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The word 'esteem' comes from a Latin word which means 'to estimate'. A general definition of self-esteem is that of having a high regard or good opinion of yourself. A definition of self-esteem therefore, is the value a person places on themselves.

**High self-esteem can give a person confidence to be themselves and this includes accepting both the good and the not-so-good parts of who they are. The higher a person values themselves, the more confidence they will feel and demonstrate in the outside world.**

There are many things that can affect self-esteem. A compliment from a friend or a hug from a parent or carer can help increase self-esteem, while a cruel comment or criticism from school can have a negative effect. If a person has too much self-belief, they may appear arrogant. It can therefore be a balance between believing they can ask for what they want and remembering their responsibility to treat others with respect.

## **The importance of self-esteem**

Good self-esteem and confidence are extremely important for children and young people. How they feel about themselves will affect all aspects of their development and can set patterns of behaviour that have a strong influence on their adult lives. Self-esteem can affect a wide range of areas in a person's life.

Looked after children and young people are often more at risk of having lower self-esteem. This can be because they feel unloved or unworthy because they were put into care. It can also be as a result of abuse or neglect when they were younger, or it may be for a wide variety of other reasons. As a result, looked after children often need additional support to develop their self-esteem.

If a child or young person has very low self-esteem, they may behave in ways designed to get more attention. This behaviour may sometimes create difficulties for them and for others in their lives; for example, a young person who has (unprotected) sex with lots of different people solely to feel loved, or a young person who remains in an abusive relationship because they do not feel they are worth being treated with respect.

## Self-esteem and Confidence

### Being Assertive

Aggressive or passive behaviours can occur as a result of low self-esteem. Being assertive involves saying what you want at the same time as taking the feelings of others into account. Aggressive behaviour would be, for example, a person bullying or threatening someone to get what they want. Passive behaviour might be a person not asking for what they want because they don't want to upset others. Although these behaviours may achieve a desired result sometimes, they are more likely to result in conflict, dissatisfaction or resentment.

Being assertive can help to increase self-esteem. Saying what they want can make a person feel better about themselves and accept compromise in discussions with others. People can learn to be more assertive; there are some useful methods for this included in *Useful leaflets/resources*.

### Confidence

No one feels totally confident all the time. Self-esteem and confidence fluctuate all the time, changing from day-to-day depending on the challenges faced and the successes or failures experienced in life. We all criticise ourselves sometimes. It is easy to say that we should have high self-esteem and confidence, but it can be a lot more difficult to achieve this in practice.

Confidence and being confident will mean different things to different people. Some might think that being confident is only for extrovert people and not for people who are shy. However, people who are shy or more easily influenced can develop their confidence, be more assertive, and increase their self-belief.

### What can you do to support the children and young people in your care to be more confident?

- One of the most important ways of fostering self-esteem and confidence in children and young people is to demonstrate it yourself.
- Help them to see what is good about their personalities. Be encouraging and highlight good points.
- Acting as if you are confident can actually increase confident feelings. You can help young people to practise this – remember that body language is important.
- Help young people to see the choices that are available to them – if they make a choice that's right for them, they can feel a greater sense of control over their lives.
- Remember that self-esteem is a constantly developing process. It changes for everyone at different times and it can take a while to build up.



### Points to ponder/training ideas

- What are the things that help people feel good about themselves?
- What are the things that threaten their self-belief?
- What can you do to minimise these threats?
- What can you do to boost the things that make children and young people feel better about themselves?
- Self-esteem and confidence can also be influenced by environmental factors and the actions of others. An encouraging, supportive environment will help to build self-esteem and confidence.

### Links to other topics in this pack

See: *Cultural and Spiritual Issues; Healthy Eating; Physical Activity; Pressure to Have Sex; Promoting Positive Relationships.*



### Websites

#### [www.healthy-respect.com](http://www.healthy-respect.com)

Providing information about sexual health and relationships to increase young people's, parents'/carers' and professionals' confidence about these issues.

#### [www.bbc.co.uk/health/conditions/mental\\_health/emotion\\_esteem.shtml](http://www.bbc.co.uk/health/conditions/mental_health/emotion_esteem.shtml)

This site has excellent information regarding self-esteem which includes *What is self-esteem?, Building self-esteem and Improving confidence.*

#### [www.bbc.co.uk/parenting](http://www.bbc.co.uk/parenting)

Provides general information about children and young people and specific information (Your Kids link) about how to develop their self-esteem and confidence.



### Useful leaflets/resources

#### Mind

Mind is the leading mental health charity in England and Wales. They have an excellent resource entitled *How to Increase your Self-esteem* available at [www.mind.org.uk/Information/Booklets/How+to/How+to+increase+your+self-esteem.htm](http://www.mind.org.uk/Information/Booklets/How+to/How+to+increase+your+self-esteem.htm)

*Head Kit* produced by NHS Health Scotland. This includes advice on how to improve confidence and a sense of wellbeing, [www.healthscotland.com](http://www.healthscotland.com)



**Deliberate self-harm (DSH) is a term used by medical staff and researchers to identify times when people, for whatever reason, intentionally harm themselves physically. It is rarely about attempting suicide, seeking attention or manipulative behaviour; often a person self-harming will try to hide their injuries. The issue is more about young people trying to cope with strong feelings such as emotional pain, worthlessness, distress or anger. Therefore, the term 'deliberate self-harm' can be slightly misleading as this implies blame, which can be unhelpful. Others, including those who self-harm, prefer to use the terms self-harm or self-injury.**

There are many different ways young people self-harm but some of the most common include:

- cutting or scratching (often of the arms)
- scalding or burning
- biting or punching
- pulling out hair or eyelashes
- biting or tearing the skin on hands or fingers
- putting themselves in dangerous situations with little or no regard for their personal safety, such as joy-riding.

## **Possible reasons/triggers**

It can be difficult to understand why a young person self-harms; the reasons can be complex and will vary from one individual to another. Sometimes, the reason can stem from traumatic childhood experiences. It can also be a sign of low self-esteem, powerlessness and loss of control. There is usually an underlying reason why young people self-harm. It may be part of a recurring cycle of responses to 'triggers' or certain things that happen in the young person's life. Self-harming can also develop as an aspect of peer-group culture.

## **Specific triggers can include:**

- being rejected by someone who is important to the young person
- feeling inadequate
- feeling overwhelmed by life circumstances
- being blamed for something over which they have no real control.

## Self-harm

Self-harming can become habitual. Young people can be anxious and resistant to the idea of stopping harming themselves because self-harm has been effective in some way, especially in helping deal with stressful situations. A young person self-harming is experiencing difficulties engaging with positive coping strategies to stressful events or situations and will need additional support to address their self-harming and to explore appropriate coping strategies.

### What can I do?

#### In the short term

- Help the young person tend to any injuries and take care of them – they may need medical attention.
- Treat the young person with compassion and respect. Ask if they want to talk and show you care.
- Listen with empathy and try not to judge. They have chosen to talk to you, so be confident and listen to whatever they want to tell you.
- Reassure them that you are not condemning them for their actions.
- If the young person lets you know they are feeling like self-harming then offer to stay with them until the impulse has passed, although they may or may not want to talk about their reasons.
- The risks of reinforcing negative behaviours are very real. This may involve 'rewarding' a young person who has deliberately self-harmed by giving lots of attention. This doesn't mean deliberate self-harm should be ignored. However, care should be taken to ensure the young person gets lots of attention at other, non-self-harming, times.
- If the self-harming is causing significant physical injury or is persistent, professional advice should be sought. This might often be best initiated by discussing the situation with local health care staff or arranging an appointment for the young person to see their GP.

#### In the longer term

- Although it's important to talk to the young person about their self-harming, try also to focus on the positive/healthy aspects of the young person's behaviour.
- Avoid putting blame on the young person – remember even though it might feel like it, manipulation is unlikely to be the reason for self-harming.

- Try to help the young person identify their triggers for self-harm and to learn to recognise the thoughts and feelings which lead up to self-harming.
- Try to help the young person find alternative ways to express themselves and their feelings, e.g. through art, drama, writing or even punching a pillow.
- Encourage them to consider less harmful alternatives, e.g. instead of cutting themselves they put an elastic band around their wrist and 'ping' this when they feel like self-harming.
- Support them to find ways to distract themselves when they feel vulnerable such as going for a walk, listening to music, learning to meditate or phoning someone.
- Some young people get a lot from meeting others in the same situation. Find out whether there are any local self-help groups they might contact (see *Useful contacts*).
- Encourage the young person to talk to you or another adult about their self-harm rather than other young people in the centre/house. Find confidential helpline details, and make them easily available. A listening service can help people distract themselves for a period of time, and talk confidentially about their issues.
- Small steps in managing self-harming should be seen as an achievement.
- Make sure you get appropriate and adequate support yourself.



### Points to ponder/training ideas

- How might you or other staff access support? How can you find ways to cope with any negative feelings that you might have?
- How might you ensure consistency and effective communication with the young person?
- How might you ensure the young person gets lots of attention when not self-harming?
- Consider the effects on others in your care. How might you best support the other children/young people? Try to limit exposure of injuries, e.g. if the young person has cut their arms ask them to wear long-sleeved clothing.
- How can you identify and assess the risks?
- Legally, is there anyone you should inform?

### Links to other topics

See: *Eating Disorders; Self-esteem and Confidence; Sexual Abuse.*



#### Useful contacts

##### Penumbra

A leading Scottish voluntary organisation working in the field of mental health. It provides an extensive range of person-centred support services for adults and young people across Scotland.

Website: [www.penumbra.org.uk](http://www.penumbra.org.uk)

##### YoungMinds

A national charity committed to improving the mental health of all children and young people. The Parent Information Service provides free, confidential information and advice for any adult with concerns about the mental health of a child or young person.

Website: [www.youngminds.org.uk](http://www.youngminds.org.uk)

##### 'See Me' campaign

This was launched in October 2002 to challenge stigma and discrimination around mental ill health in Scotland. The campaign combines an award-winning national publicity programme with local and national anti-stigma action developed in partnership with like-minded groups and individuals across all sectors of Scottish life.

Website: [www.seemescotland.org.uk](http://www.seemescotland.org.uk)

##### LGBT Youth Scotland

Provides support to young (aged 13–25) men and women who are lesbian, gay, bisexual or transgendered. They can offer one-to-one support either in person or on the phone, or group support. One of the issues they support people with is self-harm.

Confidential Youth Line: 0845 113 0005 (Tues 7.30 pm–9 pm)

Website: [www.lgbtyouth.org.uk](http://www.lgbtyouth.org.uk)



### Useful leaflets/resources

The *Talking About...* leaflet series focus on thirteen sensitive issues. These include anxiety, stress, self-harm, bereavement and depression.

*r u okay?* leaflets aimed at 8–12-year-olds. A supporting guide has also been produced to help carers answer questions prompted by the *r u okay?* series. Leaflets include: *r u sad?*, *r u worried?*, *family breakups* and *when someone dies*.

*Headkit*. This guide to positive mental health for young people contains advice on how to improve confidence and a sense of wellbeing. It covers aspects such as tips for relaxing, information on relationships and body image.

*Cool Heads*. An innovative booklet designed to help 12–26-year-olds get to grips with issues such as confidence, relationships, bullying and exam stress, as well as parental divorce or separation.

All publications above are available from NHS Health Scotland at [www.healthscotland.com](http://www.healthscotland.com) Tel: 0131 536 5500

*Worried About Self-injury?* by YoungMinds (see *Useful contacts*).

*Self-Harm* leaflet. Available from Penumbra (see *Useful contacts*).

*See Me...* leaflet on self-harm. Available from *See Me* campaign (see *Useful contacts*).



**The terms ‘sexuality’ and ‘sexual orientation’ are very different. Sexuality refers to the development of sexual expression while sexual orientation refers to which sex or gender a person finds attractive. Sexuality includes many aspects of life – emotions, sexual practice, social relationships, spirituality, sensuality and political identity. Sexuality is mainly about human attraction to other people.**

People find different people attractive, and those in society have an obligation to value the right of people to make their own decisions about their sexuality. However, from an early age, people can be exposed to strong messages through the media, family and friends that being attracted to people of the opposite sex is the ‘norm’ and that any other form of sexuality is wrong or inferior. This belief is called ‘heterosexism’. Many people are not sexually attracted to those of the opposite sex. As a result, heterosexism can leave people feeling isolated or confused.

## **Different terms**

There are terms that are used to describe who a person is attracted to.

- ‘Heterosexual’ (‘straight’ is also used) identifies a person who is mainly attracted to people of the opposite sex.
- ‘Homosexual’ describes a person whose sexual orientation is to individuals of the same gender. (It is seen as a medical term and is not widely used.)
- ‘Gay’ describes a person whose sexual orientation is primarily to individuals of the same gender. It is also used as an umbrella term for those with a lesbian, gay or bisexual orientation.
- ‘Lesbian’ is used to describe women primarily attracted to other women.
- ‘Bisexual’ is used to describe people who are attracted to both men and women.
- Many people do not fit neatly into any of these categories and may feel unsure about their sexual orientation at some point. Sexual orientation is not necessarily fixed and can change within a person’s life.
- Sexuality, regardless of the range of sexual orientations, can be potentially confusing and worrying to all young people.

### **Development of sexuality**

Young people develop their sexuality at different times. Most young men first realise they might be gay between the ages of 12 and 17 years, whereas young women first realise they have a lesbian sexual orientation between the ages of 16 and 20 years. Young people can of course discover their sexual orientation outwith these age ranges. It is also worth remembering that young people do not 'choose' to be gay or straight. No one is 'turned' into being gay by other people.

Many young people fight against these feelings, mainly because of heterosexism and the fear of homophobia. This can lead to a great deal of emotional strain and many young gay people avoid talking about their feelings. Some young people find that when they do tell someone (referred to as 'coming out'), the negative reaction can be very hurtful and unsupportive. This can lead to a lowering of confidence and self-esteem and sometimes even to mental health problems.

How young people feel about their developing sexuality is very much influenced by those who care for them such as family and friends. All young people need support to help them deal with their sexuality and overall sexual health, no matter what their sexual orientation. They have the right to information that will enable them to make choices about their own lives. Those delivering sexual health and relationship education can often fail to mention different sexual orientations. This can make it even more confusing for those who think they might be gay, lesbian or bisexual.

It is worth considering the impact on overall mental health and wellbeing when a person is exploring their sexuality and discovering they may be gay. Building self-esteem and self-efficacy in the young person can help develop resilience to better cope with discrimination, homophobia and the initial reactions from friends, which may not be positive. (See related topic on *Resilience*.)

Homophobia is a fear of and/or hostility towards homosexuality and people who are, or are perceived to be, lesbian, gay or bisexual. It is not clear why people are homophobic. Homophobia can often be linked to religious beliefs, to the social development of gender roles or to ignorance or a lack of understanding. Whatever the reasons, homophobic bullying has a devastating effect on many young people.

### What can I do to help?

- Discuss these issues with the young people in your care. Open discussion of these issues can help both gay and straight people to have more understanding and more knowledge.
- Don't assume that everyone is straight. You can include the words gay, lesbian or bisexual when you talk about sexuality, sexual orientation or sexual health in general. You can use the word 'partner' instead of 'girlfriend' or 'boyfriend' – it's much more inclusive.
- Challenge homophobic behaviour. If you don't then you are sending a clear message to all young people that this form of bullying is acceptable.
- You may suspect that a young person in your care is gay, lesbian or bisexual. If this is the case, then it is very important that you create a positive and supportive environment, which might make it easier for the young person to 'come out'.

Lesbian, gay or bisexual young people often feel excluded from sex and relationship education because of a lack of representation in materials and an overemphasis on reproduction and contraception. SHARE, a nationally accredited Sexual Health and Relationships Education programme, has now been adapted to be more inclusive by specific references to lesbian, gay and bisexual issues, encouragement of discussion, and a focus on emotional outcomes of relationships as well as condom use to protect against both sexually transmitted infections and unintended pregnancy.

There are a number of ways in which you can demonstrate support for lesbian, gay and bisexual young people by:

- challenging homophobic attitudes, should they arise, and promoting the concept that we all have an equal part to play in society
- making yourself aware of the contact details of specialist support agencies working in your area
- displaying posters and service information about organisations that offer support to young lesbian, gay or bisexual people
- exploring these issues further by including additional material in your programme – local health care staff, particularly health promotion departments, will be able to assist you in sourcing appropriate materials
- ensuring that your service has an anti-bullying policy that covers sexual orientation.



### Points to ponder/training ideas

- As a carer, how do you feel about young people who are lesbian, gay, bisexual or transgender? It is useful to think through how you really feel about these issues, so that if a young person in your care discloses to you that they think they might be lesbian, gay, bisexual or transgender, then you will be able to support them more fully.
- Do you or colleagues ever use, or accept the use of language that could be offensive and hurtful to young people who are lesbian, gay or bisexual?
- Would it be easy for a young person in your care to talk about sexuality issues? If not, how could it be made easier?
- If a young person is rejected because of their sexuality it can have serious consequences for how they feel about themselves. If you find that you have difficulties with issues around sexuality and sexual orientation, you can get training and support from some of the agencies listed below.
- Many traditional religious teachings state that homosexuality is wrong. If you have religious beliefs, how do they affect how you feel about this issue? How do your religious beliefs affect your treatment of lesbian, gay or bisexual young people?

### Links to other topics in this pack

See: *Bullying; Gender and Stereotypes; Promoting Positive Relationships; Resilience; Self-esteem and Confidence.*



### Useful contacts

#### LGBT Youth Scotland

LGBT Youth Scotland provide information and support for lesbian, gay, bisexual and transgender young people.

Tel/Fax: 0131 622 2266

Confidential Youth Line: 0845 113 0005 (Tues 7.30 pm–9 pm)

Website: [www.lgbtyouth.org.uk](http://www.lgbtyouth.org.uk)

#### Parents Enquiry Scotland

Parents Enquiry Scotland provide information support and advice for parents and carers of gay, lesbian, bisexual and transgender young people.

Tel: 0131 556 6047 (based in Lothian)

Tel: 0141 427 3897 (based in Strathclyde)

Website: [www.parentsenquiryscotland.org](http://www.parentsenquiryscotland.org)



### Useful contacts

#### LGBT Health Scotland

The LGBT Health Inclusion Project is based on the recognition that lesbian, gay, bisexual and transgender (LGBT) people in Scotland are at significant risk in terms of their physical, psychological and emotional health. Since October 2002, the Inclusion Project has worked to provide the base levels of awareness, knowledge and evidence of LGBT experience in relation to health and wellbeing, and service use.

Tel: 0141 552 4796

Website: [www.lgbthealthscotland.org.uk](http://www.lgbthealthscotland.org.uk)



### Useful leaflets/resources

*Talking about Homosexuality in the Secondary School*. Published by AVERT (Aids Education and Research Trust), 4 Brighton Road, Horsham, West Sussex RH13 5BA.

Tel: 01403 210202

Website: [www.avert.org](http://www.avert.org)

*Safe n Sorted* provides information on sexual health services for young people in Lothian. Available from Lothian NHS Board Library and Resource Centre.

Tel: 0131 536 9451.

Parents' Enquiry Scotland (see *Useful contacts* above) has a range of useful leaflets and booklets. Phone them to request a copy.

*SHARE: Sexual Health and Relationships Education training and educational resources*, available to trained staff from NHS Health Scotland at [www.healthscotland.com](http://www.healthscotland.com) Tel: 0131 536 5500



# Sexually Transmitted Infections (STIs)



**Sexually transmitted infections, often referred to as STIs, are diseases transmitted by unprotected sex between two people. Most STIs are spread through genital contact with an infected partner including unprotected vaginal, anal or oral sex. There are many different types of sexually transmitted infection, though some are more common or more serious than others. Information about the most common STIs is outlined below.**

## **Chlamydia**

- A bacterial infection.
- It is very common in young people aged under 25 years, although many have never heard of it.
- Around 50% of men and 70% of women with chlamydia will have no symptoms at all and this makes it easy to spread the infection without being aware of it.
- Some people do get symptoms. In men, chlamydia may cause discharge (fluid) from the end of the penis or pain when passing urine. Women may notice a change in the discharge from the vagina, pain passing urine, or bleeding between periods or after sex.
- In women, infection may spread to the fallopian tubes causing pain in the lower abdomen, known as pelvic inflammatory disease (in some cases chlamydia can block the tubes completely, resulting in infertility). If left untreated, damage to the tubes of women becoming pregnant can result in an ectopic pregnancy, where the baby grows in one of the tubes outside the womb. This is extremely dangerous as the tube may rupture with serious internal bleeding.
- In the past testing for chlamydia required a swab, taken from the tip of the penis or from the cervix (neck of the womb). However, it is now possible to test for chlamydia using a urine sample. Tests can be performed at the GPs surgery, family planning services genito-urinary medical (GUM) clinics or at some young people's sexual health services. In some areas, postal testing kits for urine samples are also now available for young people under the age of 25 years.
- Chlamydia can be treated very easily with antibiotics.
- It is important to avoid having sex until treatment is complete (in an on-going relationship, both partners should be treated before resuming sex).

## Sexually Transmitted Infections (STIs)

### Genital warts

- Genital warts are little lumps that grow under the foreskin on the tip of the penis, around the anus, or around the vagina. Sometimes they are found inside the vagina or on the cervix, although this is less common.
- Caused by the human papilloma virus, genital warts are passed on by skin-to-skin contact and, although they are similar to warts found on other parts of the body, they are usually smaller and can sometimes be difficult to detect.
- There is no cure for this virus but the warts can be treated by a doctor, or GUM clinic. Verruca or wart treatments should not be used on genital warts. They are instead treated by creams such as podophyllotoxin, or by freezing with liquid nitrogen. Treatment can take weeks or months and may involve regular visits to the doctor or clinic.
- Warts may be prevented from recurring by keeping healthy, i.e. following a healthy diet, and avoiding smoking, drugs and stress.

### Genital herpes

- There are two types of herpes virus – herpes simplex virus 1 (HSV-1) and herpes simplex virus 2 (HSV-2). Although, typically, HSV-1 causes cold sores around the mouth, and HSV-2 is associated with genital herpes, either type can infect mouth or genitals. Fifty per cent of genital herpes is caused by HSV-1 acquired through oral sex.
- Symptoms usually begin with a tingling sensation or itching in the infected area and then small blisters appear, which turn into painful sores. Some people can feel quite ill with symptoms similar to flu and some can find it very painful to pass urine. Symptoms can be much worse on the very first outbreak. However, many people who come into contact with this virus will not have any symptoms.
- The virus is spread by skin-to-skin contact. Genital herpes can be passed on by having oral sex with someone who has the HSV-1 type, or by having genital-to-genital contact with an infected person.
- Once you have this virus you cannot get rid of it. The sores may appear periodically and for some people this happens when they are stressed, tired, too hot, too cold or even after sex.
- Although there is no cure for this virus, antiviral drugs can provide very effective relief of symptoms and prevent recurrences.

- The symptoms can be treated with creams, although a course of drugs is usually required. If the symptoms occur very frequently then it may be necessary to have a long course of drug treatment to help the body get on top of the infection.
- To avoid spreading the virus to other parts of the body, it is important to wash hands after any contact with the infected area.

### **Pubic lice**

- Although similar to head lice, pubic lice – also known as ‘crabs’ – mainly infect the pubic area of the body but can spread to any area covered in coarse hair such as chest, legs, underarms, beards, eyebrows and eyelashes.
- They are spread by genital contact. This does not necessarily mean sex, as they can also be spread by sharing clothes, bedding or towels.
- They will cause the infected area to be incredibly itchy.
- Just like head lice, if they are not treated, they will get worse.
- They can be treated with shampoo, available from the doctor or chemist.

### **Gonorrhoea**

- Gonorrhoea most commonly affects the cervix in women, but can also affect the anus if passed on during anal sex or the throat if passed on during oral sex. It affects both men and women.
- Caused by a bacteria called *Neisseria gonorrhoeae*, symptoms include pain or a burning feeling when passing urine, a yellow or green discharge from the penis, increased discharge from the vagina, and bleeding or discharge from the anus when going to the toilet. However, some men and many women have no symptoms at all.
- If untreated infection can spread to the fallopian tubes in women, which can lead to infertility.
- The infection can be treated easily with antibiotics.
- Testing can be carried out relatively quickly. A local GUM clinic can identify infection the same day, while testing through a GP may be slower. Some people prefer testing through the GUM clinic to ensure anonymity.

## Sexually Transmitted Infections (STIs)

### Thrush

- A yeast infection, thrush is not necessarily an STI but it can be spread through sex.
- Everyone has thrush inside their digestive system; it works in balance with other internal microorganisms to keep the inside of the body healthy.
- Because the vagina and anus are so close, yeasts regularly enter the vagina, although they don't usually cause any symptoms. Sometimes if a person is tired, or has taken antibiotics, the balance in the vagina can be upset and the yeasts will grow causing thrush. Men may be sore, itchy and red under the foreskin or around the head of the penis.
- The symptoms of thrush are a thick white discharge and swollen, itchy or tender genitals. Sometimes there may be slight bleeding from the vagina.
- Thrush can be treated relatively easily with cream, or with tablets taken by mouth. It can also be treated with a pessary, which is inserted into the vagina. Pessaries are often referred to as 'tablets' because of their shape; however, they should not be taken by mouth. Swallowing a pessary would be very unpleasant.
- Treatments for thrush are available from the chemist without prescription, but it is a good idea to see a doctor in the first place to confirm that it is definitely thrush.
- It is advisable not to have sex until the thrush has cleared up to avoid further discomfort.

### Hepatitis

Full information on hepatitis A, B and C can be found in a separate topic of this pack (*Hepatitis A, B and C*).

### HIV and AIDS

HIV and AIDS are covered in detail in a separate topic of this resource pack (*HIV and AIDS*). HIV can be transmitted by having unprotected sex with an infected person; however, AIDS cannot be transmitted as it is not a virus or infectious agent.

### **What can I do?**

- If a young person that you are working with decides to tell you about symptoms or confides in you that a current or previous partner has an STI, try to encourage the young person to go for a test. This may be embarrassing and many people are put off going to the GP, family planning or GUM services. You cannot force anyone to go for a test but it is important to remind him or her that most STIs will only get worse if they are left untreated, and the risk of infecting other people is likely to increase.
- It is important to make sure that any treatment is carried out properly. Support young people in taking prescribed antibiotics regularly until the course is finished.
- Remind the young person that antibiotics can sometimes reduce the effectiveness of the contraceptive pill and so another form of contraception may need to be used during the treatment time and for 7 days after. However, condoms should be used to prevent transmission of STIs.
- Non-judgmental support can make a real difference. Talk to the young person about how they feel. Remind them that STIs are very common. Encourage them to think about the different options that are available.
- There are different places where young people can go to get testing or support if they have an STI, and it may be that they will find some places easier or more accessible than others.
- HIV and AIDS medication is more complex and it is important to talk over treatment options with a doctor. HIV and AIDS medication can have some unpleasant side effects and some people can feel ill only when they start to take their medicine. This can lead to people stopping treatment, or taking it sporadically. The HIV virus can become resistant to the drugs if they are not taken properly. Talk to the doctor responsible for treatment.

### **How can people avoid becoming infected with STIs?**

- Encourage the practise of safer sex. Young people should use a condom when having sex even if another contraception method such as the pill is used. Condoms are the most effective method to help avoid contracting and spreading STIs.
- Some people choose not to have penetrative sex. Mutual masturbation can be just as pleasurable and if no body fluids are shared then it is safer.

## Sexually Transmitted Infections (STIs)

- Some people choose not to have sex. Celibacy doesn't always mean never having sex. It can mean not having sex for short or long periods of time and for some people this is a healthy choice. However, for many people this is not a workable solution to avoiding STIs. Young people in particular are under a lot of pressure to have sex (from their partners, friends or from magazines or TV). They may also want to have sex to feel loved, or to feel grown up, or they might just be curious.
- Young people need to be confident to say no to sex until they are ready and there is a lot that carers can do to support them in this choice. Open, honest communication has been shown to help. Having the right information and feeling they can talk to someone they trust can make it easier for young people to make the right choices to reduce the risk of STIs.
- Not everyone feels that they have a choice when it comes to having sex. If you are supporting a young person who has been forced or is being coerced into having sex, it is important to engage support from specialist agencies (see *Useful contacts*).
- Some clinics recommend that all sexually active people should attend for regular sexual health check-ups. It is also useful as a preventative health measure, to carry out self-examinations. Examining the genitals is easier for young men but is just as important for young women. Young men should examine their testicles and young women should examine their breasts and vaginas – using a mirror if necessary.
- All women produce vaginal discharge. This is normal and helps to keep the vagina healthy. The amounts of discharge will vary for each individual. Women should avoid soaps or shower gels in the vaginal area and avoid putting antiseptics, e.g. Dettol, in their baths; detergents can upset the vagina's bacterial balance leading to increased discharge and smell. Warm water is enough to clean the area, as the vagina is designed to clean itself. The amount and texture of normal vaginal discharge changes throughout a woman's monthly cycle and it's useful for all women to become familiar with these changes. If a young person is familiar with how their vaginal discharge normally looks, then it is easier to be aware when it has changed.



### Points to ponder/training ideas

- Looked after children often miss out on sex and relationships education in schools. For those who have lived with childhood sexual abuse the need for 'normalised' sex and relationship education is even more important. How can you ensure young people in your care fully engage with sex and relationships education? How could you best support school-based input?
- Prevention is better than cure. If young people have information about the risks involved in having unprotected sex, they may be more likely to make safer choices. How might you discuss condoms use with young people in your care? Could local health care staff support you in this?
- It is embarrassing or frightening to go for an STI test and confidentiality can be a concern for young people. How might you support a young person who is anxious about being tested or refuses to consider treatment?
- It can be difficult to tell partners or ex-partners that they may have been exposed. How can a young person be supported through this?
- Following the launch of Scotland's first sexual health strategy, all NHS boards are providing locally based sexual health services. Each area has appointed a lead clinician to implement their local sexual health strategy, which will detail local services. Also see local health promotion websites as they often contain information on local services. Ask local health care staff such as looked after and accommodated children nurses if you have such a resource in your area.
- It is worth remembering that young people may have symptoms that are similar to those mentioned in this section but may not be as a result of an STI, e.g. pain when passing urine may simply be a urine infection. Young people should be supported to liaise with local health care staff to communicate and address such issues at an early stage.

### Links to other topics in this pack

See: *Contraception; Hepatitis A, B and C; HIV and AIDS; Pressure to Have Sex; Sexual Abuse.*

## Sexually Transmitted Infections (STIs)



### Useful contacts

#### Caledonia Youth

Provides free confidential support in both educational and clinical environments to enable young people of Scotland to make informed responsible choices about their personal and sexual relationships. They have local branches based in Edinburgh, Falkirk and Aberdeen.  
Website: [www.caledoniayouth.org](http://www.caledoniayouth.org)

#### Caledonia Youth – Edinburgh

Tel: 0131 229 3596

#### fpa Scotland

Provides information and advice about sexual health in its widest sense, e.g. abortion, contraception, pregnancy, STIs and many other topics. They have leaflets to send out to the public and they have information and specific resources for professional staff. They also provide training, e.g. on sexuality, gender-associated work, sex education, sexuality and disability, telephone for a training brochure which provides information on their full programme. They have family planning clinic lists for the whole of Scotland.  
Helpline: 0845 122 8690 (Mon–Thurs 9 am–5 pm, Fri 9 am–4.30 pm)  
Website: [www.fpa.org.uk](http://www.fpa.org.uk)

#### Genito-urinary medical (GUM) clinics

Provide counselling, information and testing for all sexually transmitted infections and emergency contraception. A full list of GUM clinics can be found on the Society of Sexual Health Advisors website [www.ssha.info/public/index.asp](http://www.ssha.info/public/index.asp) and the British Association of Sexual Health and HIV website [www.bashh.org](http://www.bashh.org)

#### Healthy Respect

Details of how to get a free chlamydia testing kit can be found on the Healthy Respect website.  
Tel: 0131 536 9454  
Website: [www.healthy-respect.com](http://www.healthy-respect.com)



### Useful leaflets/resources

*What You Know About...* This is a series of five leaflets produced by NHS Health Scotland. They cover sexually transmitted diseases and provide advice and explanations to many commonly asked questions. The five leaflets are: *Chlamydia?*, *Genital Herpes?*, *Genital Warts?*, *Gonorrhoea?* and *Vaginal Discharge?*

Available from NHS NHS Health Scotland at [www.healthscotland.com](http://www.healthscotland.com)  
Tel: 0131 536 5500

Other related publications produced by NHS Health Scotland include:

*Talking with your Child about Relationships and Sexual Health*

*Talking with your Teenager about Relationships and Sexual Health*

Also available from fpa Scotland:

*4BOYS: A Below-the-belt Guide to the Male Body*, for age 13–16 years.

*4GIRLS: A Below-the-bra Guide to the Female Body*, for age 12–16 years.

*LOVE STINGS: A Beginner's Guide to Sexually Transmitted Infections*, for age 14–18 years.

*SHARE: Sexual Health and Relationships Education training and educational resources.*



# Skin Problems: (Acne, Eczema and Psoriasis)



## **Acne**

Acne is an inflammatory skin condition affecting the tiny pores which cover the face, neck, arms, and chest areas. It is an abnormal response in the skin to the hormone testosterone, which is produced naturally by the body. Characterised by greasy skin, blackheads, whiteheads and red/yellow spots, acne usually starts at puberty. It can leave permanent scars so early treatment is important.

### **What can I do?**

#### **In the short term**

- Encourage the young person to wash their face twice daily with a mild soap – if their skin is greasy, using a special wash or cleanser may help. Scrubbing too hard can irritate the skin and make things worse.
- Keep towels and facecloths clean and try to ensure the young person uses only their own towel and facecloth.
- Encourage the young person to keep their hair clean and off their face.
- Squeezing red or infected spots should be avoided.
- Encourage the young person to discuss their concerns with local health care staff, or visit their pharmacist or doctor and receive advice on treatment.
- Most treatments take several months to have an effect. However, reassure the young person that there are a variety of treatments available and if the current one doesn't work there are others which they can try.

#### **In the longer term**

- Some people have found certain alternative or homeopathic remedies helpful, but make sure the young person's doctor is aware of this first, especially if the young person is already taking medications.
- If over-the-counter treatment isn't effective then encourage the young person to discuss alternative options with local health care staff or their doctor.
- A referral to a dermatologist may be appropriate.

### **Eczema**

Eczema is the all-embracing name for a group of similar skin conditions. It appears as dry scaly skin and an inflamed, often very itchy, red rash, which may blister and weep. The areas most commonly affected by 'atopic' eczema, which is the most common type in children, are elbows, knees, neck, ankles and wrists. Eczema is not infectious. For the majority of children the eczema will gradually improve as they get older.

### **What can I do?**

#### **In the short term**

- Avoid possible irritants such as soaps and detergents; try soap-free alternatives and use non-biological washing powder for the young person's clothes, towels and bed linen.
- Encourage the young person to have warm (not hot) baths, with oil added, and to use an emollient cream to help rehydrate the skin. Use emollient creams as often as six times a day; this is the most crucial part of your child's skin care regime.
- Some people find evening primrose oil helpful.
- Speak to your pharmacist, who should be able to advise on suitable creams and oils. Simple, fragrance-free emollient creams are available at reasonable cost from your local pharmacist and are generally just as effective as the more expensive brands.
- Try to discourage scratching as this can damage the skin and result in infection – if appropriate keep the child's nails short. Anti-scratch mitts may be useful for very small children.
- If not already undergoing treatment, any child with a rash that may be eczema should be taken to their GP for an assessment – young people should be encouraged and supported to make a visit.

#### **In the longer term**

Certain things can trigger flare-ups of eczema. Eczema has become much more common in the last 40 years, indicating the influential nature of the wider environmental and changing eating patterns.

The most common allergy for people with atopic eczema is to the house dust mite. Decreasing the amount of house dust and its mites, especially in living rooms and bedrooms, may help to control eczema. Similar allergies can occur to pollen and animal fur.

Some people will not notice any specific 'trigger', but you may find that the following can also exacerbate eczema:

- stress
- low humidity
- changes of temperature
- heat
- skin irritants and detergents – anything that dries the skin out
- illness.

If the eczema is worsening and not responding to creams and oils then you should arrange an appointment with the child/young person's GP to find out more and discuss treatment. They may be referred to a dermatologist for treatment.

### **Psoriasis**

Psoriasis is a chronic skin condition that affects around 2% of the population. Although any part of the skin may be involved, it tends to appear as red, scaled plaques most commonly on the elbows, knees and scalp. Although it is more common for it to develop in puberty, most people can find themselves affected by psoriasis. It isn't infectious and is often not itchy. Psoriasis tends to flare up then calm down again. Often there is no obvious reason for a flare-up.

### **What can I do?**

- There are a number of topical creams, lotions or ointments available from your doctor. These include topical steroids which can be very effective – these are not to be confused with the steroids used by athletes.
- Speak to local health care staff who will be able to advise on creams or other treatments suitable for children or young people.
- Tar preparations are often helpful but young people can find them messy and smelly.
- Consider the type of material the young person is wearing – cotton clothing is usually more comfortable.
- Exposure to the sun often helps psoriasis, but sunburn makes it worse so be careful to protect the skin from sunburn.
- Try to discourage the young person from picking at the thickened patches of skin – it might help to rub in emollient cream instead.
- If the psoriasis isn't responding to treatment or is very extensive then the child or young person may need to be admitted to the dermatology ward for more intensive treatment.

## Skin Problems: (Acne, Eczema and Psoriasis)



### Points to ponder/training ideas

- Who needs to know that the young person has skin problems?
- How does the young person feel about having skin problems? How does it affect his or her confidence and self-esteem?
- How are other children and young people reacting to the skin condition?
- If there is an itch, is this affecting the young person's sleep patterns?
- Consider the pros and cons of any complementary therapies.

### Links to other topics in this pack

See: *Bullying; Depression; Healthy Eating; Self-esteem and Confidence.*



### Useful contacts

#### Eczema Scotland

Exists to further the aims in Scotland of the National Eczema Society and to work towards improving the care of those in Scotland affected by eczema. Website includes information on local support groups in Scotland. Website: [www.eczemascotland.org](http://www.eczemascotland.org)

#### The British Skin Foundation

They can provide factsheets written by dermatologists on a range of skin diseases, including acne, psoriasis and eczema. Website: [www.britishskinfoundation.org.uk](http://www.britishskinfoundation.org.uk)



### Useful leaflets/resources

*Rash Judgements: A Patient's Guide to Caring for Eczema and Psoriasis*, available from Healthfacts, PO Box 2353, London W14 OYS.

*Psoriasis in Children*, available from the Psoriasis Association (see *Useful contacts*).

**Smoking is the single biggest cause of preventable ill health and death in the UK. The harmful effects of tobacco smoke are linked to many life-threatening diseases such as heart disease, lung problems and various cancers. Scotland has a significant proportion of teenage smokers, with 15-year-old girls in particular having had the highest smoking rate in Europe until very recently.**

Looked after children in Scotland have an even higher prevalence of smoking than that of the general teenage population. It has been found that 44% of looked after children in Scotland aged 11-17 years are smokers, and 56% of those in residential care placements are smokers. This can be due to various factors such as perceived attractiveness of smoking, lack of awareness around the damaging effects of smoking, stress, peer pressure, weight management and smoking being considered normal and acceptable, often due to parents and carers smoking.

Young smokers can have very marked differences in smoking behaviour compared to adults. They tend to have irregular smoking patterns, often abstaining from smoking for several hours or even days at a time due to: lack of money; not being in the company of particular friends; or even their mood at the time.

Children and young people are more likely than adults to suffer from chest and middle ear infections or asthma when exposed to tobacco smoke, often because their lungs, airways and immune system are still developing. In addition, evidence has shown that children brought up in a smoking household are more likely to become smokers themselves. Action should therefore be taken to protect children and young people from the harmful effects of adult smoking, and provide them with a smoke free environment at all times.

Young people who smoke daily are particularly at risk of becoming addicted and may find giving up more difficult. Many young people who start smoking don't believe they will become addicted. However, addiction can develop within weeks of starting to smoke. More positively, there is clear indication from the age profile of calls to Smokeline that many young people who smoke would like help to quit, highlighting a need for appropriate and effective smoking cessation interventions.

### **What can I do?**

Carers can play an important role in preventing young people from taking up smoking and in encouraging those who already smoke to quit by providing clear rules and guidance around smoking and setting a positive example by not smoking.

Children and young people need to be brought up in a smoke free environment, and provided with clear and consistent information about the harmful and addictive nature of cigarettes.

If children or young people in your care are smoking, consider the following points:

- Act as a positive role model by not smoking, or avoiding smoking in their company.
- Find out how the child or young person feels about smoking and explore with them the underlying reasons why they might be using tobacco (e.g. to feel accepted, show independence, etc).
- Find out what they like and dislike about smoking, encouraging them to consider all pros and cons, as many young people don't think about the negative aspects of smoking.
- Help them explore positive alternatives to smoking such as exercise, drama, stress management etc.
- Encourage them to refuse offers of cigarettes from friends.
- Explain that you will encourage and support them if they would like to stop.
- Explain that the vast majority of adult smokers began smoking when they were young, and that 70% of them now want to stop.
- Consider the safety implications of smoking in the home and be familiar with your organisation's own smoking policy.
- Support with how to stop smoking and how to stay stopped is available from local services such as smoking cessation groups.



### Points to ponder/training ideas

- Could you access local training to provide better support and advice to young people wishing to give up smoking?
- If a child or young person wants to give up, how might they do it? Think about how you could help support them through a quit attempt.
- Could local health care staff such as GPs and looked after and accommodated children's nurses help in providing support at home or in the residential care home?
- Do you smoke yourself? Could you access local smoking cessation services to help you quit?
- Consider the connection to alcohol and drugs (for example, some young people may use tobacco to smoke cannabis). Is there a need for health promotion around wider substance misuse?
- Does the child or young person have support, e.g. from a friend who will support them in giving up? How might you encourage this peer support?
- Females can often be more concerned about their weight than boys, and weight gain may play a role in higher smoking rates among teenage girls. Unwanted weight gain can be managed through healthy eating and increased levels of physical activity. What activities interest the young person? Are there facilities nearby which they could try? How might you support this?

### Links to other topics in this pack

See: *Alcohol; Bullying; Drugs and Volatile Substance Use; Personal Safety; Self-esteem and Confidence.*



## Useful contacts

### Smokeline

0800 84 84 84 (noon to 12pm)

Smokeline gives free advice on giving up smoking (for smokers, their families and friends) and they have information on local stop smoking support services. They can also send a free stop smoking guide.

### ASH Scotland

Provides information on tobacco and smoking.

Tel: 0131 225 4725

Website: [www.ashscotland.org.uk](http://www.ashscotland.org.uk)

### Know the Score

Provides free information on drugs.

Tel: 0800 587 5879

Website: [www.knowthescore.info](http://www.knowthescore.info)



## Websites

### [www.canstopsmoking.com](http://www.canstopsmoking.com)

The can stop smoking website, hosted by NHS Health Scotland offers guidance for health professionals to understand why people smoke and how to support them in quitting.

### [www.bbc.co.uk/health](http://www.bbc.co.uk/health)

### [www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

### [www.tobaccoinscotland.org.uk](http://www.tobaccoinscotland.org.uk)

A web portal to smoking information and resources.



## Useful leaflets/resources

*Fags and Hash - The Essential Guide to Cutting Down the Risks of Tobacco and Cannabis Use* produced by ASH Scotland, SDF and NHS Health Scotland.

Available from NHS Health Scotland at [www.healthscotland.com](http://www.healthscotland.com)

Tel: 0131 536 5500

**Soiling occurs when a child does not reliably use the toilet for a bowel motion. They may dirty their pants or go to the toilet in inappropriate places. About 1 in 100 children has this problem. It affects boys more than girls. It is relatively normal in toddlers and very young children. However, you should be concerned if it carries on after the age of four years, as by that age a child should be using the toilet regularly.**

## **What causes it?**

There are two main causes for soiling. A child can suffer from both.

- Not learning a regular toilet routine is a common cause. The child may be reluctant to use the toilet. This may sometimes be part of a general pattern of behaviour, where a child refuses to do what they are told.
- Severe constipation causes the bowel to be blocked with hard faeces. The child finds it painful to pass these, and so becomes more constipated. Liquid faeces then leak around the blockage, staining clothes.

Remember – the problem is not due to naughtiness. Punishment for soiling is not appropriate – it is unlikely to address the issue, and could make things worse. You can help by encouraging a child to establish a regular routine for using the toilet, and by praising their effort and any success.

If the child is constipated, make sure that they eat a balanced diet of fruit, vegetables and fibre with six to eight drinks spread through the day. If going to the toilet is painful, faecal softeners and laxatives may be required. The GP will be able to advise on this and if necessary, can refer on to a specialist.

If the child is not constipated, the cause may be psychological, particularly if they start to soil or to smear faeces after no previous difficulties. Children and young people who are looked after may have been through the most extreme emotional crises, and sometimes their soiling may be very clearly related to times of severe stress. If it continues, specialist help from the local child and adolescent mental health service may be required.

## Soiling

### Causes of constipation

- Small anal fissures causing pain on passing faeces so the child tries to avoid passing faeces.
- Toilet phobia, developed if the child has had an unpleasant experience in a toilet.
- Over-restrictive or punitive toilet training – the child becomes frightened of soiling and tries to retain faeces.
- Refusal to use the toilet in a battle of wills with parents.
- Poor diet.
- Parental concern and attention gained from the condition.

### What can I do?

- Ensure the child or young person is not constipated.
- Encourage them to drink plenty of water throughout the day to help stools stay soft.
- Ensure they eat a balanced diet.
- Ensure they get plenty of exercise.
- Help the child to feel happy about using the toilet and discussing any fears.
- Encourage the child to go to the toilet regularly, e.g. a routine of going after breakfast and evening meal.
- Make toileting fun (posters, comics, favourite tapes).
- Help the child to get to the toilet and undress easily if required.
- Having showers or baths daily and wearing clean clothes can increase self-awareness and self-confidence.

### For children from 5 years onwards:

- Help establish a regular, comfortable routine for toileting.
- Seek advice from the school nurse or GP before the first school term as soiling accidents can cause embarrassment and stress for children at school.
- Reassure the child that there are other children who also need a simple check-up for this difficulty.
- Keep a record of the pattern of the child's soiling for 2–3 weeks before any check-up.

- Encourage the child's involvement in the toileting routine. You can try:
  - encouraging them to sit on the toilet for 5–10 minutes
  - praising them for sitting there, even if there are no results
  - setting up a reward points scheme so the child earns a point for behaviour that he or she does have control over, such as going to the toilet without prompts, staying on the toilet, telling you if they soil their pants
  - gradually encouraging the child to 'take over' the toileting routine with less supervision from you.
- Check with the teacher that there are no problems with toilets at school (e.g. they may be a distance away, may be locked, there may be a lack of privacy, etc).
- Enlist the support of teachers and the school nurse – if the child has an accident while at school, they will need to discreetly slip out of the classroom and change with minimum fuss.



### Points to ponder/training ideas

- Patience, encouragement and understanding are very important and this can be conveyed by your attitude and in discussions with the child or young person.
- You can use the leaflets/resources mentioned overleaf to have discussions about soiling with colleagues and/or children and young people.

### Links to other topics in this pack

See: *Bedwetting; Bullying; Post-traumatic Stress Disorder.*



### Useful contacts

#### **ERIC (Education and Resources for Improving Childhood Continence)**

This is a national charity that provides information and support to children, parents and health and social care professionals on bedwetting, day-time wetting and soiling.

Helpline: 0845 370 8008 (Mon–Fri 10 am–4 pm)

Website: [www.eric.org.uk](http://www.eric.org.uk)

#### **Incontact**

Provides information and support for people with bladder and bowel problems.

General Enquiries: 01536 533255

Counsellor Helpline: 0870 770 3246

Website: [www.incontact.org](http://www.incontact.org)

#### **Royal College of Psychiatrists**

Factsheets are available on the website.

Tel: 020 7235 2351

Website: [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)



### Useful leaflets/resources

The following leaflets are available from ERIC (see *Useful contacts*):

*Potty and Toilet Training... A Helpful Guide for Parents.*

*Tests for Childhood Bladder and Bowel Difficulties... A Helpful Guide for Parents.*

*Complementary Therapies for Children with Bowel and Bladder Difficulties*

*Get Going! Learn How to Manage your Bowels.*

*"We Can Do It!" Helping Children who have Learning Disabilities with Bowel and Bladder Management.*

*Children who Soil or Wet Themselves (Factsheet 8).* Available from the Royal College of Psychiatrists website (see *Useful contacts*).

**Suicide is an act of deliberate self-harm leading to death. It is an act that transcends all age groups, genders, faiths, cultural communities and social divisions. In Scotland, suicide is one of the main causes of death among young people. The past 30 years have seen an increase in suicide in Scotland, with rates more than doubling amongst young adult men. More than two people per day die from suicide in Scotland. In most cases it is preventable.**

## **Why do young people attempt suicide?**

Many people experience times when they feel sad, lonely, depressed, unpopular or a failure. Young people may feel like they cannot cope with these feelings, or that no one would care if they were dead. They may feel angry or helpless about the future. If a young person feels hurt by family, friends or carers, they may be thinking of suicide as a form of retaliation.

Sometimes, several upsetting things may happen over a short time that can lead a young person to feel like they can no longer cope. It may be the first time that a young person or teenager has found themselves facing these sorts of problems, and they don't know what to do, or who to turn to for support. They may feel intense pain and upset, which won't go away, leading them to think that suicide is the only answer.

Sometimes, the decision to attempt suicide is made quite impulsively, especially if a person is using drugs or alcohol, or trying to deal with a sudden crisis. For other people, it can be part of a slow process of feeling worthless over an extended period of time. Suicidal thoughts can be very confusing and frightening, as the young person may feel they want to die, but may also want a solution to their problems and for someone else to understand how they feel. There may be anxiety about having such mixed feelings and being unsure of what to do for the best.

## **Dispelling myths about suicide**

There are a number of inaccurate but commonly held beliefs regarding suicide. These myths can stand in the way of providing assistance for those at risk. By removing the myths, carers and friends will be better able to recognise vulnerable young people and provide the required support.

## Suicide

The young person may need someone to understand their feelings, although they might find it hard to put into words. They may have confusing, ambivalent thoughts and need someone who is prepared to listen. Most suicidal people are undecided about living or dying, and try beforehand to let others know how they are feeling, or give clues and warnings. Talking about suicide with someone will not make them more likely to harm themselves. Suicide attempts should be taken seriously and not seen as merely 'attention seeking'.

### **Mental health problems**

The risk of suicide can rise when a young person experiences mental illness. However, young people are more likely to contemplate suicide when coming out of a depression, rather than when the depression is at its most severe, and may feel more motivated and identify suicide as a solution. However, to dispel another myth, not all suicide attempts are connected to mental illness.

### **Who is most at risk?**

The risk of suicide is higher when a young person:

- is depressed or has a serious mental illness
- is using drugs or alcohol
- has made previous suicide attempts
- has a relative or friend who attempted suicide.

Although thinking about suicide is quite common, and may occur whatever a person's age, gender or sexuality, a young person will be more vulnerable to suicidal thoughts and feelings if they feel powerless to solve the difficulties in their lives. These may include:

- the breakdown of an important relationship
- being bullied at home or at school
- experiencing bereavement or other loss
- failure at school or college
- adjusting to a big change, such as leaving a family home
- long-term physical pain or illness
- doubts about sexual identity
- facing discrimination
- isolation
- a history of sexual or physical abuse.

Encouraging young people to discuss their feelings around important aspects of their life can reduce the risk of suicide.

### **Can suicide be prevented?**

In many cases, suicide can be prevented. Many people who feel suicidal signal their intent, whether it be verbally or through changes in their behaviour. Therefore, the more people who feel confident and willing to explore possible signs of suicide risk and provide support and help, the more lives could be saved. Parents, staff and carers can be reluctant to intervene for fear of exacerbating the situation. They may be afraid of saying the wrong thing or the stigma attached to suicide means they avoid, ignore or do not recognise the signs of suicidal thoughts.

People who receive support from caring friends and family, and who have access to mental health services are less likely to act on their suicidal impulses than are those who are isolated from sources of care and support. If someone in your care is exhibiting warning signs for suicide, don't be afraid to ask if he or she is depressed or thinking about suicide. In some cases, the person just needs to know that someone cares and is looking for the chance to talk about his or her feelings. You can then encourage the person to seek professional help.

### **What are the warning signs or possible triggers?**

Many young people who are contemplating suicide will make an attempt to let someone know how they are feeling. Some common signs or triggers are:

- excessive sadness or moodiness
- lack of energy or apathy
- sudden calmness, especially after a period of depression or moodiness
- choosing to be alone and avoiding friends or social activities
- losing interest or pleasure in activities the person previously enjoyed
- changes in appearance, especially neglecting their physical appearance
- changes in sleep patterns
- changes in appetite, resulting in weight loss or gain; some people may develop anorexia or bulimia
- self-harmful behaviour, such as cutting, biting or burning themselves, recklessness, engaging in unsafe sex, getting into fights and increased use of drugs and/or alcohol; self-harming is often a way of communicating and trying to cope with deep distress
- making preparations, such as beginning to put his or her personal business in order; this might include visiting friends and family members, giving away personal possessions, and cleaning up his or her room or home; some people will write a note before attempting suicide
- talking about suicide.

## Suicide

Not everyone who is considering suicide will say so, and not everyone who threatens suicide will follow through. However, every threat of suicide should be taken seriously.

### **What can I do?**

If you suspect someone may be feeling suicidal talk to them about their thoughts and feelings – it could help save their life.

Choose Life is the Scottish Government's 10-year plan aimed at reducing suicides in Scotland. The web site, [www.chooselife.net](http://www.chooselife.net), provides more information on being 'ALERT'.

- **A**sk if they are thinking about suicide.
- **L**isten and show you care.
- **E**ncourage them to get help and support them to do so.
- **R**ight now: get help as soon as you can (see *Useful contacts*).
- **T**ell someone: never promise secrecy. Dealing with suicide can be difficult and you can't do it alone.

If someone in your care is threatening suicide, take the threat seriously.

- Notice when a young person in your care seems upset, withdrawn or irritable.
- Encourage them to talk about their worries. Show them you care by listening, and helping them to find their own solutions to problems.
- Ask the person to give you any weapons he or she might have. Take away sharp objects or anything else that the person could use to hurt themselves.
- Keep medicines locked away and remove possible stockpiles of medication.
- Try to keep the person as calm as possible.
- Call 999 or take the person to a hospital if required.

### Self-help

Just as suicidal feelings take time to emerge, so it will take a while for them to recede. Regular exercise like walking, running and swimming can help with stress, and make it easier to sleep. Yoga and meditation can energise and help reduce tension. When the young person feels less anxious, they may begin to eat healthier foods. If they have been misusing alcohol and drugs, encouraging them to cut down on these will help them to clear their heads, and enable them to better focus on how to recover. They might like to write their thoughts and feelings in a diary, or if they are having problems finding the right words, creating artworks based on their feelings.



#### Points to ponder/training ideas

- How might you involve the other important people in the young person's life, e.g. their family, teachers or friends?
- How might you assess the risk of suicide in a young person? What changes in behaviour have been noticed?

### Links to other topics in this pack

See: *Bereavement; Depression; Loss and Change; Self-esteem and Confidence.*



#### Useful contacts

##### Breathing Space Scotland

This is a free and confidential phonenumber service for any individual, who is experiencing low mood or depression, or who is unusually worried and in need of someone to talk to.

Tel: 0800 83 85 87 (6 pm–2 am)

Website: [www.breathingspacescotland.co.uk](http://www.breathingspacescotland.co.uk)

##### Choose Life

This is the product of over two years work drawing on the experience and expertise of a broad range of partners including the family members of people who had attempted or completed suicide, health and social care workers, teachers, young people and suicide survivors.

Website: [www.chooselife.net](http://www.chooselife.net)



## Useful contacts

### Depression Alliance

Seeks to relieve and to prevent depression by providing information and support services to those who are affected, through publications, support services, and self-help groups.

Tel: 0845 123 2320

Website: [www.depressionalliance.org](http://www.depressionalliance.org)

### National Self-harm Network

Survivor-led organisation supporting those who self-harm.

Website: [www.nshn.co.uk](http://www.nshn.co.uk)

### PAPYRUS

This is a voluntary UK organisation committed to the prevention of young suicide and the promotion of mental health and emotional wellbeing. It provides advice for young people at risk of suicide.

Helpline: 08000 68 41 41

Website: [www.papyrus-uk.org](http://www.papyrus-uk.org)

### Samaritans

24-hour telephone helpline offering emotional support.

Helpline: 08457 90 90 90

Website: [www.samaritans.org](http://www.samaritans.org)

### YoungMinds

Provides information and advice on child mental health issues.

Tel: 0800 018 2138

Parent Information Service: 0800 018 2138

Website: [www.youngminds.org.uk](http://www.youngminds.org.uk)



## Useful leaflets/resources

*How to Help Someone Who is Suicidal* (Mind, 2004).

*How to Look after Yourself* (Mind, 2006).

*Overcoming Depression* by W. Dryden and S. Opie (Sheldon Press, 2003).



### Useful leaflets/resources

The following publications are available from NHS Health Scotland at [www.healthscotland.com](http://www.healthscotland.com) Tel: 0131 536 5500

*Talking About...* leaflet series. This is a series of brief guides which focus on thirteen sensitive issues. These include anxiety, stress, self-harm, bereavement and depression.

*r u okay?* leaflet series. Aimed at 8–12-year-olds. A supporting guide has also been produced to help carers answer questions prompted by the *r u okay?* series. Leaflets include: *r u sad?*, *r u worried?*, *family breakups* and *when someone dies*.

*Headkit*. This guide to positive mental health for young people contains advice on how to improve confidence and a sense of wellbeing. It covers aspects such as tips for relaxing, information on relationships and body image.

*Cool Heads*. An innovative booklet designed to help 12–26-year-olds get to grips with issues such as confidence, relationships, bullying and exam stress as well as parental divorce or separation.



# Termination

**Termination (sometimes called abortion) is when a pregnancy is terminated before 24 weeks, before the foetus can live outside the womb. Most pregnancies, however, are terminated before 12 weeks. Termination is never an easy choice for a person and the reasons may be a result of medical, physical or psychological issues. Once a decision has been reached, a woman will be supported to access services in line with professional guidance.**

## **Confidentiality**

All young people are entitled to confidentiality regardless of whether this is in relation to termination of pregnancy, contraception or other sexual health matters. Health professionals meeting with the young woman will assess whether she is able to understand what has happened, but more importantly assess whether she is making her decision freely and is not being coerced or abused by others. If the latter is the case and the young woman is under 16 years of age then the matter will be referred to the Social Work Department as a potential child protection issue. If the young woman is under 12 years of age, a referral will automatically be made regardless of consent. (Consult your local child protection guidelines for local guidance and referral protocols.)

## **What happens?**

There are three types of pregnancy termination offered to women free by the NHS. They can also be undertaken privately, at a financial cost.

### **Early medical abortion**

This type of abortion is offered in the first 9 weeks of pregnancy and involves the woman taking a pill orally containing the drug mifepristone. Two days later, the woman visits the hospital for about 4 hours and will be given another drug called prostaglandin. Prostaglandin is taken either as a pill or is inserted into the vagina. These drugs make the uterus contract and usually within 4 hours the woman will miscarry. Sometimes the miscarriage may occur after leaving the hospital.

There is no surgery involved in early medical abortion. Women who have had this type of abortion say that it feels the same as having a heavy and very painful period. Often the woman may require strong painkillers and anti-nausea drugs. As with a period, the woman will feel cramps and there is some bleeding, sometimes this can be quite heavy and can last for several weeks. The woman is required to return for a follow-up visit after 2 weeks to check that she is no longer pregnant and is physically well. Family planning services or youth-based services may provide counselling, information and advice to support her.

## Termination

### **Surgical abortion (termination of pregnancy by surgical means)**

This type of abortion is offered for women who are between 8 and 12 weeks pregnant. It is done under general anaesthetic (while the woman is asleep) and takes about 15 minutes. Usually the woman will go into hospital as a day patient.

The cervix (neck of the womb) is sometimes softened using a pessary (a pill that is inserted into the vagina). During the operation, while the woman is asleep, the doctor inserts a small tube into the cervix (neck of the womb) and will remove the foetus from the womb. After the operation, the woman might feel some period-type pains. After a while this settles and it is possible to go home, usually on the same day.

### **Late medical abortion (after 12 weeks)**

If a medical abortion is carried out between the thirteenth and eighteenth weeks of pregnancy, it is more complex and will usually involve an overnight stay in hospital. The mifepristone tablet is given to the woman to start the abortion process. 36 hours later the woman returns to the ward and will begin a course of tablets, causing the womb to contract and expel the foetus. These tablets are given at regular intervals until the abortion is complete. This is a stressful, painful procedure, which requires effective pain relief.

It is rare for abortion to be available after 18 weeks, although abortion can be carried out at any time if tests show the baby will not survive after birth, will be extremely disabled or the mother's life is at risk from continuing the pregnancy.

### **Is termination safe?**

Although the methods above have a high success rate, all medical interventions carry risk. Infertility caused by abortion is extremely rare. There is a small chance of infection occurring and if the woman gets any of the following symptoms she must go to the doctor immediately:

- continuous heavy bleeding
- an unpleasant smelling vaginal discharge
- lasting pain or tenderness
- a high temperature.

It is important that a woman avoids using tampons and sticks to sanitary towels for 10 days after the procedure.

### **Why might a young woman choose to terminate a pregnancy?**

She may request an abortion for a wide range of reasons, such as:

- It is the right choice for her at this time.
- She realises that having a baby will have a negative effect on her life and her relationship.
- It may be that the father doesn't want to be involved and the woman doesn't want to bring up a child on her own.
- The woman may have become pregnant as a result of rape or sexual abuse.
- It might be that the woman has been advised to on medical grounds, i.e. it is a risk to her life to continue the pregnancy.

It is very important that, whatever decision the woman makes, it is her decision and she is fully supported before, during and after the termination.

### **By law women who request an abortion must have one of the following reasons:**

- If the pregnancy were continued there would be a risk to her life.
- The abortion is needed to prevent serious injury or harm to the woman.
- The woman is not more than 24 weeks pregnant when the abortion takes place and if the pregnancy were to continue it would cause her more mental or physical difficulties than the abortion would (most abortions are carried out for this reason).
- The woman is not more than 24 weeks pregnant and if the pregnancy were to continue it would cause mental or physical difficulties for any children that the woman has already.
- There is a high risk that the baby will be born with serious physical or mental abnormalities.

The law requires that two doctors independently sign a form to state that the woman should have an abortion for one of the reasons above.

### **Where can young women go for support and advice?**

Young women can contact family planning services, fpa or youth-based sexual health services (see *Useful contacts*), where they will be given information and counselling to help them think about all of the options that are available.

## Termination

They can also visit their family doctor who, following discussion, will arrange an appointment. If a doctor does not agree with abortion, there is a legal requirement that the woman is referred to see another doctor.

People sometimes disagree with abortion on moral or religious grounds. Sometimes the woman herself disagrees with abortion but faced with unwanted pregnancy, believes that this is the only option. Sometimes a woman can feel regret and sadness after abortion. It is important that counselling and support are available before and after the abortion.

### **What can I do to support a young woman who has an unwanted pregnancy?**

- It is important to talk through all of the options, providing information about sources of help and support.
- Encourage the young woman to think about what she wants and how she will feel in the future if she continues with the pregnancy or has an abortion.



#### **Points to ponder/training ideas**

- Abortion is an issue that can cause very strong feelings. It's useful to think through how you feel about it; if you are very much against it, how will you support a young person who decides on this course of action?
- If abortion were made illegal, how would women deal with unwanted pregnancies?

### **Links to other topics in this pack**

See: *Pregnancy; Pressure to Have Sex; Promoting Positive Relationships.*



### Useful contacts

#### Caledonia Youth

Provides free confidential support in both educational and clinical environments to enable all young people of Scotland to make informed responsible choices about their personal and sexual relationships. They have local branches based in Edinburgh, Falkirk and Aberdeen. Website: [www.caledoniayouth.org](http://www.caledoniayouth.org)

#### fpa Scotland

Provides information and advice about sexual health in its widest sense, e.g. abortion, contraception, pregnancy, STIs and many other topics. They have leaflets to send out to the public and they have information and specific resources for professional staff. They also provide training. They have family planning clinic lists for the whole of Scotland. Tel: 0141 576 5015 Website: [www.fpa.org.uk](http://www.fpa.org.uk)

#### Other local services

Following the launch of Scotland's first sexual health strategy, all NHS boards are providing locally based sexual health services. Each area has appointed a lead clinician to implement their local sexual health strategy, which will detail local services. Check local health promotion websites as they often contain information on local services. Ask your looked after and accommodated children nurse if you have one in your area, or your GP or other health professional for further details.



### Useful leaflets/resources

*Abortion, an Introduction to the Facts about Abortion* by Brook Publications. Email [publications@brook.org.uk](mailto:publications@brook.org.uk).

*Just So You Know*, a booklet which provides young people, aged 13–18, with information about abortion (e.g. abortion law, attitudes towards abortion, procedures, sources of further information and advice). Available from fpa Scotland (see *Useful contacts*).

Caledonia Youth can provide information leaflets on abortion (see *Useful contacts*).

