What are panic attacks?

Panic attacks are when you are suddenly overcome by strong fear and experience physical symptoms of anxiety, like a pounding heart, difficulty breathing, shaking, feeling dizzy or feeling sick. Panic attacks are short (about 10 minutes) and usually feel frightening and intense. Someone having a panic attack might feel like they’re having a heart attack or an asthma attack, or they might fear they’re losing control.
Anxiety problems are classified into different types, referred to as disorders. Here are descriptions of some common anxiety disorders:

- **Generalised anxiety disorder**: Spending most of your time worrying about a variety of everyday things that wouldn’t usually bother others. Worries seem out of control and you feel tense and nervous most of the time.

- **Social anxiety disorder**: Experiencing intense anxiety in social situations because you’re terrified you’ll embarrass yourself or others will judge you. This often leads you to avoid social situations, such as talking in class, going to parties, being the centre of attention, meeting new people.

- **Panic disorder**: Having repeated panic attacks and worrying about having another panic attack.

- **Specific phobias**: Intense fear of a particular situation or object (like small spaces or spiders) that leads you to avoid the situation or object.

Many young people with anxiety problems may also have symptoms of depression. Some people with anxiety may also drink alcohol or take drugs to ease the discomfort or make them feel more confident. Relying on alcohol or drugs however can make things much worse in the long run and cause long-term physical and mental health problems.

Getting help for anxiety problems

- If you’re experiencing anxiety it’s a good idea to talk to someone that you trust about how you are feeling. You might choose to talk with your family or friends. They can help you to work out what is going on and what support or help you might need.

- It is also useful to take care of yourself as best you can; eat well, exercise and find ways to relax by listening to music, meditating, doing yoga and doing activities that you enjoy.

- If your anxiety continues without any improvement you can get help from your general practitioner (GP), a psychologist or a counsellor.

- There are health professionals at headspace centres and eheadspace (online and phone support) who can help. Treatment might involve counselling sessions to help you learn anxiety management skills, practice relaxation techniques and gain confidence to cope in stressful situations.

- For some people medication is helpful as well. The good news is that most young people with anxiety disorders respond well to treatment. With support you can continue to achieve your work, study, professional or personal goals.
Bullying

What is bullying?
Bullying is a repeated verbal, physical, or social behaviour directed towards another person by one or more individuals over time. Typically this involves one person or a group of people exerting their power over others who are less powerful. For example, the bully may be stronger, have others to “back them up” or they may be socially manipulative.

Bullying can occur in many forms and can take place face-to-face or online such as verbal and/or physical abuse, deliberate cyber-stalking or sending hate email. It can also be less obvious, such as deliberately excluding others or spreading rumours. Cyber bullying is a form of bullying that uses technology such as text messages, email and social networking sites such as Facebook, Instagram or YouTube to carry out the behaviour.

Ways you can support a young person

- Let them know they are not alone. Help them to know that a lot of other young people experience similar difficulties.
- Make sure they are safe. Sometimes this may require taking action they are not happy with. Have a conversation with them if this might be the case.
- Try to develop a trusting relationship and ask questions. Make sure the young person does not have to handle this situation by themselves.
- Establish and maintain good communication. Ask open-ended questions and listen without judgment and without panicking.
- Be involved. Show that you are interested in the young person’s life, relationships and hobbies.
- Be prepared to seek help. Help them decide how to approach the situation. Discuss who they could talk to at school, or in the workplace about the situation.
- Provide reassurance. Emphasise that the bullying is not their fault and that they are not responsible for what is happening to them.
- Support them to problem-solve. Work together to come up with as many sensible and helpful strategies as possible to try and control the bullying. This can increase their self-esteem and discourage strategies that are unlikely to be helpful (e.g. starting a fight).
- Support them to make new friends and maintain existing friendships. Encourage them to spend time with others away from where the bullying is happening.
- Build their confidence. Identify their strengths as well as things they enjoy and find ways to develop these, especially social activities. This can help them to feel good about other things in their lives.

Family and friends can play a critical role in supporting young people involved in or experiencing bullying. Positive relationships can help protect young people from the negative consequences associated with being bullied.

Young people who are well supported by their parents report fewer depressive symptoms than those who receive little parental support, regardless of whether they are the ones bullying or are the target.

46.8% of Australian secondary school students have been bullied.

Bullying is not simply “part of growing up”. It can have serious effects on a young person’s physical and mental health, their school performance, as well as having negative effects on their families and the broader community. Not only can bullying cause serious harm but it is also common, with up to 46.8% of Australian secondary school students reporting they have been bullied in some form over the past 12 months.

Ways you can help

Family and friends can play a critical role in supporting young people involved in or experiencing bullying. Positive relationships can help protect young people from the negative consequences associated with being bullied.

Young people who are well supported by their parents report fewer depressive symptoms than those who receive little parental support, regardless of whether they are the ones bullying or are the target.

Headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health under the Youth Mental Health Initiative.
Finding out if someone is being bullied

Knowing if someone is being bullied can be difficult; often parents and carers do not know, or underestimate its frequency or its severity. However, family and friends are often in a good position to notice changes in behaviour, mood and general wellbeing as well as early signs of mental and physical health issues. Not all young people will ask for help and it may take time for a young person to speak about their experiences.

If you suspect a young person close to you is being bullied, ask them about their situation. Remember to be respectful and understanding and that they may not necessarily feel like answering. You can ask:

- Have you ever noticed kids at school calling each other names or hitting or pushing each other?
- What is lunchtime like at school? What do you do?
- Do you ever feel lonely at school or left out of activities? What happens and how do you feel?
- Do kids ever tease you? Talk about you behind your back? Hit you? Push you around? Say nasty things about you online? If so, that sounds really difficult, how are you coping with that? Do you think anyone else is aware that it’s going on?
- It sounds like a really difficult situation. Do you think we could talk a bit more together to figure out how I might be able to best support you?

Be mindful that persistent questioning can be stressful for some young people and may make them less willing to talk. Encourage them to speak to someone they feel comfortable with and don’t take it personally if they want to speak to someone other than yourself.

Other useful websites

- Lifeline – www.lifeline.org.au
- Parent helplines (in every State and Territory of Australia) – Google “Parentline” along with your State or Territory
- Bullying No Way – www.bullyingnoway.gov.au
- Cybersmart – www.cybersmart.gov.au

Other things to consider

- Keep supporting your young person and let them know what actions you are taking.
- Documentation will be useful if the issue needs to be taken further (i.e. with the school, police or support services) so keep a record of events including when it occurred, who was involved, what happened, where did it happen, did anyone else see it happen, what type of bullying occurred (physical, verbal, cyber bulling?). Did anyone intervene? Has it happened before?
- Get to know the websites and social networking tools that young people use and talk to them about how to use these safely.
- If the bullying is occurring in or around the school, approach the school to discuss your concerns or seek advice on what to do. It may be helpful to discuss the process with your young person before you begin.
- If you’re concerned that your young person may need more help than you can provide, contact headspace.

References:

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Depression

Normal feelings vs. depression

We all feel sad or ‘down’ from time to time – it’s part of being human.

For young people, it’s normal to have occasional mood swings, feel irritable sometimes, and to be sensitive to rejection and criticism.

This can make it harder to tell whether you’re experiencing “normal” feelings or whether you are becoming depressed.

Symptoms of depression

You may be experiencing depression if, for more than two weeks, you’ve felt sad, depressed or irritable most of the time, or you’ve lost interest or pleasure in your usual activities. Other symptoms may include:

- Loss of interest in food or eating too much, leading to weight loss or gain
- Having trouble sleeping (getting to sleep and/or staying asleep), or oversleeping and staying in bed most of the day
- Feeling tired most of the time, or lacking energy and motivation
- Difficulty concentrating and making decisions
- Feeling worthless or guilty a lot of the time
- Feeling everything has become ‘too hard’
- Having thoughts of death or suicide

People with depression might have other mental or physical health problems as well, such as anxiety, or using cigarettes, alcohol or illegal drugs excessively.

What is depression?

Depression is one of the most common health issues for young people in Australia.

Depression (“major depression”) is a mental illness characterised by feelings of sadness that lasts longer than usual, affect most parts of your life and stop you enjoying the things that you used to.
Depression

Getting help for depression

Even though it may seem hard, it is important to talk with someone that you trust about how you feel. You could talk with a parent, teacher, school counsellor, family member or friend. A general practitioner (GP) is another good place to start when seeking help and information.

Most people are able to recover from depression with the right help. The sooner you get help, the sooner you can recover.

An important part of professional support is often psychological therapy. Psychological (‘talking’) therapy focuses on helping you to build skills to deal with the stresses in your life and change negative thinking patterns. Antidepressant medications can also be added if they are needed. Depending on the type of treatment most people start to feel better or notice an improvement after about two to six weeks.

IMPORTANT!

If you have thoughts of suicide or plans to harm yourself, it’s really important to seek immediate help. Talk to someone you trust, such as a family member, friend or teacher. There are health professionals at headspace centres and eheadspace (online and phone support) who can help you to work out a plan to keep you safe.

Depression – suicide and self harm

Depression is one of the main risks for suicide and self harm.

If someone you know is self harming or talking about suicide try to arrange some support from close, trusted friends or family. Help the person be safe and remove dangerous things like tablets, guns or other weapons and try to encourage them to see a health professional. If in doubt, don’t be afraid to call 000.


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Eating disorders

A person has an eating disorder when their beliefs about food, weight and body image lead to unhealthy patterns of eating and/or exercising. This can interfere with their life and relationships with others. Eating disorders often begin in adolescence and early adulthood and they are more common in females but can also affect young males. Mortality rates are two to six times higher in people with an eating disorder compared to the rest of the population.

Many young people have concerns about eating or their body image but generally they do not develop an eating disorder. Body image and eating disorders are not always related.

Signs and symptoms of having, or being at-risk of developing eating disorders, can include:

- Excessive eating, dieting or exercising
- Thinking and talking a lot about body image, body weight and food
- Avoiding social situations that involve food
- Eating only certain types and amounts of food
- Becoming irritable or withdrawing from friends and family
- Wearing loose fitting clothing to hide weight loss
- Wanting to eat alone
- ‘Playing’ with food rather than eating it
- Feeling faint, dizzy and weak
- Going to the bathroom straight after meals
- Difficulty concentrating
- Often feeling tired and low
- Irregular menstrual cycles (if female).

Types of eating disorders

There are three main types of eating disorder: Anorexia Nervosa, Bulimia Nervosa and Binge-Eating Disorder.

A person who has Anorexia Nervosa:

- Restricts how much they eat; resulting in a low body weight. In young people eating less may result in either weight loss or not gaining the weight expected as they grow
- Has an intense fear of gaining weight or refuses to keep a healthy body weight
- Has distorted or inaccurate perceptions of their weight and body shape (e.g. believing they are overweight despite being underweight).

When someone has Anorexia Nervosa they may use extreme weight loss strategies in an attempt to control their weight. These might include fasting, excessive exercising, vomiting after eating, taking diet pills, or misuse of diuretics or laxatives. Their self-esteem is generally influenced by their perceptions of their weight and body shape. They may experience anxiety, feel depressed or be in an irritable mood, feel very tired and have difficulty concentrating. Often young people experiencing Anorexia Nervosa do not recognise their symptoms, or deny having a problem with weight and body image issues. This can make it challenging to get them the help they need.

A person who has Bulimia Nervosa:

- Regularly binge eats; they eat large quantities of food and feel unable to control their eating. During these episodes they may eat more quickly than normal, and/or until they are uncomfortably full, even if they are not hungry
- Uses extreme weight loss strategies in efforts to ‘make up’ or ‘compensate’, for binge episodes and avoid weight gain. This may involve making themselves vomit, using laxatives or diuretics, fasting, or excessive exercising.

Triggers for bingeing include relationship stress, dietary restraint, negative feelings related to their body image, their weight, availability of food and boredom. Bingeing typically results in intense feelings of guilt, depressed mood and high levels of distress. Repeated episodes of bingeing and compensating create a compulsive cycle that feels beyond a person’s control.
Eating disorders

Types of eating disorders (continued)

A person who has Binge Eating Disorder:

Binges repetitively without trying to “make up” or “compensate” for these binges. This causes high levels of distress.

Unlike Anorexia Nervosa, where people are underweight, people with Bulimia Nervosa and Binge Eating Disorder are usually within the normal or overweight range. Due to shame and guilt individuals often try to hide their symptoms from others so it can be difficult to tell when someone has Bulimia Nervosa or Binge Eating Disorder.

How can I help a young person with an eating disorder?

If you are concerned that a friend or family member has an eating disorder let them know that you are worried and care about them. Even if they deny there is a problem, or do not want to talk about it, gently encourage them to seek professional help. Often a young person will not want to seek help. In these situations you should seek further advice from a professional about your concerns.

Help is available from general practitioners (GPs), school counsellors, psychologists and specialist mental health workers. Contacting your GP or your local headspace centre is a good place to start.

Health problems from eating disorders

Starvation or repeated cycles of bingeing and self-induced vomiting or using diuretics/laxatives (“purging”) can cause damaging changes in the body. Starvation, for example, can lead to osteoporosis (weakening of the bones), headaches, constipation or diarrhoea, fainting and damage to most major organs including the heart and kidneys.

Vomiting after eating exposes the teeth to stomach acid causing decay. It can also cause sore throats, heart problems and abdominal pain.

Other useful websites

Mental Health First Aid Guidelines for Eating Disorders – www.mhfa.com.au
The Butterfly Foundation – www.thebutterflyfoundation.org.au

For more information, to find your nearest headspace centre or for online and telephone support, visit headspace.org.au

Treatment of eating disorders

People with eating disorders will benefit from professional help. Keeping the person safe is the first priority. If their weight loss is severe and there are serious health complications then a stay in hospital may be needed.

Professional treatment starts with developing a good working relationship with the young person, then the focus changes to providing information, looking after physical health and establishing healthy patterns of eating and exercise. Individual counselling, family work and medication (when appropriate) might all be required and are usually provided by a treatment team. As the problems with eating tend to have developed over a long period of time, treatment can also take time so getting help when problems first begin is really important.

References:


Clinical definitions are in line with the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), American Psychiatric Association 2013.

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Gender identity and mental health

About gender identity

Gender identity is generally developed very early in life. It’s about how you experience or perceive your gender, how you show this to others, and how you want others to treat you.

The physical features that you were born with (your biological sex) do not necessarily define your gender. Although gender has traditionally been divided into “male” and “female”, it is now widely recognised that gender is not that simple. The gender spectrum includes numerous identities including male, female, a mixture of both, no gender, a fluid gender, or another gender. Whilst people who experience gender diversity identify with a range of different terms, “trans and gender diverse” is often used as an umbrella term to describe people who identify with a gender that is different to the one assigned to them at birth.

If a young person has confided in you about their gender diversity be sure to respect their privacy and ask before sharing their information with anyone else. They may not be comfortable in letting other people know yet and it is very important that the young person remains in control of their personal information.

Gender identity is generally developed very early in life. It’s about how you experience or perceive your gender, how you show this to others, and how you want others to treat you.

Common experiences

Most trans and gender diverse young people experience the same range of mental health concerns as their gender conforming peers. Gender diversity in itself does not cause mental health problems. Trans and gender diverse young people may be more likely to experience a range of stressful occurrences however that contribute to an increased risk of depression, anxiety, self harm and suicide.

Some common experiences that can affect the wellbeing of a trans and gender diverse young person include:

- Feeling “different” from other people around them
- Transphobic bullying, about their gender identity, whether verbal or physical
- Feeling pressure to deny or change their gender identity
- Feeling worried that their gender identity will not be accepted by friends and family, along with the possibility of being rejected or isolated
- Feeling unsupported or misunderstood by family, friends, fellow students or workers
- Feeling stressed and anxious in relation to the pressure to conform with their biological sex
- Experiencing insensitivity when seeking support from medical and other support services.

These pressures can be very stressful, especially when combined with all the other issues associated with growing up, such as managing school or university, finding a job, forming relationships and making sense of their identity and place in the world.

It's normal to experience some of these changes from time to time. When these changes last longer than expected and begin to interfere with a young person's life, their study, work and friendships, talk to them about seeking help. A good place to start is their general practitioner (GP), their local headspace centre or eheadspace (online or by phone).
Families can have a major impact on the wellbeing of trans and gender diverse young people. Young people that experience conflict with, or rejection by, their families and loved ones are at higher risk of developing depression and anxiety. They are also more at risk of being affected by homelessness, economic instability, self harm and suicide. Trans and gender diverse young people who come from families that fully accept their gender identity have better overall health, mental health, higher self-esteem, and are more likely to believe they will have a good life as a gender diverse adult. The research also shows that small amounts of change from families can reduce risk – so being slightly less rejecting and slightly more supportive (e.g. use of preferred name and pronouns) can make a difference to the young person's risk of suicide, self harm, general and mental health, and substance use concerns.

This information was produced in conjunction with Transgender Victoria (www.transgendervictoria.com).

References:

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What is grief?

Grief is a natural response you experience when you lose someone close to you. Grieving is a normal part of life and it can begin as soon as someone becomes aware of a loss and can continue over the course of the first 12 months.

Feelings of grief

There is no single ‘right’ way to cope with the loss of a friend or loved one. Young people may experience:

- **Shock and disbelief** that the person has died
- **Anger or resentment** for being abandoned, for the unfairness of the loss, or towards those thought to be responsible for the loss
- **Guilt** that they were unable to save the person, or that they survived while their loved one did not
- **Preoccupation** with thoughts of the person who has died
- **Changes to sleep patterns and appetite**
- **Longing for the person**; wishing they were around to be able to touch them or be comforted by them
- **Sadness that the person has gone**
- **Anxiety about the future**; how things will be without their loved one, or their own safety
- **Difficulty concentrating and remembering things**
- **Physical changes** including headaches, feeling tired, muscle aches, and nausea

Grief is experienced in different ways by different people. Young people may have different reactions to adults because of:

- their age and developmental stage,
- the consequences for them may be different and
- their family situation.

How young people respond to grief

It is important to acknowledge that young people will respond to grief in a range of ways. Some young people will choose to express their grief through rituals or creative expression such as art or music, some will talk about it, while others may appear to be unaffected and getting on with their life.

There will also be some young people who behave in ways that are disruptive, frustrating or risky; they might drink alcohol or use drugs to try to cope with their grief. Whatever their response they will need time, support and understanding as they find their way through their grief.

Grief and mental health problems

Most young people will be resilient and will carry on with their lives while moving through the grieving process. For some however, the loss may be associated with the development of more serious mental health problems that will require specialist assessment and treatment.
Family and friends

Grief

How to support young people in the grieving process

Families are extremely important in supporting a young person who is grieving. Continuing your family life and staying connected with friends and activities allows the young person to maintain a sense of safety and security, and to feel hopeful about the future.

It can be particularly challenging for families to support each other when a family member has died because everyone will grieve in different ways. Professional support might be helpful if you’re finding it difficult to support each other through a loss.

Some other strategies that may be helpful in supporting a young person include:

- Acknowledging their loss and the need to take time to grieve
- Providing information about normal patterns of grief
- Encouraging them to do what’s right for them
- Encouraging their continued participation in enjoyable activities such as sports or hobbies, and family activities
- Supporting them as they gather stories and memories of the loved one in ways that appeal to them (e.g. writing, photos, journals, talking, blogs or memorials)
- Helping them to anticipate times that may be particularly difficult, (e.g. Christmas, birthdays or anniversaries) and develop a plan for coping with these periods
- Helping them find meaning in what has happened and foster a sense of hope for the future.

Supporting young people to seek help

The grieving process can take time and it is not unusual for young people to experience ups and downs over months or years while dealing with the death of a loved one. People generally find that things get easier as time passes; however, if the young person’s grief is persistent and severe, getting help is important. Accessing professional support is particularly important if the young person is grieving for someone who has died by suicide.

It is important to support young people in finding a health professional such as a general practitioner (GP) or counsellor who they trust and feel comfortable with. If they have had a positive experience with a family GP or another health professional in the past encourage them to contact them again. You could also support them to contact your local community health centre or headspace centre.

For more information, to find your nearest headspace centre or for online and telephone support, visit headspace.org.au

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Psychosis

What is psychosis?

People with psychosis have problems in the way they interpret the real world. This means that psychosis may cause you to misinterpret or confuse what is going on around you. Psychosis usually affects your beliefs, thoughts, feelings and behaviour. For example, you may have hallucinations (in which you see or hear things that are not there) or delusions (false beliefs or ideas).

A first episode of psychosis is most likely to happen in late adolescence or in the early adult years. It is often frightening for you and misunderstood by others, but psychosis can be treated and most people make a full recovery. Without treatment psychosis can seriously disrupt your life and development, so it’s important to get help as soon as you can.

What are the symptoms of psychosis?

- **Confused thinking:** Everyday thoughts can become confused, making sentences unclear or hard to understand. You might have difficulty concentrating, following a conversation or remembering things. Thoughts can seem to speed up or slow down.

- **False beliefs (delusions):** You strongly believe something is real, but it’s not. For example, you may believe the way that cars are parked outside the house means you are being watched by the police.

- **Hallucinations:** You can see, hear, feel, smell or taste something that is not actually there.

- **Changed feelings:** How you feel can change for no obvious reason. You might feel strange and cut off from the world, with everything moving in slow motion. Mood swings are common, and you might feel unusually excited or depressed. You may seem to feel less emotion, or show less emotion to those around you.

- **Changed behaviour:** You may be extremely active or have difficulty getting the energy to do things. Your family may notice that you laugh when things don’t seem funny to them or become angry or upset without any apparent cause.

What are the types of psychosis?

Psychosis can occur for lots of reasons. Some possibilities include:

- **Drug-induced psychosis:** Using or withdrawing from drugs, especially cannabis and amphetamines, can cause psychotic symptoms that last for short or long periods.

- **Brief reactive psychosis:** Psychotic symptoms appear suddenly after a major stress in the person's life. Recovery is often quick.

- **Schizophrenia:** An illness in which the symptoms have continued for at least six months. Many people with schizophrenia lead happy and fulfilling lives, and many make a full recovery.

- **Bipolar disorder:** Involves major changes including extreme highs and lows. People can experience psychotic symptoms as part of this disorder.

- **Depression:** Psychotic symptoms can occur in people with very severe depression.
Psychosis

What causes psychosis?
There is no one ‘cause’ of psychosis. It is often a combination of biological, psychological, social and environmental factors. This includes your genes (inherited factors) and the things you are exposed to in your life (e.g., stress, drug use or severe social problems).

How do I get help?
Try to seek help as soon as possible if you have symptoms of psychosis, or if things don’t seem quite right. Tell someone you trust such as a parent, teacher or friend if you are having some strange experiences that you cannot explain.

How is psychosis treated?
Treatments usually involve education about the illness, counselling, family support, practical support (such as helping you get back to school or work) and medications. Avoiding illegal drugs, reducing stress and learning ways to cope with stress can help you to recover and prevent the symptoms from returning in the future.

How do I help someone cope with psychosis?
Try to be calm and supportive as it can be frightening and confusing to experience psychosis. If you are worried about a friend or family member seek help from your GP, headspace centre or local mental health service. Encourage the young person to get professional treatment as early as possible.

Practical help can assist a person to stay safe and feel secure. This might mean helping them to pay bills or rent, or getting them to medical appointments.

If you think someone needs immediate medical support call 000 or your local hospital or mental health service. Remember the person may be responding to things that are very real to them but do not make sense to you.

For more information, to find your nearest headspace centre or for online and telephone support, visit headspace.org.au

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Dealing with relationship break-ups

It’s normal to feel sad after a relationship split and it can take time to get over the loss of a relationship. You might feel as though your world has turned upside down and that things will never be good again. The strength of your feelings might be overwhelming. You might cry, feel restless, or have less motivation or energy to do things. Your appetite and sleep might also be disturbed.

A break-up can bring a sense of relief, especially if the relationship was making you unhappy. However, it can also bring on a range of difficult feelings such as denial or disbelief ("it’s not really over"), guilt, sadness, anger, or fear, and may lead to feeling rejected, lonely or confused.

Some things to remember

- **Whatever you’re feeling now won’t last forever.** It may take time before you feel you have ‘moved on’, but you will. Take it one day at a time and realise that there will be good and bad days.

- **If it was your decision to end the relationship it doesn’t necessarily make the break-up any easier to deal with.** It’s still normal (and okay) to feel upset and to miss the other person.

- **The end of a relationship doesn’t mean that there is anything wrong with you.** Try not to take it personally – relationship break-ups are common.

- **You don’t have to be in a relationship to feel happy.** It’s better to not be in a relationship than to be in a bad one.

- **It’s okay to feel angry or hurt, but be sure you are safe in how you express your feelings.** Don’t act out your anger or do spiteful things. Don’t follow your ex around, call them all the time or harass them online. This sort of behaviour is not acceptable and will make you feel worse in the long run.

- **Try not to feel embarrassed or to worry about how the situation will look to others.**

- **Remember that break-ups can have a positive side.** You can learn more about yourself and what you want from future relationships. You can develop coping skills, become more independent, have more time to spend with friends and do the things that you enjoy.

It is important to remember that with time and support most people pull through relationship break-ups, sometimes coming out stronger at the other end.
Dealing with relationship break-ups

Some things that might help you feel better after a break-up

- **Let yourself be upset.** Dealing with your emotions will help you heal and feel better.
- **Look after yourself.** Try to eat healthy, keep sleeping and exercise routines.
- **Be realistic when thinking about your ex** and the relationship. It’s common to remember only the good things about the person and the relationship. But be honest with yourself – it’s rare for a relationship or a person to be perfect. Remembering the things that weren’t so great will make it easier to move on.
- **Try to limit how much you think about your ex** by finding things that will distract you. Think positively and try some new things.
- **Give yourself some space.** You don’t need to shut your ex out of your life but it might be helpful to try to avoid him/her for a while after the break-up.
- **Keep busy.** You might find yourself with too much free time on your hands, especially at weekends. Plan ahead and do things that you usually enjoy.
- **Treat yourself.** Buy yourself a treat or do something that you really like.
- **Talk to friends and family** and others who can support you. It’s okay to want some time to yourself but being with supportive people can also be a big help. You can also get a different perspective by talking things through with others.
- **Don’t use drugs or alcohol** to deal with the pain. Alcohol and drugs might help you feel better at first but the after-effects will leave you feeling much worse.
- **Give it time.** Allow yourself some time to cope with the change.

Breaking up with someone

- **If you’re breaking up with someone**, try to be considerate in ending the relationship. Think about how you would want to be treated in the same situation.
- **End the relationship face-to-face wherever possible**, rather than by text, Facebook or by email.

When your ex moves on

- **Try to avoid thinking about them** being with someone else as it can be really painful.
- **Don’t contact your ex** or lash out at them for being in a new relationship. It won’t make you feel any better.
- **If you are struggling with anger or jealousy** you need to make sure you stay safe when dealing with these feelings. Talk to somebody about it and get some help if you need it.

Thinking about a new relationship?

Take all the time you need in beginning another relationship. Think about what you want in your next relationship but try to feel confident about being single for a while.

When should you get some help?

Break-ups hurt but people usually get over them in time and without any serious problems. Sometimes a break-up can play a part in a person developing other problems such as depression. If you are struggling to move on after a break-up, or if you feel unsafe in any way, it is important to talk things through with someone you trust. This may be a friend or family member. If you’d prefer to talk to someone outside your family and friends, your general practitioner (GP), a counsellor, or someone at your local headspace centre can provide you with confidential support.
Self harm

What is self harm?

Self harm refers to people deliberately hurting their bodies. Common types of self harm among young people include cutting (e.g. cutting the skin on arms, wrists or thighs), burning the skin, picking at wounds or scars, self-hitting, or deliberately overdosing on medication, drugs or other substances that cause harm.

Why do people self harm?

Most self harm is in response to intense emotional pain or a sense of being overwhelmed by negative feelings, thoughts or memories. For some young people it may seem there is no other way of dealing with what is going on, or expressing what they are feeling. Self harm may offer temporary relief but it does not help a person to overcome a problem over time.

About

10% of adolescents say they have self harmed at some point in their lives².

For some young people self harm is a one-off event, but for others it becomes a repeated behaviour that can be hard to change.

Self harm and suicide

There is an overlap between self harm and thinking about suicide however not everyone who self harms is suicidal. Sometimes people do very risky things and accidentally die or seriously injure themselves as a result of their self harm.

Some people are more likely to self harm than others, including those who have experienced emotional, physical or sexual abuse or have a mental health problem such as depression. It is usually a build up of negative, stressful life events rather than one event that triggers self harm in young people.

headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health under the Youth Mental Health Initiative.
Self harm

What can you do if you self harm?

It is important to know that there is support available if you are self harming. Seeking help when problems begin to develop is really important and a good first step is telling a trusted family member, friend or teacher what you are going through.

Not ready to talk to someone you know?

You can contact eheadspace to talk to a counsellor online or on the phone, talk to your general practitioner (GP) or call a helpline for confidential support (e.g. Lifeline 13 11 14 or Kids Helpline 1800 55 1800).

If you need immediate medical attention, call 000.

How can I help a young person who self harms?

The best way to help someone is to provide support and encourage them to ask for professional help.

Be as open with the person as possible and try to make them feel safe to discuss their feelings. Remain calm while recognising they might feel ashamed of their actions and worry about your judgements. Do not try to make ultimatums or force the person to stop, this could make things worse.

Ask the person directly if they are considering suicide and call your local hospital or mental health service if you think they are. Call 000 or take the person to the emergency department of the local hospital if they need urgent medical attention.

Supporting someone who self harms can be a stressful experience so consider if you need to get some advice or support for yourself.

For more information, to find your nearest headspace centre or for online and telephone support, visit headspace.org.au


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Sexuality and mental health

The term sexuality refers to a person’s sexual attractions, experiences of the attraction and sexual preferences. Some sexualities include homosexual (attracted to the same sex), heterosexual (attracted to the opposite sex), and bisexual (attracted to more than one sex). A young person close to you may identify as gay, lesbian, bisexual, straight, pansexual, queer, asexual, or something else or they may not yet be sure of their sexuality.

If a young person lets you know that they identify with a diverse sexuality you are being trusted with very private and personal information. They may have never talked to anyone about this before, or they may have only just begun to understand and feel comfortable with their sexuality. They trust that you will support and accept them. If a young person has confided in you, take the time to ask them how you can support them. Reassure them that you will respect their privacy and ask their permission before sharing their information with anyone else. They may not be comfortable to let other people know about their sexuality as yet, and it is very important that the young person remains in control of their personal information.

There are a range of stressful experiences that may increase the risk of depression, anxiety, self harm and suicide for same sex attracted (SSA) young people. Some common experiences that can affect the wellbeing of a young person can include:

• Feeling “different” from other people around them
• Homophobic bullying, whether verbal or physical
• Feeling pressure to deny or change their sexuality
• Feeling worried about “coming out” to friends, family, fellow students or workers, along with the possibility of being rejected or isolated
• Feeling unsupported or misunderstood by friends, family, fellow students or workers.

These pressures can be very stressful, especially when combined with all the other issues associated with growing up, such as managing school or university, finding a job, forming relationships and making sense of their identity and place in the world.

What are the early signs suggesting a possible mental health problem?

Things to look out for in the young person include:

- **Changes in mood** – feeling sadder, more anxious, or more irritable than usual
- **Changes in behaviour** – being less talkative, becoming withdrawn or being more aggressive
- **Changes in relationships** – falling out with friends or their partner, or conflict with family
- **Changes in appetite** – eating more or less than usual, or losing or gaining weight rapidly
- **Changes in sleep patterns** – not sleeping enough, or sleeping too much
- **Changes in coping** – feeling overwhelmed or tired of life
- **Changes in thinking** – more negative thoughts, or thoughts of self harm or suicide

It’s normal to experience some of these changes from time to time. When these changes last longer than expected and begin to interfere with a young person’s life, their study, work and friendships, talk to them about seeking help. A good place to start is their general practitioner (GP), their local headspace centre or eheadspace (online or by phone).
Sexuality and mental health

Families can have a major impact on the wellbeing of SSA young people. Young people that experience conflict with, or rejection by, their families and loved ones are at higher risk of developing depression and anxiety. They are also more at risk of homelessness, economic instability, self harm and suicide¹, substance abuse and sexually transmitted infections².

How to support a young person with a diverse sexuality

- Talk in an open, non-judgemental way about their sexuality.
- Express acceptance and provide support.
- Require that family members and other people respect their sexuality.
- Welcome their friends or partner to family events.
- Believe they can have a full, happy future as an adult.
- Remember that small changes in your level of acceptance and support can make a difference in reducing their risk of suicide and improve general and mental health outcomes.
- Encourage them to get further advice and support at headspace or eheadspace if they are going through a tough time.

SSA young people who come from families that fully support their sexuality have better overall health, mental health, higher self-esteem, and are more likely to believe they will have a good life as an adult². The research also shows that small amounts of change from families can reduce risk – so being slightly less rejecting and slightly more supportive can make a difference to the young person’s risk for suicide, general and mental health, and substance use concerns².

Don’t forget to look after your own needs too and reach out for extra support if you or other family members need it. Talk to someone you trust, and seek professional help.

References:

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This information was produced in conjunction with Rainbow Network (www.rainbownetwork.com.au)