Lots of young people want to know about drugs. Often, people around you are taking them, and you may wonder how it will make you feel. You may even feel under pressure to use drugs in order to fit in, or be ‘cool’. You may have heard that cannabis is no worse than cigarettes, or that it is harmless.

What does it do to you?

When you smoke cannabis, the active compounds reach your brain quickly through your bloodstream. They then bind/stick to a special receptor in your brain. This causes your nerve cells to release different chemicals, and causes the effects that you feel. These effects can be enjoyable or unpleasant.

Often the bad effects take longer to appear than the pleasant ones.

- **Pleasant effects:** you may feel relaxed and talkative, and colours or music may seem more intense.
- **Unpleasant effects:** feeling sick/panicky, feeling paranoid or hearing voices, feeling depressed and unmotivated.

Unfortunately, some people can find cannabis addictive and so have trouble stopping use even when they are not enjoying it.

The effects of cannabis on your mental health

Using cannabis triggers mental health problems in people who seemed to be well before, or it can worsen any mental health problems you already have. Research has shown that people who are already at risk of developing mental health problems are more likely to start showing symptoms of mental illness if they use cannabis regularly. For example, if someone in your family has depression or schizophrenia, you are at higher risk of getting these illnesses when you use cannabis.

The younger you are when you start using it, the more you may be at risk. This is because your brain is still developing and can be more easily damaged by the active chemicals in cannabis.

If you stop using cannabis once you have started to show symptoms of mental illness, such as depression, paranoia or hearing voices, these symptoms may go away. However, not everyone will get better just by stopping smoking.
If you go on using cannabis, the symptoms can get worse. It can also make any treatment that your doctor might prescribe for you work less well. Your illness may come back more quickly, and more often if you continue to use cannabis once you get well again.

Some people with mental health problems find that using cannabis makes them feel a bit better for a while. Unfortunately, this does not last, and it does nothing to treat the illness. In fact, it may delay you from getting the help you need and the illness may get worse in the longer term.

What can you do?

If you are at all worried about the effect that cannabis might be having on your mental health, talk to somebody about it. This could be friends, family, or any professional such as:

- doctor or nurse
- teacher or school/college counsellor
- youth counsellor
- social worker.

There are lots of people who can help you decide whether you do have a problem and what you can do about it. However, if you don't talk about it, you are unlikely to get help.

Mental health problems generally do get better if you treat them quickly. In the meantime, there are several things you can do to help yourself:

- have a day without cannabis
- avoid bulk buying
- avoid people, places and activities that you associate with cannabis use
- do not use it if you are feeling sad or depressed
- STOP if you get hallucinations
- seek help.

Recommended reading

Other factsheets in this series: Worries and anxieties, Coping with stress, When bad things happen


References


Useful websites

Here are some websites which have more information about the effects of cannabis and other drugs on your mental health and what you can do.


- **Know Cannabis:** [www.knowcannabis.org.uk](http://www.knowcannabis.org.uk); a website that can help you assess your cannabis use, its impact on your life and how to make changes if you want to.

- **Talk to Frank:** [www.talktofrank.com](http://www.talktofrank.com); free and confidential drugs information and advice. Helpline: 0800 776600.

- **Young Minds:** [www.youngminds.org.uk](http://www.youngminds.org.uk); a charity committed to improving the emotional well-being and mental health of children and young people.

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When is CBT used as treatment?

Cognitive–behavioural therapy is used to treat a wide range of mental health problems. In some conditions there is clear evidence of it being effective. These conditions include:

- low self-esteem
- depression
- anxiety problems
- obsessive–compulsive disorder (OCD)
- post-traumatic stress disorder (PTSD).

Cognitive–behavioural therapy can be used with medication and many people find this combination is better than medication alone.

How does it help?

Our thoughts and emotions often cause us problems. For example, think of a situation as below. The left-hand column illustrates how an unhelpful thought leads to feelings and behaviours different from the right-hand column. Here the same situation, with helpful thoughts, leads to a different outcome.

<table>
<thead>
<tr>
<th>Situation: Your friend doesn’t ring you</th>
<th>Unhelpful thoughts: ‘They don’t like me’</th>
<th>Helpful thoughts: ‘Something is wrong’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling: You feel sad</td>
<td>Feeling: You are worried about your friend</td>
<td></td>
</tr>
<tr>
<td>Physical: You feel sick</td>
<td>Physical: You feel fine</td>
<td></td>
</tr>
<tr>
<td>Action: You don’t go to your friend’s party</td>
<td>Action: You ring – they had lost their mobile. You go to the party and enjoy yourself.</td>
<td></td>
</tr>
</tbody>
</table>

The key point is that sometimes our thoughts are unhelpful, and sometimes they are not accurate. This pattern of thinking can lead to many problems. Cognitive–behavioural therapy breaks these unhelpful patterns and helps you to feel more in control of your life.

What will CBT do for me?

Cognitive–behavioural therapy is not about thinking more positively! It helps improve the way you feel, think and what you do. It gives you skills for coping with your life. The goal of CBT is to help you learn a more balanced way of thinking, and to change any unhelpful patterns of thinking and behaving. This is important because sometimes, when you talk about things that are difficult, you may feel worse to begin with.

Cognitive–behavioural therapy teaches you skills:

- to overcome problematic thoughts, emotions and behaviour
- to find ways of overcoming negative thinking, challenging unhelpful and inaccurate thoughts or beliefs.
If I agree to take part in CBT, what will I have to do?

Initially, you may be seen by a therapist to make sure you can do the therapy (also called an ‘assessment’). This usually means trying to understand your difficulties and agreeing what you wish to change in the present time. If you are offered CBT, you will be expected to meet with your therapist regularly (usually starting with once a week). The session can last up to an hour. To help your therapist to understand your difficulties, you will be asked to complete some questionnaires or worksheets. These may be repeated throughout your treatment. Your therapist will monitor how you are getting on.

The therapist will help you understand your problems and teach you ways of dealing with them. You will be expected to practise them outside of your therapy (e.g. at school or college or at home). This means that tasks or homework will be set at the end of the meeting. You may be given worksheets to help remind you of what you need to do.

Why do I have to do tasks between sessions?

You cannot learn to ride a bike by reading a book. Any skill you want to learn requires practice, and CBT requires this too.

It is important to practise the CBT skills you are taught:

- to be sure that you understand them
- to check that you can use them when you need to (e.g. when you are feeling upset about something)
- so that any problems you may have in using these skills can be worked on in your therapy.

It is not always easy to learn new skills, so you will need lots of support from your therapist, as well as your family and carers.

How many sessions of CBT will I be expected to attend?

For more simple problems, six to ten sessions can be enough to help you overcome your difficulties. You may be offered more sessions if you have more severe problems. Your difficulties will be regularly monitored by your therapist. It may seem like hard work at times, but by attending sessions and learning new ways of coping, you will be equipping yourself with valuable life skills.

Where and how can I get this type of treatment?

Cognitive–behavioural therapy can be offered by trained therapists at child and adolescent mental health services (CAMHS). Sometimes, when your problems are not severe, you may be able to receive help from trained staff in school (e.g. special educational needs coordinating officer (SENCO)/school nurse), counsellors or voluntary agencies.

For older adolescents and adults, there also is a computerised package of treatment available for specific conditions (e.g. depression). You may also find reading self-help books useful.
Useful websites

- **British Association for Behavioural and Cognitive Psychotherapies**: [www.babcp.com](http://www.babcp.com); a UK charity for people involved in the practice and theory of behavioural and cognitive psychotherapy. It gives information on therapy including signposting to self-help materials and therapists.
- **Cognitive Behaviour Therapy Self-Help Resources**: [www.getselfhelp.co.uk](http://www.getselfhelp.co.uk); CBT self-help information, resources and therapy worksheets.
- **Young Minds**: [www.youngminds.org.uk](http://www.youngminds.org.uk); a charity committed to improving the emotional well-being and mental health of children and young people.
- **Youth2Youth**: [www.youth2youth.co.uk](http://www.youth2youth.co.uk); UK's national young person's helpline run by young people for young people. Tel. 020 8896 3675.

Recommended reading

Other factsheets in this series:


References


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How much sleep does a child need?
The amount of sleep needed gradually decreases from infancy to adulthood. Every child is different but as a general rule of thumb:

- toddlers need about 12–14 hours’ sleep (including daytime naps)
- pre-schoolers (aged 3–5) need 11–12 hours’ sleep
- school-age children need 10–11 hours’ sleep
- teenagers need 9–10 hours’ sleep.

Why can’t my child sleep?
There can be different reasons.

- Very young children often fear being left alone at night. This is called ‘separation anxiety’ and is normal at a young age.
- Bedtime fears – many young children are afraid of the dark.
- Bad habits – napping too much during the day.
- ‘I’m not sleepy’ – you might find that when your child gets very tired, they get irritable, aggressive or even overactive (hence the phrase ‘overtired’).

Daytime sleepiness
This can simply be caused by your child not getting enough sleep at night. They could be going to bed too late or having problems sleeping, for reasons described above.

There are a number of less common reasons for daytime sleepiness.

- Large tonsils and adenoids at the back and sides of the throat can cause breathing difficulties that can wake a child many times each night. The child may not remember waking up, but you may notice that they snore loudly and sleep restlessly. This is called obstructive sleep apnoea. An operation to remove the tonsils and adenoids may be needed.
- Restless legs syndrome is a condition where the child complains of crawling feelings or ‘growing pains’ in their legs that make them want to keep moving them, which stops them getting to sleep.
- Narcolepsy is an unusual condition that causes unpredictable attacks of sleep during the day. People with narcolepsy may also have sudden attacks of weakness – this is called cataplexy.
- In teenagers, drug or alcohol misuse is sometimes a factor.
- Some young people who have depression sleep more than usual.

Nightmares
Most children have nightmares occasionally. These are vivid and frightening dreams. Children will usually remember the dream, and will need to be comforted so that they can get back to sleep.

Nightmares can also be caused by worry, nasty accidents, bullying and abuse of any kind. You can help by encouraging your child to talk about the dream or draw a picture of it. This will help you to find out the cause of the upset and work out what help or support your child needs.
Night terrors

Night terrors most commonly affect children between the ages of 4 and 12 years. They are completely different from nightmares or anxiety-related dreams.

Unlike nightmares, night terrors happen to young children an hour or two after falling asleep. The first sign is that your child is screaming uncontrollably and seems to be awake. In spite of appearances, your child is still asleep. They will not be able to recognise you, will be confused and unable to communicate, and it is usually hard to reassure them. It is best not to try and wake them, but sit with them until the night terror passes, usually after about 5 minutes. Try not to feel upset yourself. It can be very distressing to see your child so disturbed, but they will not remember it in the morning. Children usually grow out of this.

Sleepwalking

Sleepwalking is similar to night terrors, but instead of being terrified, the child gets up out of bed and moves around. The main thing you can do to help is to make sure that they don't hurt themselves. You may need to take practical precautions, like using a stair-gate, making sure that windows and doors are securely locked, and that fires are screened or put out. This is also something that children tend to grow out of.

Why sleep problems matter

Sleep problems are very common. Most children's sleep problems happen only occasionally. They are not serious and get better on their own, with time. If they don't, you need to take them seriously. As well as being upsetting, they may interfere with your child's learning and behaviour. There may be underlying physical or mental health problems.

What can I do to help my child sleep better?

It is important that your child has a regular sleep routine.

- Decide on regular times for going to bed and getting up, and stick to these times.
- Develop a consistent, relaxing bedtime routine with your child. This should start with quiet time to help your child to wind down; for example, a bath followed by a short bedtime story before you say goodnight. This helps children to settle, and should end with your child falling asleep without the need for you to be with them.
- It is important to be loving, but firm, about when it is time for your child to settle down for the night. When your child cries out, it is important to be sure that they are not wet, ill or in pain. It is best to do this quickly, while still comforting and reassuring them. Don't spend too much time with them or take them into your bed, because this will reward them for being awake.
- A dummy can help to comfort young infants who wake needing to suck. Once you have weaned your child on to solid foods, it is best not to give them a bottle or dummy at night – if they wake and can't find it, they will probably start crying. A cuddly toy or favourite blanket can often help young children to cope with their separation anxiety.

Jason, 15, talks about his problems with sleeping

'I never liked high school. I got named “junky boy” on the first day. I have diabetes... I started doing my own injections in high school and had to wear a special wristband. It didn't take long for the bullying to get worse. I stopped going out and spent more time alone.

At home I spent a lot of my time in my room on the computer staying up late. I started to feel really tired in the morning, and soon I wouldn't get up and refused to go to school.

I felt “ill” all the time and my brother started to call me “vampire”. I looked pale and had no friends. My parents had had enough of trying to get me to school and I even remember seeing Mum in tears. That was when we spoke to the nurse in the diabetic clinic and it was suggested that I go to see the psychiatry team in hospital. I was reluctant, but I did go and I'm really glad.

When we met the team, we talked about my problems and I was asked to keep a sleep diary. We also tried “sleep hygiene techniques” – these are tips on helping you sleep. This meant making changes to my eating, exercise and spending time on my computer. At first this led to more arguments with my family. Later we were able to go back and talk about this with the practitioner. It seemed a long time but after a few weeks, my sleep was better.

I now have a work placement and was lucky to get involved with a group doing activities with young people who have similar problems to me. I met my girlfriend there.

I am sleeping much better now and go to the special teenage diabetic clinic where I get more support. My mum is smiling for the first time in months.
How can I help a teenager sleep better?

- Agree with them reasonable and consistent bedtimes, for weekdays and weekends.
- Most teenagers like to have a ‘lie-in’ at weekends – limiting the getting up time to only an hour or two later than weekdays will ensure they can get into a stable sleep routine.
- Help them to get into a routine of 30 minutes’ ‘quiet time’ before bed – no TV, texting, homework or computer use.
- They should avoid daytime napping.
- Getting some fresh air, gentle exercise and daylight each day will help them to sleep at night.
- They should avoid caffeine and heavy exercise for 4 hours before bed, as these can cause problems getting to sleep.
- Encourage them to do their worrying before getting into bed – perhaps by writing a ‘to do list’ for the following day earlier in the evening.

Where can I get help?

Your GP or health visitor can offer advice and help. If things don't get better, your GP or another professional can refer your child for a specialist opinion from a paediatrician or the local child and adolescent mental health service (CAMHS). This will help to find out exactly what the problem is and how it can be best resolved.

Recommended reading

Other factsheets in this series:
- Worries and anxieties, CAMHS
- The Sleep Fairy, by Janie Peterson, Macy Peterson and Shawn Newlun. Through the story, this book teaches your child to go to sleep in their own bed to get a reward from the ‘Sleep Fairy’. It has explanatory notes for parents. Published by Behave’n Kinds Press, 2003.

References


Useful websites

- NHS Choices: www.nhs.uk/livewell; practical hints and tips for parents.
- Netdoctor: www.netdoctor.co.uk; advice on sleep problems in children.
- Mumsnet: www.mumsnet.com; information on toddler sleep problems.

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What are the symptoms of schizophrenia?

Schizophrenia affects everybody differently. There are two groups of symptoms, which are described as ‘positive’ and ‘negative’. This doesn't mean that some are good and some are bad; more that some are about ‘doing’ things or experiencing symptoms, and some are about ‘not doing’ things. Young people with schizophrenia often have a mixture of the two.

Sometimes, the illness develops slowly and can be hard to spot, whereas in other young people the illness begins very quickly.

Positive symptoms

- **Strange beliefs or delusions** are very strongly held beliefs that are not only untrue, but can seem quite bizarre. The young person may believe that they are someone different, a world leader or celebrity for example, or they may believe that other people are ‘out to get them’. They will believe this is true, no matter what you say.

- **Thought disorder** is when someone is not thinking straight and it is hard to make sense of what they are saying. Their ideas may be jumbled up, but it is more than being muddled or confused.

- **Hallucinations** are when someone sees, hears, smells or feels something that isn't really there. The most common hallucination that people have is hearing voices. In schizophrenia, hallucinations are totally real to the person having them. This can be very frightening and can make them believe that they are being watched or picked on. People who are having these experiences may act strangely. For example, they may talk or laugh to themselves, or appear to be talking to somebody that others can't see.

Negative symptoms

The young person who has schizophrenia can become withdrawn and appear unemotional. They seem to lose interest, stop washing regularly and can spend a lot of time on their own. They may not be able to carry on with their normal activities, and usually find it difficult to concentrate on work or study.

Other symptoms

Some young people can become frustrated and angry, even towards their own family. Others may take drugs or drink alcohol to feel better. Some find the symptoms so distressing that they want to self-harm.

In spite of how they are described in the media, people who have schizophrenia are not more dangerous or violent than anyone else. However, they may come across as worrying and unpredictable, especially when they feel frightened by their strange experiences.

What causes schizophrenia?

We do not know the exact cause of schizophrenia, although it does seem to relate to chemical imbalances in the brain. Research shows that having parents or close relatives with mental illness, experiencing stress and using drugs, such as cannabis, can all be associated with having schizophrenia.
Megan talks about her 19-year-old son, Justin

When Justin was 15, he seemed like a typical teenager at home. Suddenly, he stopped going out on his bike and instead spent long hours in his room on his computer. He did not show any interest in doing the engineering degree at university, his childhood dream. Instead, he said he could create his own lab and make amazing discoveries. I brushed this aside as fantasy, but over the next few months he only talked about this more and more, and spent most of his time on the computer exploring science websites and books. He seemed to talk like he knew everything, but actually none of it made any sense. He started collecting batteries and wires in his room, staying awake at night, not bothering to talk, eat or sleep. I got really worried when he refused to go to school after shouting at the teacher.

My neighbour told me to go to the GP. She had someone in the family with mental illness. I was really scared and felt devastated when our GP referred Justin to go to the local child and family mental health service (CAMHS). It was really difficult at first, even to get Justin to the appointments or to talk. But the mental health nurse and practitioner were very good. They knew immediately that something was wrong. Once Justin had been put on medication, they met with the school to help him complete his subjects.

Justin was upset and depressed once his strange thoughts went away. He even thought of suicide, but CAMHS were there all the way, and never made him feel that it was his mistake or that it cannot get better. They were there when Justin moved to adult services and supported accommodation. He is in college now and has a girlfriend. He has had a few ups and downs, but schizophrenia doesn’t seem to be as bad as they show in the movies. ☺

How do I get help?

The earlier it is recognised that a young person is ill, the better the chances of getting effective treatment. This speeds recovery and reduces the long-term harm. Some people can make a complete recovery.

Even if your child won’t come with you, you might find it helpful to talk to your GP. It is likely that they will be referred to a psychiatrist in a child and adolescent mental health service (CAMHS) or an early intervention team or service (EIS) if this is available locally. Professionals from the early intervention team are specialists in working with young people with psychosis. If your child is very unwell, they may need admission to hospital for a period of time until their condition stabilises.

What is the treatment for schizophrenia?

Medications called antipsychotics are an important part of the treatment of schizophrenia. They treat the symptoms of the illness, but tend to be more effective with positive symptoms than negative symptoms. Hallucinations and delusions may take weeks and sometimes months to improve. Unfortunately, schizophrenia can recur, and may need long-term treatment.

A number of different antipsychotics are available, and the psychiatrist will advise which is the best for your child. Sometimes, several different drugs will need to be tried to find the most effective one.

As with all medication, there can be side-effects. The psychiatrists will advise on these and what can be done to help. The risk of side-effects needs to be balanced against the risk of the damaging effects of the illness on a young person’s life.

Some medicines for the treatment of schizophrenia are unlicensed for children and young people. This does not mean they do not work, but simply that the drug company has not applied for a licence. If you are worried about this, you should speak to your doctor or pharmacist.

Practical help and support

It is crucial that medication is combined with practical help and support for the young person and their family. This should cover several aspects.

- **Understanding the illness**
  It is very important that the young person with schizophrenia and their family are helped to understand the condition.

- **Resuming education, training or starting work**
  An episode of schizophrenia can interfere with education because it is difficult for a young person to learn when unwell. An important part of recovery is to plan for their future.

- **Family relationships**
  Experiencing stress, hostility and criticism can all increase the chance of relapse. Families need help with recognising and reducing these factors, and with how best to support the young person. Young people with schizophrenia can live independently just like peers of their own age. Their family and professionals working with them may need to support and help them in this process.

- **Coping with specific symptoms**
  Some people with schizophrenia find cognitive–behavioural therapy (CBT) helpful in managing hallucinations, in addition to the medicine prescribed.
Useful websites

- **Mind**: [www.mind.org.uk](http://www.mind.org.uk); a national mental health charity for England and Wales.
- **Young Minds**: [www.youngminds.org.uk](http://www.youngminds.org.uk); for any adult concerned about the emotions and behaviour of a child or young person. Parents' helpline: 0808 802 5544.
- **TalktoFrank**: [www.talktofrank.com](http://www.talktofrank.com); information on drugs and drug-induced psychosis.

Recommended reading

Other factsheets in this series:

- **The Young Mind: An Essential Guide to Mental Health for Young Adults, Parents and Teachers**, edited by Sue Bailey and Mike Shooter (2009); an accessible, user-friendly handbook produced by the Royal College of Psychiatrists.

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