Section 8: EMASS Toolkit

Adolescent Mental Health and Identity Issues for Adopted Children and those subject to Special Guardianship Orders

A guide for schools

Produced by Family Action’s East Midlands Adoption Support Service (EMASS)



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What is normal development in adolescence?

Adolescence is a period in which numerous changes in the body and brain take place. It is a time of change, not only for the individual young person but also for all those around them. Some adolescents have a relatively smooth transition into adulthood but all the key processes that occur will be influenced by the social, cultural and environmental context that the young person experiences.

In addition to the physical changes, there are also important aspects of social development where peer relationships are formed and the young person seeks to establish a sense of who they are and where they fit in the world.

One of the key challenges that face adolescents is that their biological maturity precedes their psycho-social maturity at a time when they are also more predisposed to taking risks. Several studies have shown that teenagers are less able than most adults to correctly name other people’s emotional state through their facial expression. This can lead to miscommunication between teenagers and adults and also between teenagers and their peers. There is some evidence that the increased use of social media may also contribute to a decline in social skills.

The teenage brain is still under construction and is not fully mature until the mid- twenties. There is also an imbalance in the levels of the chemical messengers that help different parts of the brain ‘talk’ to each other, meaning that teenagers are more inclined to experiment and take risks without necessarily thinking about consequences. The thinking part of their brain is not fully mature and, although they are capable of complex thought, the links between this part of the brain and others are not fully formed. At times there is no ‘override’ button to stop extreme emotional reactions taking place. Teenage brains are more susceptible to addiction and they can be more vulnerable to the emergence of mental health problems at this time.

Hormonal changes may also be responsible for mood swings and emotions that are intensely felt. Some of the hormones that affect bonding such as oxytocin and vasopressin can lead to intense feelings for peers and sexual partners and also to a feeling of overwhelming loss if relationships end.

Identity

Young people may experiment with their identity during adolescence and may ally themselves to different groups in terms of fashion, hobbies, sports and so on. Key questions that they may have in terms of identity are: Who am I? Where do I belong? How do others see me? How effective am I in the world? What are my beliefs and values? What are my goals? Who am I like? Who do I want to become?

What is mental health and what does it mean for young people?

*‘Mental health influences how we think and feel about ourselves and others and how we interpret events. It affects our capacity to learn, to communicate and to form, sustain and end relationships. It also influences our ability to cope with change, transition and life events …’ (Dr Lynne Friedli 2004)*

Poor mental health can affect us in different ways. If we have a mental health diagnosis it may affect our wellbeing negatively if we find life hard and feel we are not coping. However, there are many people who have a diagnosed mental health problem but are coping well and with appropriate support are enjoying their lives. There are also those who have poor wellbeing and have had no formal diagnosis as the problem has been unrecognised.

For young people, there can be enormous amounts of stigma to face due to preconceptions about how people with mental health issues behave. In a Time to Change survey young people say they experienced stigma from friends (65%), parents (50%), boyfriends and girlfriends (45%) and teachers (43%). Because of this, some young people do not disclose their mental health problems to anyone and it can also stop them taking up places at college or university or from applying for jobs.

*‘I’ve had friends walk away, people make off-mark comments...I think it’s just the isolation that’s come with it. I’ve dropped out of education because I couldn’t keep hiding who I really was from my friends. And so it was easier not to go, than to have to contend with that every day.’ (Time to Change Young People’s Panel member)*

*‘When I first found out that I had some mental health problems I told a few of my close friends and somehow it all got out round my year at school. I was only about 15 at the time. Half the people sort of turned round and said “oh she’s lying to get attention, she doesn’t seem mentally ill”, and the other half of the people just turned round and said “well she’s too dangerous to be in school, we can’t talk to her.” So either way I was quite alienated.’ (Time to Change Young People’s Panel member)*

Types of mental health difficulties

**Depression** – low mood, hopelessness, loss of energy.

**Anxiety disorders** – sense of worry, panic, dread which is affecting someone’s ability to live their life as usual.

**Eating disorders** – may have an unrealistic view of their body shape and weight. It’s not just about dieting; young people may have low self-esteem or a lack of control over other things.

**Self-harm** – often a way of coping with underlying emotional difficulties.

**Psychosis** – change in perceptions of reality, sometimes hearing voices and seeing things that others don’t see/hear, having delusions about what is happening, and feeling paranoid.

Young people may be more susceptible to developing mental health issues for a variety of factors: problems in their families, bullying (including cyber-bullying), historic or ongoing abuse, genetic factors, pre-birth trauma and traumatic life events, adverse childhood experiences (ACES) and multiple traumas at times of transition. Young people with some disabilities may also be more vulnerable to developing mental ill health.

What extra challenges are faced by young people who are adopted or subject to Special Guardianship Orders?

As noted above, adversity in childhood, trauma and abuse can make children more vulnerable to mental health issues. Most of the children placed for adoption or living with Special Guardians will have experienced some form of trauma, abuse or neglect. More than half of children living in the care system have been assessed as having emotional or behavioural difficulties and many will have experienced separation and multiple moves.

Some children may also have experienced living with a parent who themselves had mental health issues which affected their ability to parent. Children and young people may be especially sensitive to this and some fear that they too may develop mental ill health.

Even when placed within a stable and loving home, some of their difficulties in relating to others or expressing their emotions may persist and some may go on to experience mental ill health, particularly at the onset of puberty.

In addition to this, their own emerging sense of self is further complicated by their status as an adopted person or a person being brought up by a Special Guardian. The questions of ‘Who am I?’ and ‘Where do I belong in the world?’ have an additional layer of complexity, particularly if there has been little contact with birth parents or other family members throughout their childhood.

They may wonder if they are like their parents, what their lives would have been like if they had remained living with them, whose values and beliefs they align themselves with and whether they want to establish a relationship with them as they move towards adulthood.

The ease of contact through social media also means that children and young people are likely to search for family members, even if they do not have the support of their parents or carers to do so. Remember that:

* Interest in their adoption/status under SGO is a normal and healthy process for young people in trying to integrate their emerging sense of self.
* Each individual will vary in their interest from intense curiosity to little or no apparent interest.
* The role of adoption in identity formation is influenced by individual, family, community and social factors.
* Access to information and having parents and carers who are more open about sharing information generally facilitates positive identity development.
* Children living with families who do not share their race or ethnicity may require additional support and access to appropriate role models and life experiences.

How to help build resilience in these young people and support them in school settings

Schools can help by intervening early, and strengthening resilience:

* Nurture a positive self-view, foster their sense of identity and self.
* Teach self-care skills.
* Ensure they have goals to aim for.
* Help them manage emotions.
* Model resilience.
* Help them make connections with others (a sense of ‘belonging’ through activities and interests).
* Help them to help others.
* Help them have perspective and a hopeful outlook.
* Let young people make mistakes and build self-discovery.
* Help them accept change is part of living.
* Don’t accommodate every need.
* Avoid eliminating all risk.
* Teach problem-solving.
* Avoid asking ‘why’ questions.

Schools can also play a big part in helping all children facing mental health issues through maintaining an open culture where mental health is discussed and stigma is challenged. This needs to be done in a sensitive way, recognising that even well intentioned discussions or fundraising events can have other meanings to children who have experienced their own or their parents’ mental ill health.

Schools have an important role in promoting the mental wellbeing of pupils and staff and in involving students and parents in developing a culture and structure which supports affected young people and their families. There is also a need to work more closely with CAMHS, voluntary organisations and GPs and influence the health services that are commissioned locally through their local Health and Wellbeing Board.

Where to go for further information and support

Resources for teachers to use in schools (session plans, toolkits, blogs, videos and free downloadable posters)  
[www.time-to-change.org.uk/get-involved/resources-youth-professionals](http://www.time-to-change.org.uk/get-involved/resources-youth-professionals)

Free e-learning resources

[www.minded.org.uk](http://www.minded.org.uk)

Animated documentaries (Animated Minds is a series of short animated documentaries which use real testimony from people who have experienced different forms of mental distress.)  
<https://animatedminds.com>

Self Harm (a project dedicated to supporting young people impacted by self-harm, providing a safe space to talk, and ask any questions)  
[www.selfharm.co.uk](http://www.selfharm.co.uk)

Childline (online/telephone counselling for children and young people: 0800 1111)  
[www.childline.org.uk](http://www.childline.org.uk)

Young Minds (information on mental health wellbeing and resilience)  
parent helpline: 0808 802 5544  
[https://youngminds.org.uk](https://youngminds.org.uk/)  
<https://youngminds.org.uk/resources/tools-and-toolkits/transitions>

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| About us  Family Action is a charity committed to building stronger families and brighter lives by delivering innovative and effective services and support that reaches out to many of the UK’s most vulnerable people. We seek to empower people and communities to address their issues and challenges through practical, financial and emotional help.  Our East Midlands Adoption Support Service (EMASS) was funded by the Department for Education (DfE) until March 2018. This document forms part of the EMASS Toolkit, a set of resources produced to support schools that have taken part in the project.  DfE 2955 - Funded by**Training and consultancy**  Family Action’s Training and Consultancy Service can offer a wide range of training workshops for schools and educational establishments, including all the issues covered in the EMASS Toolkit. To book a workshop or inset training day contact:  Family Action, Training and Consultancy  55 Stevens Avenue Bartley Green Birmingham B32 3SD  Email: [TandC@family-action.org.uk](mailto:TandC@family-action.org.uk) or [Joy.broadhurst@family-action.org.uk](mailto:Joy.broadhurst@family-action.org.uk)  Tel: 020 3640 2303  Visit: [www.family-action.org.uk/training](http://www.family-action.org.uk/training)  *Disclaimer: This document includes links to websites and resources used by those involved in the EMASS project. External links were reviewed in February 2018 when this document was produced; however, we are not responsible for the changing content of external websites over time.*  *Last updated 28.3.18* |