

## APPENDIX 1. Teenage Behaviour – a Guide for Parents<sup>35</sup>

Many parents find that their children act differently during the teenage years. It is common to worry that they may be affected by mental health issues such as depression or eating disorders, or be involved in risk behaviour such as taking drugs, abusing alcohol, having unprotected sex, or committing crimes.

### **“Normal teenage behaviour” or something more serious?**

Teenage behaviour can be erratic and unpredictable, so it can be difficult to distinguish when they are just ‘being a teenager’ and when something more serious is going on. As a parent, there are certain warning signs to look out for.

Linda Blair, clinical psychologist, advises:

- “As a parent what you can do is look out for unexpected and persisting changes.
- "Have they changed in any way that is particularly out of character for them? For example, if your teenager is usually very sociable – and he or she withdraws socially to a large degree – there could be a problem.
- "If they're normally very chatty and they become completely uncommunicative, it may be worth exploring whether it's due to more than just teenage angst.”

### **Encourage teenagers to talk**

Most teenagers become moody and uncommunicative from time to time. This is often due to hormonal changes, which make the teenage years an emotional time. Many teenagers haven't yet developed the skills to talk about emotions, so communication becomes very difficult.

Teenagers also have to go through a process of setting themselves physically and emotionally apart from their parents.

If you're worried about them, you may be able to encourage them to open up. Direct questioning can make them feel very threatened, so a more subtle approach is more effective. Linda Blair suggests: “If you're having trouble getting them to open up to you, be available to them as much as possible. Take every opportunity to be there for them at times when they feel comfortable talking freely.

### **Eat together whenever possible**

Have meals together whenever you can – perhaps take them out for a pizza, for example. Another good strategy is to provide a taxi service – being in the car is a non-threatening situation for them because you're not looking at one another.

If they refuse to talk to you and you are worried that something more serious is going on, you may need to open up other channels of communication for them. Be honest and explain that you're worried that they're going through something difficult, and if they can't talk to you, that's fine, but they should talk to someone. Try offering helpline numbers, or suggesting a GP or a friend of the family.

### **Let them `choose` where to go for help**

Allowing them to make a decision about how and where to seek help can also be beneficial. Linda explains: “If you're very worried, whether about drugs or an eating disorder, you can try offering them

what's known as a 'forced choice decision'.

"Present them with two choices, both of which represent a positive step. For example, suggest they talk either to your GP or to a named family friend. That way, they feel more in control."

### **Normal vs. abnormal behaviour**

Often as adults we compare our teen's behaviour to that of our own at that age. This can be anxiety provoking for many parents due to the changes in today's social norms. Teens these days are engaging in sex, drugs and alcohol at a much earlier age.

Parents often panic when they find out that their 15-year-old is already having sex or has started drinking socially. If all your teen's friends, classmates and colleagues are engaging in this behaviour then you have a good sense that although you do not approve or support it, this behaviour is "normal" and there is less of a possibility that mental illness is present.

If you find that your son or daughter is out of the norm, then you may have reason for concern and should contact your family doctor. Here are some things that you may observe in your teen that will help to decipher the difference between mental illness and normal teenage behaviour.

Some concerning behaviours include:

- Decrease in enjoyment and time spent with friends and family
- Significant decrease in school performance
- Strong resistance to attending school or absenteeism
- Problems with memory, attention or concentration
- Big changes in energy levels, eating or sleeping patterns
- Physical symptoms (stomach aches, headaches, backaches)
- Feelings of hopelessness, sadness, anxiety, crying often
- Frequent aggression, disobedience or lashing out verbally
- Excessive neglect of personal appearance or hygiene
- Substance abuse
- Dangerous or illegal thrill-seeking behaviour
- Is overly suspicious of others
- Sees or hears things that others do not
- \*It's important to remember that no one sign means that there is a problem. It's important to examine the: nature, intensity, severity and duration of a problem.

### **How to talk to your teen about your concerns**

If you have major concerns about your teen's behaviour and moods, it is very important to have a conversation with him or her about it. Try to identify specific concerns, i.e., "I've noticed that you haven't really been going out much lately and you don't answer the phone when your friends call." Or "I can't help but notice that you haven't been eating much at dinner and your stomach aches have been getting worse."

Your teen will most likely not want to talk about it, but give him or her enough space and time to

respond. Let him or her know that you are there to help and that you can work out the difficulties together. Seek help from your GP or school, who can evaluate your child and offer the appropriate services.

It is never easy to start a conversation with someone about mental illness, but the following tips offer a way to lessen tension during the discussion.

- Speak in a calm voice.
- Say what you mean and be prepared to listen.
- Try not to interrupt the other person.
- Avoid sarcasm, whining, threats and yelling.
- Don't make personal attacks or be demeaning.
- Don't assume your answer is the only answer.
- Try not to use words such as "always" or "never."
- Deal with the now, not the past.
- Don't try to get the last word.
- If things get too heated, take a break and come back to the discussion later.
- Make allowances for the other person.
- Parents: Remember what it was like to be a teen.
- Teen: Remember that parents frequently react strongly because they know the stakes are high.
- Acknowledge that you are in this together.

### **How do you discipline teenagers?**

Many parents realise that the kind of discipline you used when they were younger doesn't seem to work any more.

It's often tempting to try and be their friend but they still need you to be the parent and let them know what the rules and boundaries are. It is essential for your teenager to be able to work out what being a young adult means for them so this will inevitably lead to some clashes with you.

The best way to get teenagers to behave in ways which please us is to help them understand what they actually want and need, and to see how they can get those needs met in ways which don't upset other people.

It's not discipline in the form of punishment or control that your teenager needs when struggling with their conflicting emotions. It is usually hiding their need for attention, acceptance, independence and appreciation. When teenagers act up, they are often fighting to get these. You can help them by giving them plenty of time and attention, talking openly about the changes they are going through, helping them express their feelings, giving them love, reassurance and support. You can also tell them it's okay to feel bad, but not to behave badly, and share your own feelings with them using 'I' language, such as 'I feel' and 'I need'.

### **When teenage anger turns to violence**

Door-slamming and arguing is totally understandable - and might even be healthy teenage behaviour. But if a teenager becomes aggressive (verbally or physically) then parents need to take control in a firm but non-aggressive way.

If you have experience violence from your teen, then you need to face the issues behind all the anger. It may be hard to admit that there is a problem, but if your teenager is hitting you, then this is domestic violence and needs to be dealt with.

Your teenager may realise is that the sanctions you can impose are not that powerful. They may be almost your size, or bigger. What keeps them in their room when sent there, or in the house when told they're grounded, is mutual consent and mutual respect alone. The only thing that makes them do what you say is the thought of what it may do to your relationship afterwards if they defy you. But if the relationship is already going downhill, if their sense of rebellion and defiance is greater than their need for your approval, this control has a limited life.

While rules and **boundaries** are important, it's often more effective to enforce them by considering the various needs being expressed when you clash. This can mean swallowing your pride, and your need to be in control. Children need your approval; good behaviour tends to follow when they strive to win it, and so do the things you have made it clear you like. Teenagers want your approval too, but also your respect.

There is more helpful information on boundary-setting, dealing with teenage anger, lying and stealing/gang involvement and discipline on the following website:

<http://www.familylives.org.uk/advice/teenagers/behaviour/how-do-you-discipline-teenagers/>

### **Depression in teenagers**

Noticeable symptoms of depression in teenagers can include:

- continuous low mood or sadness
- voicing/showing feelings of hopelessness and helplessness
- frequent tearfulness
- being irritable and intolerant of others
- apparent lack of energy or motivation, and little or no enjoyment of things that were once interesting to them
- slowed movement or speech
- changes in appetite or weight (usually decreased, but sometimes increased)
- frequent unexplained aches and pains
- disturbed sleep patterns (for example, problems going to sleep and/or waking throughout the night, particularly in the early hours of the morning)
- losing interest or being disruptive at school or playing truant
- constantly complaining that they feel bored or lonely.

Read more about depression at this link:

<http://www.nhs.uk/Conditions/Depression/Pages/Introduction.aspx>

### **Self-harming teenagers**

People who self-harm usually try to keep it a secret from their friends and family and often injure themselves in places that can be hidden easily by clothing. If you suspect that your teenager is self-harming, look out for any of the following signs:

- unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest

- keeping themselves fully covered at all times, even in hot weather
- signs of depression, such as low mood, tearfulness, a lack of motivation or lack of interest in everything
- changes in eating habits or being secretive about eating, and any unusual weight loss or weight gain
- signs of low self-esteem, such as blaming themselves for any problems or thinking they are not good enough
- signs they have been pulling out their hair
- signs of alcohol or drug misuse

See a leaflet for parents and carers of young people who are self-harming at this link: <https://www.psych.ox.ac.uk/research/csr/research-projects-1/coping-with-self-harm-a-guide-for-parents-and-carers>

### **Teenagers who take drugs**

Signs that your teenager is taking drugs can include:

- losing interest in hobbies, sports or other favourite activities
- losing interest in their appearance or personal hygiene
- dramatic changes in behaviour
- suddenly forming an almost totally new group of friends
- excessive tiredness and lack of appetite
- playing truant from school
- dilated pupils, red eyes, bad skin
- spending an increased amount of money, coupled with a refusal to explain why
- stealing money from you.

Finding any of the following items in the house, could indicate that they are using drugs:

- pipes
- rolling papers
- small medicine bottles
- eye drops
- butane lighters
- homemade 'bongs' (pipes that use water as a filter) made from tin cans or plastic drinks bottles
- scorched tinfoil
- razor blades
- syringes.

## APPENDIX 2. Resources for parents

Help with Drugs and Alcohol. <http://www.adfam.org.uk/home>

The above site also has good links to further resources:

[http://www.adfam.org.uk/families/useful\\_organisations](http://www.adfam.org.uk/families/useful_organisations)

Anorexia & Bulimia Care (ABC) [www.anorexiabulimiacare.org.uk/](http://www.anorexiabulimiacare.org.uk/)

Beat. UK eating disorders charity [www.b-eat.co.uk](http://www.b-eat.co.uk)

Choices for Life. <http://young.scot/choices-for-life/>

Family lives: your teen and drugs/alcohol. <http://www.familylives.org.uk/advice/teenagers/drugs-alcohol/>

Health talk: drugs and alcohol. <http://www.healthtalk.org/young-peoples-experiences/drugs-and-alcohol/advice-young-people-about-drugs-and-alcohol>

Know the score: drugs information and advice Scotland. <http://knowthescore.info/>

Men Get Eating Disorders Too (MGEDT) <http://mengetedstoo.co.uk/>

MIND <http://www.mind.org.uk/information-support/types-of-mental-health-problems/eating-problems/#.WC2ksNKLQ0Q>

NHS Choices. Talking about drugs with your child.

<http://www.nhs.uk/Livewell/drugs/Pages/Drugsandyourkids.aspx>

Royal College of Psychiatrists. Alcohol and drugs – what parents need to know.

<http://www.rcpsych.ac.uk/healthadvice/parentsandyounginfo/parents/carers/alcohol/drugs-parents.aspx>

SEED [www.seedeatingdisorders.org.uk](http://www.seedeatingdisorders.org.uk)

Talk to Frank [www.talktofrank.com](http://www.talktofrank.com)

<https://www.aliss.org>

The ALISS (A Local Information System for Scotland) programme is funded by the Scottish Government and delivered by the Health and Social Care ALLIANCE Scotland. The programme works closely with existing ALLIANCE programmes, membership and networks as well as public services and communities in Scotland to make information about local sources of support more findable.

<http://www.youngminds.org.uk>- young people's mental health and wellbeing

Self-help for young people - <http://www.stressandxietyinteenagers.co.uk/>

My CAMHS Choices—An online resource which has videos of young people and health professionals talking about their experience of receiving or providing CAMHS and to help people to

consider what to expect when accessing specialist mental health services

<http://mycamhschoices.org/>

Power Up—An app that enables young people to record and share ideas and decisions in ways that empower them to take a more active role in therapy. This is being developed using funding from an NIHR grant <https://www.ucl.ac.uk/ebpu/research/PowerUp>

Choosing What's Best for You—Booklet and website designed for young people to explain the evidence base for different interventions (currently being updated) [www.choosing.org.uk](http://www.choosing.org.uk)

Mefirst—Online resource to help professionals develop best ways to communicate with young people in a way to support shared decision making <http://www.mefirst.org.uk/>

YouthWellbeing Directory—Helps children, parents and referrers find local and national services and sources of support and advice <https://www.youthwellbeing.co.uk>

Open Talk—Online resource which supports mental health professionals to involve children and young people in decisions about their care [www.opentalk.info](http://www.opentalk.info)

## APPENDIX 3. Cyber-bullying – information for parents

### How to Tackle Bullying

1. Talk about all bullying including cyberbullying
2. Make sure they know who to ask for help
3. Help them relax and take time out
4. Teach them how to stay safe online
5. Talk to your child's school or club
6. Take further action if the bullying continues
7. Report online videos of bullying.

### ***Who do they want to be online?***

The choices we make online say something about who we. Talk to your child about how the things they do online paint a picture of themselves, so they shouldn't post things without thinking about it.

### ***How much should they share about themselves?***

Talk to your child about the risks of sharing where they live or go to school, and what people online might do with that information. Talk about what the risks might be of sharing thoughts and feelings.

### ***How much time should they spend online?***

Talk about the possible impact of spending too much time online and agree sensible 'bed-times' and breaks during the day. Create opportunities as a family to get 'off-line' and have fun together. Whatever device you choose, you can use to stop your child from purchasing and using certain apps, seeing certain content, or limiting what they can share with others, like their location for example.

### ***Getting the low down on sites, games and apps***

You will probably use social networks yourself, but you might want to know about new ones that your child is using, or wants to use. Use them yourself and set up your own account so you can experience what your child might see. There are also a number of child-friendly social networks they could use while they get ready for the likes of Snapchat and Instagram.

### ***Privacy settings***

Spend time together looking at the privacy settings. It's always best to assume that default settings are public and should be changed accordingly.

### ***A good profile***

Use their nickname and a profile picture of their pet or favourite band, rather than themselves, and encourage them to only be friends with people they know in real life. Avoid sharing personal information like school, age and place they live.

### ***Blocking software***

There are a range of new apps and software that block, filter and monitor online behaviour. You'll need to decide as a family whether this is the right approach for you, taking into consideration your child's age and maturity, and their need for privacy.



### ***Negotiating the gaming world***

In some games like Minecraft people deliberately try to intimidate others. In multi-player games where gamers talk to one another you can find abusive language, harassment and instances of grooming. It's vital therefore that your child knows how to report abuse and talks to you if something is causing them concern.

The signs of cyberbullying are not always obvious, so it's important to be aware of the risks and how to talk to your child about staying safe. Talk to your child about cyberbullying and that they can come to you if they're worried. Remind them not to share their passwords, even with their friends, but they can share them with you. Encourage your child not to respond or retaliate to bullying. Report and block the bullies.

Speak to your child's school for support and advice about how they deal with cyberbullying.  
<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/bullying-and-cyberbullying/>.

There are no official statistics on the number of children who are bullied online. In 2015/16 there were 4,541 ChildLine counselling sessions carried out where cyber bullying was mentioned, which is a 13 per cent increase since 2014/15. (Bentley 2016)

Several websites offer information and advice to combat online bullying:

- NSPCC [www.nspcc.org.uk/preventing-abuse/keeping-children-safe/online-safety/](http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/online-safety/)
- ChildLine [www.childline.org.uk/info-advice/bullying-abuse-safety/types-bullying/online-bullying/](http://www.childline.org.uk/info-advice/bullying-abuse-safety/types-bullying/online-bullying/)
- Bully Buster [www.bullybusters.org.uk](http://www.bullybusters.org.uk)
- Bullying UK [www.bullying.co.uk](http://www.bullying.co.uk)
- Thinkuknow [www.thinkuknow.co.uk](http://www.thinkuknow.co.uk)
- Respect Me [www.respectme.org.uk](http://www.respectme.org.uk)

A report of online bullying or abuse can be made on the CEOP website [ceop.police.uk](http://ceop.police.uk) either by the young person involved or by a concerned adult.

<https://www.internetmatters.org/issues/cyberbullying/protect-your-child/>

## APPENDIX 4. Physical complications of eating disorders<sup>10</sup>

### Anorexia nervosa

Physical abnormalities seen in anorexia nervosa are usually secondary to starvation and compromised nutritional state, therefore they are usually reversible once normal eating and good nutrition are resumed.

- Musculoskeletal — weakness, loss of muscle strength, loss of bone density, impairment of growth in teenagers.
- Endocrine — infertility, risk of polycystic ovaries, thyroid abnormalities, incomplete development of secondary sexual characteristics, impaired temperature regulation.
- Cardiovascular — arrhythmias, hypotension, mitral valve prolapse, peripheral oedema, sudden death.
- Gastrointestinal — slowed gastrointestinal motility, constipation, abnormal liver function tests.
- Haematological — low white blood cell count (particularly neutrophils), anaemia (rarely), thrombocytopenia.
- Metabolic — dehydration, electrolyte disturbance in those who misuse laxatives or diuretics or induce vomiting, re-feeding syndrome (a complication of rapid re-feeding treatment).
- Neurological — cognitive impairment (which may affect the person's ability to drive), seizures (rarely).
- Renal — kidney stones and acute or chronic kidney disease (chronic hypokalaemia and chronic volume depletion can lead to the development of kidney disease).
- Dental — erosion of tooth enamel from vomiting.

### Bulimia nervosa

Physical abnormalities seen in people with bulimia nervosa are usually minor compared with those found in anorexia unless vomiting, laxative, or diuretic misuse is frequent, but they may be at risk from alternating weight loss and weight gain.

- Cardiovascular — arrhythmias (in the presence of hypokalaemia), diet pill toxicity (for example palpitations, hypertension), mitral valve prolapse, peripheral oedema.
- Dermatological — Russell's sign (knuckle calluses from inducing vomiting).
- Dental — erosion of tooth enamel from vomiting.
- Endocrine — amenorrhoea, irregular menses, hypoglycaemia, osteopenia.
- Gastrointestinal — acute gastric dilation, oesophageal rupture, Mallory–Weiss syndrome, parotid gland swelling.
- Metabolic — dehydration, electrolyte imbalance (for example hypokalaemia).
- Neurological — cognitive impairment (usually related to periods of extreme dieting), peripheral neuropathy.
- Pulmonary — aspiration pneumonitis.
- Renal — stones.