter in any way we can, whether this means finding, paying for and attending health care professionals, supporting involvement in sport, making adjustments to our life to be there for her.” – Suzie, parent



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Talking, listening and understanding

Communicate openly

- Be an attentive listener. Sit in a relaxed position and use appropriate eye contact, asking open ended questions.
- Acknowledge their feelings and be careful not to offer advice too quickly.
- Don't be afraid to ask about how they are feeling and to talk about what is going on. Let the person know if you've noticed a change in their behaviour and appearance. They may not want to talk, but your interest shows them that you are willing to talk about their mental health. Ask questions – but not too many!
- If the young person doesn't want to talk to you about what's going on don't take it personally. Let them know you are ready to listen whenever they want to talk.
- If you are not sure what to say, do a little research. Read more about anxiety or depression so that you feel more comfortable talking about it.
- Talking is not always what the young person feels like doing. Consider sending a supportive message via text, Facebook or other social messaging services, or perhaps just write a note.
- Show interest in what the young person is doing in all aspects of their life, aside from their anxiety or depression.
- Improve the young persons' confidence by building on the things they do well.
- Try to avoid being over protective and let the young person live their life.
- Be respectful of their privacy. Make sure the young person is comfortable with you telling others about their experiences, whether they are family, friends or teachers etc. Talk with them about what information can be shared and what they would prefer to remain private.

“Patience, patience, patience. You will both get through it in the end and things may even be better than they were before, like they were for our family.”
– Janine, parent

“You can comment on the way they do something different than usual, but don't harp on it, and don't nag them continuously.” – Robert, parent

Be understanding

- Read up on anxiety and depression. The more you know the better equipped you will be to help the young person. Be sure not to suggest that they just 'Cheer up' or 'Pull yourself together'.
- Encourage the young person to learn more about anxiety and depression and provide some useful website links.
- Work on creating a balance between self-responsibility and offering support. Understand that young people do things differently from you – that's normal.
- Provide consistent limits and boundaries but offer opportunities to negotiate changes when necessary.

“Never go mad at them for how they are feeling or behaving. Depression has this way of taking over and a lot of the time, it's not really that person thinking that way. Never judge them for what they do. Try to empathise.” – Tianna, 19 years

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“I went to a function, it was my first function after I came out, it was an [Aboriginal] community one. All the boys were there. One of my cousins came up to me and he said ‘I don’t care who you are, who you sleep with, you’re still Rob, and you’re still our boy’. That just means the world when you hear that because you know that they are there for you no matter what but to actually hear it is really something else.” – Robert, 25 years



Being helpful

Encourage them to get help

- Reassure them that help is available.
- Ask how you can help. Young people will want support at different times in different ways.
- Monitor changes in symptoms and let them know if you notice things getting worse. This might help them to see that they need some help.
- Suggest they have a review with their local doctor to ensure there is no physical reason for how they are feeling.
- Encourage the young person to stick with treatment once it has begun, whether it is talking therapy, medication or both. Find out more in [Support from health professionals](#).

“Get them to a professional. I still don’t like to talk to my parents about my depression, it’s really hard to tell the people who love you most and do everything they can for you, that you’re cripplingly unhappy. It’s embarrassing, and really hard to talk about, especially to the people closest to you.” – Rebecca, 23 years

“Professional help and a supportive environment were the main things in my recovery. I always had somebody to go to when things were bad or when I was feeling really down. I had people who were constantly checking up on me to see if I was okay.” – Tianna, 19 years

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Be practical

- Talk to the young person about what practical support would be most helpful for them, like a break from chores, talking with a respected Elder or a lift to school, work or appointments.
- Promote the use of their problem solving skills when problems arise:
 - help them identify the problem and why it is a problem
 - explore some options with them about how they could approach it – you might suggest some solutions and they generate their own – talk with them about the pros and cons of each solution
 - encourage the young person to implement their chosen solution, reminding them that if it is not successful there are other options to try
 - remind the young person that it can be helpful to stop and use this process whenever they begin to feel overwhelmed by a problem.

“Look for small ways that you can make a positive difference and provide comfort and support, and keep doing them – in my case I realised that a simple back or foot massage before bedtime helps my daughter relax and go to sleep. It helps both of us to know that I can help in this way.” – Suzie, parent

Celebrate success

- Acknowledge the young person’s progress in coping with their anxiety and depression. Celebrate their success, no matter how small. When a young person meets a specific goal or reaches a milestone in their recovery plan, prepare a celebration or offer a small reward. This could be as simple as cooking a favourite meal, offering a special home privilege or giving a small gift.

“I am feeling confident that this is the right move for him and he is already showing positive small steps. Small steps... but moving forward.” – Robert, parent

Supporting healthy habits

Encourage social activity

- Help to create and maintain a sense of belonging to the family, their friends, culture and their community.
- Assist the young person to prepare what they might say to their friends about how they have been feeling.
- Encourage the young person to hang out with friends or suggest social activities that might be of interest such as sports, after-school clubs, playing in a band, listening to music or going to the movies.
- Offer to attend cultural and community events with young people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander young people to foster strong connections with their cultural heritage, family and community.
- Help with transport to community events or activities such as youth centres, LGBTI pride groups, young people’s cultural groups or other activities.
- Encourage young people to talk about any relationship difficulties they are experiencing; offering an objective view of the situation without judgment of pushing your own advice.
- Normalise the feelings associated with relationships changes – the good and the bad.

“A strong support network of both friends and adults who I trusted who were positive influences was one of the most important things to my recovery.” – Andrew, 18 years

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Encourage physical activity

- Encourage the young person to keep active. They might join a sports team or the local gym, ride their bike, walk the dog, go for a run or help coach a local sports team.
- How much activity a young person is willing to do will depend upon their interest in being active, but also, their stage of recovery. Starting small and building up might be what the young person needs.
- Suggest they exercise with a friend to help keep them motivated.

Encourage healthy eating

- Ensure there is a range of food available to the young person at home. Include a variety of healthy foods including plenty of vegetables, fruit and cereals (like bread, rice and pasta), some lean meat, chicken or fish, dairy products (milk, yoghurt, cheese) and lots of water. It's a good idea to avoid fatty foods and foods with lots of sugar in them.
- If they need lunches when they are at school, university or work you might consider helping to prepare these in the short term to ensure they have something to eat when not at home.

Encourage involvement in interests/study/work

- Suggest they set some goals for the next day, week or month. Something that they enjoy or find rewarding that is achievable.
- Encourage young people to maintain their interests; they might need to alter how much they can do in the short term and then build up again.
- Where a young person has few interests encourage them to get involved in something – sport, computers, arts, or music.
- Talk openly about setting realistic expectations for managing study/work and what they can do if problems arise.

- Talk with them about whether they want to let the school/university/work staff know about what is going on. The focus of this conversation would be about the possibility of getting some extra support or time to complete requirements or lessen workloads.

“Fitness/hobbies – keep yourself and the person you are caring for (if possible) immersed in activity!”
– *Kate, sister*

“I also found a change in life style and setting goals was a very productive exercise in helping me to recover as it allowed me to focus on positives in my life.”
– *Andrew, 18 years*

Help to reduce the stress

- Suggest they leave big decisions until they are feeling a bit better and able to approach the situation a bit more objectively.
- Encourage them to talk about problems when they happen so they can be sorted out more quickly.
- Help them find ways to relax. This might be listening to music or going for a run, some young people also benefit from meditating, or doing guided relaxation. Some sample relaxation programs can be found at www.smilingmind.com.au
- Suggest they plan their week and how they are going to get their study/work requirements done.

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Talk about drug and alcohol use

- Encourage the young person to avoid or reduce their drug and alcohol use.
- If the young person is on other medication, encourage them to talk with their doctor about the impact of their drug and alcohol use on the effectiveness of the medication.
- It might be useful to talk with the young person about what else they could do when they feel like using drugs or alcohol; call a friend to talk about it, go for a run, listen to music.
- Encourage the young person to hang out with friends who do not drink alcohol or use drugs.
- If you think there may be a problem with excessive use talk to them about drug and alcohol counselling. There are also self-help groups available.
- If the young person is continuing to use drugs and alcohol talk to them about how they can keep safe when they are doing so.

Encourage improved sleep habits

- Encourage them to develop a regular sleeping routine by:
 - getting up at the same time each morning
 - avoiding caffeine or alcohol after noon
 - winding down 30 minutes before going to bed
 - writing any worries down before going to bed so they can deal with them the next day
 - getting up after 15–20 minutes if they can't sleep, rather than staying in bed feeling restless and returning to bed when they feel more relaxed and sleepy
 - avoiding naps in the day.



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Keeping a look out

Recognise triggers/warning signs

Sometimes there are situations or events that can affect how a young person is feeling. Some of these might include:

- family and relationship problems
- financial difficulties
- change in living arrangements
- employment issues
- drug and alcohol use
- other medical problems.

Warning signs are signals or clues that a person may be feeling depressed or anxious. Often family and friends can notice changes to how a person is behaving, acting or feeling. Sometimes the symptoms may worsen gradually and small things about how the young person thinks and feels begin to change. Some warning signs may include:

- feeling irritable, stressed and teary
- withdrawing from social events and activities
- changes in sleeping habits
- skipping meals and eating unhealthily.

It is useful for young people to learn to identify and manage their own warning signs. This enables them to be prepared, respond promptly and take control or focus their thoughts, helping to keep their symptoms from getting worse.

“Being able to recognise when I am going downhill, and doing something straight away to counter it – forcing myself to do some exercise, or look through family photographs, or watch a comedy, or just go and spend time with my friends. It is when you just accept that you feel terrible for no reason, and don’t try and fight it, that things get out of hand.” – Amie, 23 years

“The biggest thing has been realising that, in the end, it is up to me to work out how to control my mood.” – Amie, 23 years

Be prepared for setbacks

- Setbacks are normal, they can be disappointing but there is no need for blame or hopelessness.
- Encourage the young person to keep persevering.
- Focus on achievements and what skills have been gained.
- Setbacks can be an opportunity to try managing symptoms or stresses in a different way.

Persevere: sometimes it may feel like nothing is progressing or changing, or that nothing you do matters; but it does. While young people may not acknowledge how important your support and care is at the time many recognise it later.

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SCENARIO

How Christina supported her daughter Vicki, 24 years

Vicki started seeing a counsellor when she was 20, now she's 24 and goes when she notices her bad habits returning – her negative thinking and constant worry. Starting her first full time job was one of those times. She was excited but nervous and slowly her symptoms began again. At first they were just mild but as they got worse Vicki booked in to see the counsellor.

It was not always like that though. She really did not want to go to counselling in the beginning. She knew I had been depressed and seen a psychiatrist in the past, and she did not want to be like me. Because of my experience I was not going to give up though. It had taken me a long time to get help and recover; I did not want that for Vicki so we kept pushing.

We needed to offer lots of encouragement and sometimes we even provided a few incentives but nothing. And then she started talking about suicide to her friends. I am so pleased her friends told us so that we could watch over her a little closer. In the end I think Vicki realised that we were going to keep 'pushing her' until she gave it a go.

We had to change therapists a few times but eventually she saw the benefit. I thought my experience would make things easier because "I should know how to help" but the reality was Vicki had to make the decisions to get help herself. We could push, encourage, whatever you want to call it, but she needed to want it or at least be willing to give it a try.

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“Once my daughters started to show symptoms of mental illness my wife and I knew we had to get professional help. With my eldest daughter, we were fortunate enough to be able to get her straight into care with headspace and a private psychologist. At that time we were living in a regional area and resources were not as ‘stretched’ in that area as they are where we now live in Sydney. When my youngest daughter became ill, we made contact with the various adolescent mental health teams until we found which one covered the area where we lived and we engaged them straight away.”
– Allan, parent

There are a range of health professionals who are skilled in helping young people cope with anxiety and depression. These include doctors, psychologists, counsellors and therapists, and they can be accessed through your local medical clinic or community health centre. There are also counsellors available through schools, universities and through organisations like headspace. For more options on how to find help, see [Useful links and contacts](#).

Some young people might ask why they should get help, while others worry that getting help is embarrassing or a sign of weakness. This is an opportunity to talk with them about their concerns; encourage them to seek support before making any decisions about its usefulness. It can also be helpful to explain the many benefits of seeking support from a health professional.

A health professional can help the young person to work out what is going on, what they are feeling and what might help. They listen, talk through ideas and help the young person to consider their options for recovery. This might take a few sessions or it might take longer. If they feel that the young person needs more support, or that the symptoms are taking a long time to subside, the health professional may consider referring the young person to a specialist, like a psychiatrist.

The goals of treatment are generally to:

- sort through thoughts and feelings
- provide a different perspective
- offer ideas about how to approach the problem
- refer on to other doctors or health professionals when necessary
- help stop anxiety and depression from coming back.

A young person will benefit most from these sessions if they feel comfortable, respected and supported. It can take a few sessions before a young person feels comfortable talking with a health professional though, so encouraging them to persevere is really important. It can sometimes be helpful if the health professional has special knowledge relevant to the young person’s experience, for example a professional that has experience working with LGBTI young people, bilingual youth workers or an Aboriginal Health Worker.

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“Asking for support does not mean that you are a weak person; in fact, asking for help is a display of strength and courage and is the biggest step you can take in order to get that much closer to recovery.”

– Karla, 21 years

The main form of treatments for anxiety and depression are psychological therapies (talking therapies). There are different treatment approaches used by health professionals but the ones known to be effective to treat anxiety and depression are cognitive behavioural therapy, interpersonal therapy and mindfulness-based cognitive therapy.

“Don’t try to protect them from the situations that cause anxiety. This is an easy trap to fall into, but not helpful. Instead, seek advice on how to be their coach in helping them face their fears.”

– Suzie, parent

Finding a health professional

Your local family doctor is often a good starting point when a young person needs help. They can talk with them about what is happening and their options for treatment and support. They might provide ongoing care or they might suggest that another health professional or support service get involved.

Health professionals can be accessed through the local doctor, community health centre, public mental health services, local council, headspace centres and private

health clinics. To find a mental health professional or GP in your area visit www.beyondblue.org.au/find-a-professional or phone the *beyondblue* Support Service on **1300 22 4636** (see [Useful links and contacts](#)). You can also get advice from a LGBTI service such as QLife ([www.qlife.org.au](http://www qlife.org.au)) or find an Aboriginal Community Controlled Health Organisation through the state and territory organisations listed at www.naccho.org.au/about-us/affiliates

Transcultural Mental Health Centres, Migrant Resource Centres and Ethnic Community Councils can offer support for young people from migrant and refugee backgrounds.

There are some youth services that offer a ‘drop in’ service but most work with an appointment system. An initial phone call can help to determine the expertise of the health professional and their availability. The frequency of sessions will be decided once the young person begins the therapy.



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Help to prepare the young person

It can also be helpful to provide young people with some idea about what to expect when they see a health professional. Let them know that there will probably be lots of questions initially as the health professional gets to know them; questions about their general health and lifestyle, work and school/university experiences, relationships and how long they have been feeling this way. Try to encourage the young person to talk openly about how they feel because the more information the health professional has, the better able they will be able to help them.

“My doctor was amazing, I was so nervous I was shaking and felt like I was going to spew. Or faint. I cried as soon as I tried to speak. She was really calm and understanding, we talked for ages.” – *Rebecca, 23 years*

“On the whole, we have encountered excellent help though we have sought and advocated for this. We have been involved, yet had to step back and trust the professionals as necessary, and allowed my son to progressively take more control as he is able.” – *Paula, parent*

“I took responsibility for organising my daughter’s care. It wasn’t easy and was really a continuous learning process.” – *Susan, parent*

Many services offered by your local doctor, community health services, headspace or public youth mental health services are either free or paid for partly by the government under Medicare.

Cost of getting help

To receive free services under Medicare for anxiety and/or depression the young person will need a Mental Health Treatment Plan from their doctor. A Mental Health Treatment Plan outlines what treatment is required and why, the number of sessions available to the young person, and who the young person can see for ongoing care.

When contacting a health professional it is important to confirm what is covered by Medicare – what services and also how many sessions? Some services also charge fees on top of the Medicare benefits but they may offer a discount for health care card holders or for those with special circumstances. Some services are also covered by private health insurance.

By talking about the fees when you first contact the health professional you will be clear on what costs are involved.

What if it is not working?

If after a few sessions the young person does not feel it is working they can talk about this with the health professional. Together they can work out why it is ‘not working’ and how they might be able to make things feel more comfortable or useful.

It is not uncommon for a young person to consider moving to another health professional when they are being encouraged to think and talk about difficult things. At these times some extra encouragement and support to persevere might be what the young person needs.

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“So when I went to go see a counsellor it was actually really refreshing. I walked out of it feeling a little bit better, because it was someone who didn't know me, who didn't know anything about my past, and had a completely different aspect of everything, which I would never have even thought about, and the best advice that she gave me while I was down was to keep going to counselling.” – Robbie, 25 years

Sometimes young people decide to try a different health professional, and that's OK too. While it would be great to find the right health professional first up, this does not always happen. It is important young people are not discouraged by this and that they understand it can take a few tries before they find the right professional.

If you do not think therapy is working, talk to the young person about your concerns. Help the young person to identify the benefits of the sessions so far and any concerns they might have about the process. Let them know there are other options if they think they need to try someone else, ensuring that you continue to support their help seeking.

Throughout the recovery journey the young person might also need different types of help from more than one health professional. In these circumstances the young person needs to understand the role and purpose of each professional so that the appointments feel beneficial rather than a burden.

“Health care professionals have always dealt with her sensitively and kindly. If there is resistance to seeking professional help, tread very lightly, but persist. If it's obvious the young person genuinely doesn't have any rapport with a mental health professional, find another one **NO MATTER** how good YOU think that person is.” – Fiona, parent

Cognitive behavioural therapy (CBT)

Cognitive behavioural therapy (CBT) is a structured psychological treatment which recognises that a person's way of thinking (cognition) and acting (behaviour) affects the way they feel. CBT can be helpful for young people who have anxiety and depression. The 'cognitive' part of CBT has an emphasis on changing thoughts and teaches young people to think rationally about common difficulties. This helps them to shift their negative or unhelpful thought patterns and the way they react to certain situations to a more realistic, positive and problem-solving approach. The 'behavioural' part of CBT has an emphasis on changing behaviour and is particularly useful for anxiety conditions where people learn to overcome their anxiety by gradually facing their fears.

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“Professional help taught me how to prevent my depression becoming bad again and helped me with strategies to deal with my feelings and bad thoughts.” – *Tianna, 19 years*

Interpersonal therapy (IPT)

Interpersonal therapy is a structured program used to treat both anxiety and depression and has a specific focus on improving relationships, coping with grief and helping people to find new ways to get along with others.

Family therapy

Family therapy helps family members and close friends to learn about anxiety or depression. It helps people find new ways to support and get along with the family member who has anxiety or depression. They can do this by:

- assisting the person with some of his/her daily responsibilities
- helping the person identify stressful situations at home or work
- helping the person to find other ways to solve practical and emotional problems
- keeping an eye out for changes in symptoms.

“At the start of the process, I attended the counselling sessions with my daughter. I continued to see this counsellor throughout the entire journey, and still see her today. She essentially coached me on how to parent a child with OCD and helped me to keep my family together.” – *Susan, parent*

Mindfulness-based cognitive therapy (MBCT)

Mindfulness-based cognitive therapy involves learning a type of meditation called ‘mindfulness meditation’. This meditation teaches people to focus on the very present moment, just noticing whatever they are experiencing, be it pleasant or unpleasant, without trying to change it. At first, this approach is used to focus on physical sensations (like breathing), but later it is used to focus on feelings and thoughts. MBCT helps people to stop their mind wandering off into thoughts about the future or the past, or trying to avoid unpleasant thoughts and feelings.

To find out about other psychological treatment approaches and the level of evidence behind them, download [A guide to what works for depression in young people](#).

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Online or phone services

Some young people find the idea of seeing someone a bit daunting, or there may not be anyone locally that they can access, so online and phone counselling can be a great help. These services are usually available at convenient times of the day and offer ideas to the young person about how to cope, no matter what the issue. The other benefit of online or phone services is that the young person can contact them when their health professional is unavailable and they need to talk urgently about a situation. Young people can also access these services at times when they might be contemplating hurting themselves in some way. The immediate feedback and support provided by these services can be really helpful to get the young person through a very intense and overwhelming period.

beyondblue, Kids Helpline and Lifeline offer a 24 hour service that young people can call to talk about how they are feeling. Online services are also available to young people throughout Australia through *beyondblue*, *Kids Helpline*, *Lifeline* and *eheadspace*.

There are specific phone and web-chat services run by and for LGBTI communities. *QLife* operates from 3.00pm–12am every day and young people can talk with them about mental health, how to negotiate the medical system, relationships, isolation, coming out, people making assumptions about gender identity and a whole host of other concerns.

For young people with mild to moderate anxiety or depression, there are online psychological programs available. These programs, such as *moodgym* and *ecouch*, help young people to identify and change their patterns of thinking and behaviour. Once they log on to the program they can complete it when it suits them. Some programs also offer contact with a health professional. These programs are not the best option if the young person has severe anxiety or depression; that's when personal contact with a health professional is essential.



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Medication

If the depression is moderate to severe, or other forms of treatment are not working, then the young person's doctor might consider prescribing antidepressants. There are a number of different antidepressants available however fluoxetine, which is a type of the selective serotonin reuptake inhibitor (SSRI), has been the most widely researched in young people. Studies suggest that fluoxetine helps to reduce depression when it is moderate or severe in young people but is not recommended in the treatment of mild depression. The decision to use antidepressants in young people depends on how severe the symptoms are, and involves very carefully weighing up the likely benefits and harm. Use of SSRIs in young people should only happen as part of a complete treatment plan for the young person.

Like any medication, antidepressants have side-effects and the most common are nausea, headaches and drowsiness, which are usually mild and short term. There is also a risk that antidepressants may increase suicidal thoughts and urges, particularly in the first four weeks of treatment. Any young person treated with antidepressants should therefore be reviewed regularly when starting these medications.

If a doctor suggests a young person begins on medication they will talk about these issues in detail before prescribing the medications. They will also review the young person regularly once the medication has begun to monitor for any side effects. It is important that the young person does not miss these appointments, particularly in the first few weeks. Ideally, a parent or responsible adult should supervise the use of antidepressants by adolescents. Unlike antibiotics, it can take at least two to four weeks before the young person may begin to feel better. If the depression is not improving, it may be necessary to adjust the dose or an alternative medication may need to be considered.

The reality is everyone reacts differently to new medication but about one in 10 people experience side-effects that lead them to stop taking the medication.

If the young person decides to stop taking antidepressant medication, it's best to do so slowly, with supervision by their doctor and regular check-ups. It's important not to stop

taking them suddenly, as this may cause an unpleasant withdrawal reaction and make you feel worse. Symptoms include unpleasant mood states, irritability, agitation, dizziness and confusion, which generally stop by themselves after a week or so.

While medication can be of benefit to young people with moderate to severe depression, research has found that it is best to combine this with psychological or 'talking' therapy. This can help the young person to improve their coping skills, better understand their condition and work through any issues or stresses that might be adding to the symptoms of the anxiety or depression.

Antidepressant medications may also be used to treat some anxiety conditions but again this requires careful consideration by a doctor. Before any medication is prescribed, the doctor would talk with the young person about how it works, side-effects and how they will monitor their medication use.

“ Just like with any other organ, if it's not working properly and there is medication to help it, that's a great thing. They aren't addictive, they aren't 'happy pills' and I'm not goofy on them, they just help balance out my brain, so it's just like everyone else's. ” – Rebecca, 23 years

Hospital care

For some young people with severe anxiety and depression, a short stay in hospital may be required. Hospital care might also be provided where a young person is experiencing persistent thoughts of suicide and there are concerns about their safety. While in hospital, the young person has access to a range of health programs and professionals to support their recovery. Many public mental health services have specific hospital units for young people. Hospital care is not a long-term solution. The aim is to stabilise a young person's condition to enable them to return home. Health professionals will provide ongoing support.

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SCENARIO

How Mai supported her son Hoi, 19 years

It was not long after my parent's death that my son, Hoi, started spending more time at home. I thought he must have been grieving, that's what everyone else said too, but his sadness seemed never-ending. He was missing out on friends, study, hobbies; before long he was missing everything. You could see fear in his eyes when we talked about going out; I knew something had to change when his attitude started to affect everyone in the family. Everyone was on edge.

After searching online we spoke with The Anxiety Resource Centre (ARCVIC) and got some ideas about helping Hoi. Then we got Hoi linked in to an online counsellor. I did not like the idea of online help at first, in my mind he needed to face his fears, but as my partner said, "What else could we do?"

The counsellor talked to him every week. We also got a doctor to visit him at home to check that he was OK physically and she suggested Hoi begin on medication. Hoi agreed it was worth a try. Eventually the online counsellor encouraged Hoi to start seeing a counsellor in person, so we booked in. We did not get there the first or second session but the counsellor spoke with him on the phone. It was hard work but we got there. It's all about his achievements now. One step at a time – and for Hoi that step can sometimes be quite slow, but he gets there.

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CONFIDENTIALITY

When a young person goes to see a health professional it can be hard to know what to expect; what will you be told, how will you know what is happening, and how can you stay involved but also respect the privacy of the young person?

Every health professional must abide by a set of key principles around privacy, confidentiality and duty of care. How involved you are in the treatment process will depend upon the age of the young person, where they are at in their recovery process and how much the young person wants you to be involved.

Confidentiality is an important part of getting help. If young people know that what they say to a health professional is confidential, they are more likely to seek support and talk openly about what is going on for them. The health professional can better assess what is going on for the young person and what treatment might be most helpful.

All health professionals are legally required to maintain their patient's confidentiality but there are some exceptions. A health professional can break confidentiality if:

- the young person gives consent to do so
- they think the young person is going to hurt themselves or somebody else
- they are required to talk with another health professional about the young person
- they are legally required to do so.

If the young person is in your care or under the age of 16, they still have the right to privacy. However the health professional will consider whether the young person is able to make decisions on their own or needs the support of other adults.

Each state/territory of Australia is governed by a different mental health legislation. The decision about what information is to be shared with family and carers lies with the health professional and the young person. Health professionals are expected to determine whether information about the care of the young person is reasonably required by the guardian, family member or primary carer for the ongoing care of the young person.

Developing strong support networks

In general, health professionals talk with young people about their support network to ensure they can be supported and cared for in the sessions and at home. Health professionals may:

- Talk with the young person about who they would like to have involved in the treatment process. This is a conversation that health professionals may revisit with the young person at different points of their treatment.
- Talk with the young person about allowing parents to attend the first and last few minutes of appointments, giving the parent some general information about what is happening.
- Spend time with the parents early in the treatment phase to advise the goals of treatment, clarify issues of confidentiality, parent involvement, and how communication with the health professional can occur.
- Suggest that other family members seek support from other services to help them gain an understanding of anxiety and depression and how they can help the young person's recovery.
- Ensure that everyone understands that the safety of the young person is the top priority and so confidentiality will not be possible if the young person is thinking about hurting themselves or anyone else.
- Where a young person has a partner then the health professional may also suggest that the young person's partner be involved in their care at times.

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If the young person does not want you to know about their treatment then it is important to respect their privacy and provide positive feedback about their decision to seek help.

- Remind the young person that you are there to help so you would appreciate some ideas from them about how you can do this.
- Reassure them that you do not want to know the details of their conversations but would like to know more about who is helping them and perhaps some feedback about how you can be more helpful at home.
- Consider asking for a joint meeting with the health professional so that everyone is clear on what to expect, what the focus of treatment is, how communication works and how you may or may not be involved with the sessions – reiterating that you do not want to know the content of their sessions, unless they want to tell you. Often young people are hesitant to have parents involved initially but as the sessions progress they may request for their parents to get involved so they can address issues together.
- Talk to the young person about your concerns and why you feel it is important that you talk with their health professional. Request to meet with the health professional with the young person present if that is what they prefer. Again, explain that you are not seeking information but instead trying to ensure the health professional is well informed. If you are unable to meet with them then a phone call to express your concerns might be helpful. A strong relationship is built on trust so if you contact the health professional then it is important to talk with the young person about what you have said and why.
- Ask whether they have some written information or websites that you can review to better understand what is going on for them and how you can help.

There will probably be times when a young person calls on others for support and does not involve parents directly. This can be difficult to accept as a parent but it is also an important part of young people developing their skills as responsible independent adults; making their own decisions about their health and wellbeing. It can be hard to find the right balance – showing your love and care while also respecting their privacy, however having regular open conversations with the young person about your concerns offers the best chance for shared understanding.

“Our GP was terrific and kept me informed as much as she could. She was able often to convince my daughter to do something and then agree for me to be told.” – *Jeannette, parent*

Confidentiality and Medicare

There are many health services available for young people, including doctors and mental health practitioners that young people can access through the Medicare system. These services are free or partly paid for by the government. [Useful links and contacts](#) outlines how to find these services.

Young people need access to their Medicare card or the number on the family card to ensure they have easy access to health services.

In terms of confidentiality:

- If a young person is under 14 years parents will be able to see what services the young person has used, and when and who is offering the service by reviewing their Medicare claims history. This does not outline the content of the sessions.
- If a young person is older than 14 years parents will be able to see the service that the young person has accessed and when, but it does not show bulk billing claims or any details of the service.
- Young people aged 15 or older can have their own Medicare card. It is a simple process requiring them to fill out a Medicare Copy/Transfer Application form at www.humanservices.gov.au/customer/forms/3170 and attend a Medicare or DHS Service Centre with identification (birth certificate, student id, passport, etc.). Having their own card means that the information about their use of Medicare services remains confidential.

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How Robin supported her daughter Luci, 12 years

I took Luci to the doctor after talking with the teacher about how she was missing so much school. Her stomach aches were becoming more frequent and there was not any clear reason why.

When I talked to the teacher I learned that Luci was having trouble with her friends at school; she was not being invited to parties and seemed to be spending a lot of time alone.

I was shocked. I thought maybe this was just her being an adolescent but the stomach aches really worried me so I took her to the doctor and they said she was fine. I was not convinced so we went to the local Aboriginal health service. We all went, Luci, Bill and I. It was a relief to have someone listen so intently, without feeling judged or blamed. It turned out that Luci's anxiety was getting out of control. She started seeing the health worker every week.

I think it might take a while to get back on track but we have at least got to it fairly early. My husband and I meet with the health worker and Luci every few sessions just to catch up on what we can be doing to help Luci.

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Family break up

Many young people experience the separation and/or divorce of their parents, and how it affects them varies, but it can be a really challenging time. Some of the normal reactions to family break up include anger, helplessness, loss, grief, fear, worry, resentment and relief.

- Ensure that the young person understands why you have separated.
- Encourage the young person to tell you how they are feeling.
- Keep disagreements between you and your partner separate from the young person.
- Encourage them to have a relationship with both of you.
- Provide information or websites that the young person can read about typical responses to family breakups.
- Offer for them to see a health professional to talk about the situation, especially if their feelings of sadness or poor coping linger for long periods without any clear improvements.

Loss and grief

Losing someone can be a painful experience; a young person can feel shock, sadness, anger and a sense of loneliness. It can sometimes feel like life without that person is impossible. Grieving can take time but there are a few things that can help young people to cope with this very upsetting time.

- Encourage the young person to share how they are feeling. If they do not want to talk about it they might want to write a journal, or put notes on their phone, they might also like to write a note saying 'goodbye' to the person that died.
- Remind them that grief is normal, that losing someone takes time to cope with and that they will need some time to cope with it.

- Encourage them to stay healthy – eating well and staying physically active.
- Support them if they cry or seek some time alone – let them know you are there if they need you but that it is OK to feel sad.

The feelings of loss and grief can also be really strong when a young person loses something for other reasons. It might be at the end of a relationship or friendship, or if a young person has to move away from their friends and family.

If the young person has moved then some things to help them cope might be to keep in regular contact with their friends, get involved in their new community and create some space in their new home that makes them feel comfortable straight away.

If their feelings of sadness are because they have ended a relationship then they might find it helpful to talk to someone, treat themselves to something nice, stick to a routine that involves a mix of fun, study/work and relaxation and remind them that it can take a while to get over a relationship break up.



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Bullying

Bullying can happen at school, university, work or on the sporting field and there are many ways that people can be bullied such as, verbally, physically, socially, psychologically and online (cyber bullying). It can leave young people feeling alone, worthless, sad and angry, and if it continues over a long period of time it can lower a young persons' self-esteem.

- Encourage the young person to talk openly about what is happening and how it is making them feel.
- Support the young person to make a plan as to how to respond to and cope with the bullying.
- Help them to find someone to talk to about it – school welfare team, boss at work, family, friends or a health professional to ensure it does not create ongoing problems for them.

Eating disorders

Eating disorders affect a young person's physical health, the way they eat, how they look, feel, behave and interact with others. Symptoms of anxiety and depression are common in young people with eating disorders. Getting help quickly when an eating disorder develops can make a significant difference to their recovery.

- See a health professional to explore issues around a young person's beliefs and behaviours around food, and how they feel about themselves.
- Ensure the young person has other interests.
- Spend time with friends and family who are supportive.
- Talk with someone who has recovered from an eating disorder.
- Understand that recovery may take time and is different for everyone.

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SCENARIO

How Maxine supported her son Chris, 22 years

Chris, our son, was 22 when we started to be concerned about him. We had always been able to talk about things, anything really, but slowly our conversations grew shorter and less frequent. What was once a heated debate about the football became a short conversation that often ended in him saying, “Whatever”. And then I started hearing him wandering in the night; it could be anytime. I would get up and check on him and he would just say, “I can’t sleep”.

I began researching information online and sending Chris links to what I had read. He seemed to take notice. We started talking about what we had found and how it related to how he was feeling. So in the end he went to the local doctor and was diagnosed with depression. I have to say I was relieved that there was a reason for why he had changed so much. He started counselling with a psychologist a few weeks later and after a while his mood began to lift. We began spending time together enjoying the football, the outdoors, just about anything. It was so important for me to be able to spend time with him and support him by doing normal things together.

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SELF-HARM

Sometimes life can become really difficult and problems can seem overwhelming. At these times some young people may think about hurting themselves. This can be very confronting for them and for the people who care about them.

The term 'self-harm' is used to describe what people do when they deliberately hurt or injure themselves, often as a way to cope with painful or intensely difficult feelings. Self-harm can include a range of self-injurious behaviours that can include cutting, burning or punching the body.

There are many reasons for why young people harm themselves, and for some young people it may be difficult to put the reasons into words. Many young people say that it provides relief from intense or overwhelming emotions, helps to focus their attention or make them feel alive again. These actions may provide temporary relief but they do not help to solve the cause of the young person's distress. Self-injury is not usually done with an intention to kill yourself, however young people who injure themselves are more likely to be capable of acting on suicidal thoughts.

Finding out that a young person you know is hurting themselves can be pretty hard to hear. You might not feel able to talk about it with them, or you may worry that you will say the wrong thing, but the main thing is to be honest and open about it. It is not something to get angry about even though you may not understand it, or it makes you feel really uncomfortable.

You may think that this is just about seeking attention, and dismiss its importance. However self-harm is often a way of saying "I am not coping with what is going on in my life, and this is what I do to cope". Young people need to be offered other healthier longer-term choices of how to cope with the difficulties they are experiencing.

Self-harm is an increasingly common behaviour in young people and can be very scary for parents. It's important to remember that this is a sign that your child is not coping with things in their life.

How to help

There are a range of things that you can do to help someone who is self-harming.

Encourage the young person to talk about what is happening with you, a trusted adult, Community Leader or Elder or health professional.

- Suggest that they see their local doctor to talk about how to look after their injuries, to avoid infection or other complications. The local doctor could also then talk with the young person about what is going on and refer them to a suitable health professional if they are agreeable to give it a go.
- If the young person does seriously injure themselves, they need to be seen by a doctor before there can be any discussion about what will help them cope better.

Supporting a young person who self-harms can be difficult and it is often important to seek help and support for yourself so that you can continue to support them in the most helpful way. If you would like to understand more about self-harm head to www.youthbeyondblue.com

“Be empathic, listen, try not to judge, even when you don't agree or understand. I really believe if that person trusted you enough to want to talk to you about something that is troubling them, then that is the simplest help you can give them.”

– Angela, health professional

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SCENARIO

How Sue supported her daughter Kasumi, 17 years

Kasumi was 17 when she started to freak out about year 12 exams. Her reaction was really over the top. She yelled, she cried, she just seemed so worried about it. She started going to parties and coming home drunk. And then she started to cut herself. At first I did not notice but when I did I was horrified. I was angry at myself for not noticing it sooner and I did not know what to do.

Months passed, I can't tell you how many. There were lots of arguments, lots of tears and ultimately, I was scared. I tried everything I could think of. In the end I decided I needed some help. If Kasumi would not see anyone I needed to learn more about what I should be doing. Even more months passed but with the support of my therapist I actually got Kasumi to start to talk to me. It turned out that she had been feeling overwhelmed and stressed for months; about school, her friends, and even her performance in her ballet classes. The next step was getting Kasumi help.

We tried a few counsellors and finally found one that Kasumi said would be 'OK'. At first it felt like Kasumi was just going through the motions though; attending the appointments to keep me quiet. She was still going to parties, still getting drunk and still hurting herself. I had to change my expectations – there was not going to be a miraculous recovery. It was going to be a long hard road. More time passed and Kasumi finally realised that, in the end, it was up to her to look out for her feelings of fear and work out how to control them. This meant being able to recognise when she was going downhill, and doing something straight away to counter it with exercise, or relaxation, or just going and spend time with her friends. I am not sure that she has stopped cutting even now, but she is so much better than before that I don't worry about that quite as much anymore.

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SUICIDE

Feelings of despair and hopelessness are common in a young person with anxiety and depression. It does not mean that they will end their life but any thoughts of suicide should be taken very seriously by the young person and their family and friends.

While many young people have thoughts of suicide, only some of them begin to think about it as a real option; an alternative to the overwhelming distress they are feeling. The problems that they are experiencing may not be obvious to you but they might be related to relationships, family issues, abuse, drug and alcohol problems, or depression. Their ability to see a way out of the problems becomes diminished and all that they can see ahead of them is loneliness and despair.

It is not always obvious when young people are thinking about suicide but some of the possible warning signs include:

- talking or writing about death, or about feeling trapped with no way out
- feeling hopeless and withdrawing from family, friends and the community
- increased drug and alcohol use
- giving away personal possessions, doing dangerous, life-threatening things, having delusions or hallucinations
- regularly self-harming
- significant change in mood.

How to help

If you begin to worry that a young person is thinking about suicide you cannot ignore it. You need to talk with them about how they are feeling, what they have been thinking about doing and when. Talking about suicide does not put 'ideas' in their head, it lets them know that you care, that you are listening and that you would like to help them through this really tough time. Some other things that you can do:

- Ask the young person to postpone any decisions to end their life so they can get the help they need.
- Remind them that thoughts of suicide are just thoughts; they do not have to act on them. These thoughts might only last a few minutes; they might feel differently in a few hours.
- Encourage the young person to talk about how they feel even if you find it difficult to hear. Helping them to think about what is happening and possibly offering a different perspective can be helpful to them, while also helping them feel supported.
- Consider whether the young person should be left alone.
- Encourage them to make a safety plan for when these thoughts may return – what can they do, who can they talk to, where can they go? Find out more at www.suicidepreventionlifeline.org
- Help them to identify small achievable goals for each hour or day. This provides them with a focus for each day while also providing opportunities for positive feedback about how they have progressed.
- Encourage them to avoid drugs and alcohol, as this may intensify their feelings or perhaps dull their ability to make thoughtful decisions.
- Remove any means of suicide available (weapons, medications, drugs, alcohol).
- Encourage the young person to get help from a health professional.

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Offer to call [beyondblue](#), [Kids Helpline](#) or [Lifeline](#) so they can talk with someone immediately. Alternatively, most public mental health services offer a crisis service and their contact details are generally available from emergency departments or your local hospital. If the young person will not talk with anyone consider calling these services yourself to get their advice and support.

- Ensure they have emergency numbers in their mobile phone or wallet in case they need to call the helplines in the middle of the night or when you are not around.
- Contact emergency services if the young person requires immediate medical assistance.
- Seek your own support. It can be very challenging to help someone who is suicidal or who has attempted suicide. There are a range of services including your local doctor, who can help you to cope with this stressful situation (see Useful links and contacts).

Suicide is a tragic, frightening and very complex topic. If you'd like to understand more about it head to www.youthbeyondblue.com

“Adults need to have an understanding of the issues faced by young people and try to have an open and accepting conversation about it.” – *Andrew, 18 years*

“What I found incredibly difficult to deal with were the incidences of self-harm and suicide attempts. These were very traumatic. I had to try very hard to disassociate myself from the events that were taking place before my eyes, act more in the capacity of an emergency services operator and then try and deal with the trauma later on. As a father, this was difficult and trying to overcome the feelings of being a failure as a father and carer was a constant issue to deal with.” – *Allan, parent*

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LOOKING AFTER YOURSELF AND YOUR FAMILY

“There are some things we cannot do alone, and being responsible for someone else’s life is one of them. You are the holder of hope – seeing that there is a better future, and trying to hold on to that belief for the person you are caring for.” – Helen, parent

It is common for parents and families to experience sadness, grief, fear and worry in response to a young person’s anxiety or depression. It is essential for people who are supporting and caring for someone with these conditions to look after themselves, both physically and emotionally. This is important for parents and carers but it also extends to siblings and the extended family and community. The impact of anxiety and depression can be felt by anyone who cares for the young person and the constant and sometimes overwhelming nature of being a carer can put a person at greater risk of developing anxiety or depression.

It can help to:

- Learn more about anxiety or depression to better understand what the young person is going through and what you can do to help.
- Take time out to ensure that you also have a chance to rest and recover, feeling fresh and more able to cope with daily challenges.
- Take care of yourself. The stress of the situation can affect your own mood, so take the advice you give to young people and keep fit and healthy. Get enough sleep and do things that you enjoy.

- Create your own support network. It might include friends, family, or perhaps a family support group. If you find yourself needing a little additional help, seek your own counselling. It’s OK to feel overwhelmed, frustrated, helpless or angry. This private and quiet space can provide the opportunity you need to work through how you are feeling and how you can cope with what is going on.

Be open with the family about what is going on and invite your children to ask questions and share their feelings. Other family members may need individual attention or professional help of their own to handle their feelings about the situation.

Continue to do things together as a family – events, celebrations, camping or hobbies. You might need to change how often you can do them or for how long but trying to maintain your family interests can add to the happiness of everyone in the family.

More information about caring for someone with anxiety and depression is available in [The beyondblue guide for carers](#) and from [Carers Australia](#).

“Look after yourself. Do not give yourself a hard time, learn about the condition and find ways to help. Love your child, they need you. Every now and again, stop and look how far they have come, and acknowledge the progress, even just to yourself. Surround yourself with loving, understanding people. Take time out and look after your own health. You will get through the shock.” – Paula, parent

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“It is important to make sure that other adolescents in the household still get noticed and listened to, even when we are facing a crisis due to my daughter’s problems.” – *Suzie, parent*

“It is only when the treatment your child is undergoing starts to take affect that you have some hope for the future and you have some hope your relationship is going to withstand what is going on. Over time, things start to improve, your relationship starts to strengthen and improve and you have to keep working on that. It is absolutely critical though that parents work out a system where each one gives the other time out.” – *Allan, parent*

“Give yourself a break every now and then, anxiety in one’s child can be exhausting and you need to be well rested to tackle it. Talk to other parents who are in a similar situation. I discovered that my feelings were not unique and sometimes just venting about the system is enough to keep you going. Listen carefully to your child because what little they may say could be critical.” – *Jeannette, parent*



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Resources for parents

Resources for young people

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