

## AUTONOMOUS WORK

### Module 1: YoungMinds on the path of Mental Health



From the 1<sup>st</sup> International Webinar to the upcoming session, teachers are invited to **deepen their understanding of mental health literacy**. This document provides a **clear and comprehensive overview of mental health, explores key topics that will be further** discussed through selected films, and **outlines practical principles** for fostering a **safe and supportive classroom** environment. The reading will help teachers reflect, connect ideas, and engage more meaningfully in the next session.

### What is mental health?

**Mental health** can be defined as a “state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community”. Mental health is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships, and shape the world we live in.<sup>1</sup>

It's important to understand that mental health **is not just the absence of mental illnesses**. It's a **complex spectrum** that varies from person to person. Some may experience more difficulties and distress than others, which can lead to different social and clinical outcomes.

**Mental health conditions** include **mental disorders and psychosocial disabilities**, as well as other **mental states associated with significant distress, impairment in functioning or risk of self-harm**. People with mental health conditions are more likely to experience lower levels of mental wellbeing, but this is not always or necessarily the case.

Applying this kind of definition and approach in the mental health field is still a challenge – the biomedical (or medical) model still is a traditional and historically

<sup>1</sup> World Health Organisation. (2025). Mental health. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.



predominant approach in mental health care. The **biomedical model views mental disorders mainly as physiological or biological abnormalities**. It proposes that mental health conditions are primarily caused by disruptions or imbalances in the body, such as the brain's structure, neurochemistry, or genetics. The model typically emphasises the diagnosis and treatment of symptoms through medical interventions, often involving medications.

The biomedical model oversimplifies the complex nature of mental health by focusing primarily on biological factors. Mental health conditions often involve a combination of biological, psychological, and social factors, and a holistic understanding is crucial for effective treatment and support.<sup>2</sup>.

***What are the potential negative consequences of solely relying on the biomedical model to understand mental health?***

**Reductionism**

The **biomedical model often attributes mental health to biological imbalances, overlooking psychological, social, and environmental factors** like stress, trauma, and culture.

**Stigma**

The **biomedical model labels people by symptoms**, often **oversimplifying experiences and reinforcing stigma** while missing individual complexity.

**Lack of attention to Psychosocial factors**

The **biomedical model emphasises biology**, often **overlooking psychosocial factors** like trauma, family, and culture, which are crucial for effective support and treatment.

**Lack of personalisation**

The biomedical model often treats **mental health conditions as uniform, overlooking individual differences** in causes, treatment responses, and recovery, and limiting personalized care.

**Minimal prevention focus**

Focusing only on treatment can limit efforts to prevent mental health issues. **Early intervention, community support, and education are key strategies** for promoting wellbeing and reducing the impact of mental health conditions.

**Inadequate emphasis on empowerment**

**Emphasising treatment alone can overlook prevention.** Early intervention, community support, and education are essential for promoting wellbeing and reducing mental health challenges.

Figure 1 – Potential negative consequences of the biomedical model.

<sup>2</sup> Campolonghi, S., & Orrù, L. (2023). Psychiatry as a medical discipline: Epistemological and theoretical issues. Journal of Theoretical and Philosophical Psychology. Advance online publication. <https://doi.org/10.1037/teo000256>

## Mental health continuum

We all have **mental health**, and it **can be impacted by a variety of challenges** such as loss, rejection, failure, work stress, poverty, physical health problems, violence, and experiences of discrimination. To **maintain inner balance**, it is essential to have **access to resources** like contact with other people, the ability to recognise and express one's emotions and needs, healthy eating, engaging in meaningful activities, and a supportive environment.

Our **subjective wellbeing is constantly changing** - one can imagine that we are constantly moving on a scale. On one side, we have good mental health, and on the other, mental health difficulties. **All of us experience mental health** this way: those who have mental health difficulties or psychosocial disabilities, and those who have different experiences. It is estimated that **at least 1 in 4 people will experience mental health difficulties** in their lifetime. However, **between those who experience it and those who do not experience it, there is no fundamental difference**. It's just that for the former, due to social experiences, psychological and biological characteristics and their interaction with the environment may make it more difficult to maintain wellbeing, perhaps for long periods, when you feel unwell, find it difficult to concentrate, lose motivation, behave like not yourself, etc., but at least for a short time it happens to everyone.



Figure 2 – The mental health experience.

The **continuum model** is valuable because it **challenges the traditional dichotomy between mental health and mental illness**. It recognises the **fluid nature of mental health**, allowing for a more nuanced understanding of individuals'



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experiences. This model also underscores the **importance of preventive measures and early interventions** to address issues before they escalate along the continuum.

The **Continuum Model** emphasises a **comprehensive and person-centred method** when it comes to mental health care. It urges taking into account the distinct needs and experiences of each individual at different stages of life, adapting interventions to provide the appropriate level of support at the appropriate time. This model aligns with the current inclination in mental health care for tailored and collaborative approaches that prioritise individual wellbeing and recovery.

### Biopsychosocial model

In 1977, an American pathologist and psychiatrist, George Engel (1913-1999), introduced the term **Biopsychosocial Model** in his paper.<sup>3</sup> "The need for a new medical model: A challenge for biomedicine," which was published in the journal Science. Unlike traditional biomedical models, the biopsychosocial approach **acknowledges the importance of a wider perspective in understanding human health, wellbeing, and illness in their full contexts.**<sup>4</sup> The biopsychosocial approach systematically considers the complex interactions between biological, psychological, and social factors to understand health, illness, and healthcare delivery.

The biopsychosocial model **emphasises that mental health conditions are the result of a combination of factors rather than being solely determined by one factor.** This model recognises the interconnectedness of biological, psychological, and social domains, and highlights that understanding mental health requires an integrated assessment that considers all aspects of a person's life.

<sup>3</sup> Papadimitriou G. The "Biopsychosocial Model": 40 years of application in Psychiatry. *Psychiatriki*. 2017 AprJun;28(2):107-110.

<sup>4</sup> Engel GL: The clinical application of the biopsychosocial model. *Am J Psychiatry* 1980;137:535-544.



This model has **significant implications for the practice of mental health care**. It promotes a **holistic approach** to assessment, diagnosis, and treatment, taking into account the biological, psychological, and social factors that contribute to an individual's mental health. The interventions based on the biopsychosocial model often involve collaboration among healthcare professionals from various disciplines, which promotes a comprehensive and **person-centred approach to mental health care**.

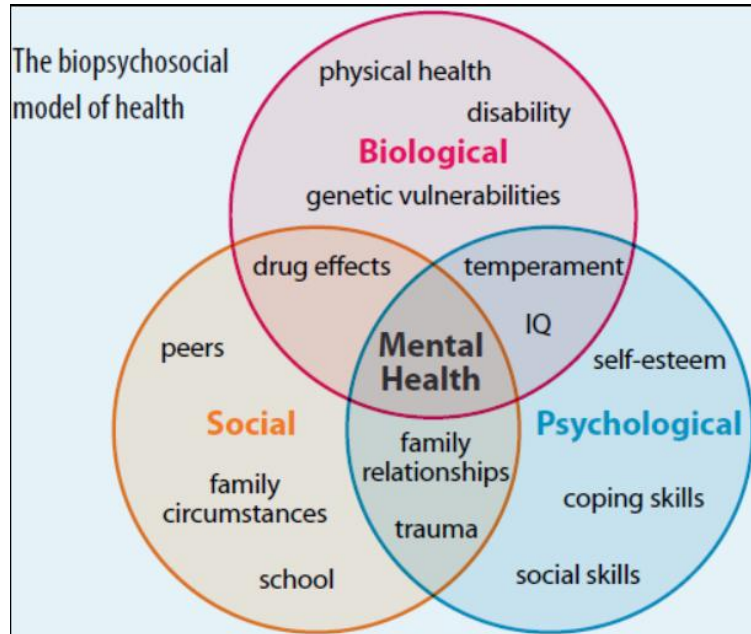


Figure 3 – The biopsychosocial model of health.

### Mental health stigma

**Mental health stigma** continues to have a **profound impact on young people**. Research shows that nearly **9 in 10 young people would tell friends and family they are “fine”** even if they were struggling with depression, anxiety, or another mental health problem. Many **fear that others do not genuinely want to hear the truth**, or worry they **will be misunderstood**, judged, or ignored. This reluctance to open up often leads to isolation, preventing young people from forming or maintaining meaningful relationships and cutting them off from everyday activities. **Stigma and discrimination are not only social issues** - they directly affect recovery. When young people feel ashamed of their struggles, they **may delay seeking professional help**, which can **worsen symptoms and hinder their path to healing**. Because early experiences with mental health difficulties can shape an individual's life trajectory, it is critical to confront and reduce stigma from the start.

The **roots of mental health stigma run deep**. For centuries, **mental illness** was **explained through superstition** and associated with labels such as **“madness”**. Those experiencing mental health conditions were often confined to asylums and subjected to abuse. Although society has progressed, traces of **these outdated views remain**. Today, people still hear phrases like “psycho” or “crazy” used as insults, or see violent criminals labelled as “mentally ill”. These stereotypes create **fear and misunderstanding, reinforcing the idea that mental health challenges are something to hide**.

Discrimination can take many forms. It may be overt, such as bullying, hate crimes, or online harassment. It can also appear in subtle ways - policies at schools or workplaces, dismissive comments from peers, or assumptions that someone’s behaviour is entirely defined by their condition. Even seemingly minor remarks can leave deep scars, making people feel excluded and ashamed.

One of the most powerful ways to **reduce stigma is through open conversation**. Talking about mental health, sharing personal experiences, and asking others how they are really doing helps normalise the fact that everyone struggles at times. When someone shares their story, they challenge harmful myths and show that mental health conditions do not erase a person’s identity. They remain the same individual, with strengths, personality, and potential.

Engaging in open conversations with friends, family, and others we meet in our daily lives also plays a significant role in reducing the stigma surrounding mental health.

**We should discuss mental health as openly as we talk about physical health.**

Make it a point to gather reliable information and dispel myths whenever possible.

**You never know when asking someone, “Are you okay?” a second time might make a difference.**



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## Key concepts



### RESILIENCE

**Our mental health depends on a variety of factors.** It reflects in our **mental state**, which is **constantly changing**. We are continuously **affected by internal and external triggers** - both minor, like a cold or a disagreement with a friend, and major, like experiences of loss, trauma, or discrimination. **Mental health is not simply the absence of mental**



**illness** but rather a spectrum of wellbeing shaped by individual, social, and environmental influences. For **young people growing up in challenging environments**, mental health can be even more complex. Experiences like instability at home, financial difficulties, discrimination, or a lack of emotional support can make it harder to develop healthy coping mechanisms. Without a sense of safety and belonging, stress can become overwhelming, and mental health struggles can go unnoticed or be misunderstood. In many cases, these difficulties are not seen as something that requires support but rather as personal failures, making it even harder to ask for help. However, **mental health is not fixed** - recovery and growth are always possible. Connection with others, access to supportive relationships, and opportunities to express emotions and develop skills all play a role in strengthening mental wellbeing. For example, creative activities, sports, or learning new skills—like the drumming group in the movie—can provide an outlet for emotions and a sense of purpose. Feeling heard and supported by peers and mentors can make a significant difference in how young people navigate life’s challenges. Mental health should not be seen only as the presence or absence of a diagnosis—it is a dynamic part of being human. Everyone has the capacity for resilience when given the right support, and understanding this can shift the way we approach mental health: not as a problem to be fixed, but as an experience to be understood and nurtured.



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## ANXIETY

It would be **difficult to find someone who has never experienced anxiety**. Anxiety is a **natural human response to stressful situations**, helping us prepare for events like exams and job interviews, and typically decreases once these events have passed.

**When anxiety impacts daily life, it can become a challenge.** People with anxiety disorders often feel strong, persistent anxiousness, with fears or worries that are out of proportion to the situation. They may avoid situations that trigger anxiety, and when it feels distressing and hard to control, it is best to seek help.

**Anxiety can be triggered by various experiences**, particularly in childhood,



stressful situations, or loss, usually as a combination of factors rather than a single cause. Anxiety can also arise from specific situations. For example, **social anxiety** involves extreme fear in social situations, while panic attacks can occur after stressful periods, such as intense exams. Frequent

**panic attacks** without clear triggers indicate panic disorder, often accompanied by fear of future attacks.

**Living with anxiety can be overwhelming**, making it hard to relax and causing feelings of being misunderstood or excluded. Mindfulness, relaxation exercises, and understanding personal triggers can help. Professional support, such as psychologists or psychotherapists, is valuable. Physical care, including sleep, eating, and activity, also supports mental health.

Social anxiety often emerges in adolescence, shaped by peer relationships, bullying, or exclusion, and can limit learning and social opportunities. Anxiety is not a personal flaw. Supportive environments, empathy, gradual exposure, and encouragement help young people build confidence, resilience, and self-acceptance.



## SUBSTANCE USE

Various people use **psychoactive substances for different reasons**. Psychoactive substance use for young adults can **look like a good way to feel more accepted by peers and cope with difficulties**. Substance use **can ease anxiety and make young people feel more sociable**. It can be easier to feel joy and express oneself. It can also have a completely different effect: the **anxiety can intensify**, and young people can feel lost or out of control.

Often, substance use can be a way of coping with life difficulties - as we see in this film, Chloe started using drugs to escape difficult situations at home and to ease her anxiety. It is not determined who will start using drugs, but it **is noticeable that substance use is more common**



**among more vulnerable people**, those lacking social skills, and those experiencing trouble at home.

Nevertheless, substance use is a **very complex issue** – we are supposed to look at it from unique individuals' mental health perspectives.

Support for **people who experience substance abuse is a crucial** key to getting help. The pathway to recovery is not straight – you can go through your ups and downs. This is why it is important to have a good support system – family, friends, and other adults can be a supportive factor in the individual's recovery journey.



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## SUICIDAL THOUGHTS

**Most people experience suicidal feelings at some point in their lives.** These can range from **abstract thoughts**, like believing others would be better off without you or wishing to disappear, to **intense suicidal ideation**, involving thoughts of methods to end your life.

**Suicide is often seen as a final decision, but it is a lengthy process stemming from prolonged psychological suffering.** It is not about wanting to die, but about **seeking an end to that suffering**. Mental health conditions like depression, anxiety, or psychosis can increase the risk, but suicidal feelings can affect anyone, regardless of age, gender, or race. **There is no single cause**; it usually results from a combination of factors such as trauma, bullying, stigma, loss, poverty, or discrimination. The state leading to suicide is sometimes called **"lethal hopelessness"**, where individuals feel alone, worthless, and trapped. **Suicide often**



**appears sudden, but there are usually signs.** People may communicate distress verbally, express feelings like a burden, or hint that life has no meaning. Behavioural changes, such as giving away belongings, writing goodbye letters, or sudden mood shifts, as well as changes in sleep, eating,

or health, can also indicate distress.

If you notice someone struggling, **the most important step is to ask directly if they are thinking about suicide.** This does not encourage suicidal thoughts but **opens the door for an honest conversation.** Listen without judgment, show support, and suggest professional help. If the person seems at immediate risk, contact emergency services.

Suicide is a major public mental health issue that requires community awareness, empathy, and support. Small steps from each of us can help create a safer environment.



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## BIPOLAR DISORDER

**Everyone experiences mood fluctuations**, but individuals with bipolar disorder face these changes more severely. This condition is characterised by **alternating depressive and manic episodes**, which can **last weeks or months and significantly impact daily life**. The intensity and expression of these episodes vary, sometimes feeling stable and at other times overwhelming.

**Severe depressive episodes** can involve profound hopelessness, low energy, loss of interest in activities, sleep changes, and difficulty concentrating. **Manic and hypomanic episodes** involve elevated or euphoric moods, with mania being more severe. These episodes bring increased energy, racing thoughts, impulsivity, and risk-taking. Although they may feel pleasant initially, they are better described as an unrealistic sense of positivity, which



can lead to overestimating abilities, irritability, and conflicts. Focusing on and executing ideas during mania can also be challenging.

Not all individuals experience the full range of mood changes; **some may mainly struggle with depression or milder hypomania**. Mood fluctuations can cause **feelings of shame or being overwhelmed**. This highlights the importance of individualised treatment and recovery. Medication can stabilise moods, while lifestyle factors - monitoring emotions, managing stress, getting adequate sleep, a healthy diet, and physical activity - also play a key role. Recognising signs of depression and mania and having a plan can help prevent extreme lows and highs.

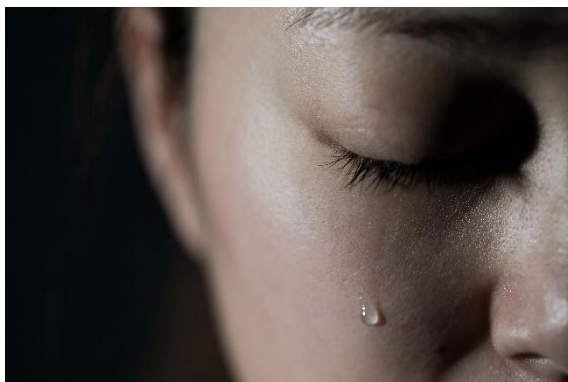
Bipolar disorder is often stigmatised, but each person's experience is unique. Understanding and engaging from their perspective is essential.





## DEPRESSION

**We can all feel low sometimes. Short periods of melancholy** can encourage self-reflection and help us come to terms with losses. However, **when these feelings persist or become intense enough to disrupt daily life**, it may indicate depression. **Depression is not simply the absence of happiness**; it affects energy, mood, and motivation, leading to low self-worth, loss of interest in activities, apathy, and hopelessness.



**Depression varies between individuals.** Some experience intense sadness, others primarily apathy. It can be **hidden behind a facade**, with individuals appearing successful while struggling internally, sometimes masked by alcohol, irritability, or physical symptoms like

weakness or headaches. **Severe depression can make daily life difficult and may lead to suicidal feelings.**

**Depression is not laziness or a lack of willpower.** It can result from multiple factors, including difficult life experiences, trauma, physical health issues, or substance use. For some, depression occurs without a clear cause. It is also **common to experience depression alongside anxiety**, which can worsen irritability, concentration, sleep, and self-care.

Self-help is crucial. **Responding early to signs of depression can lead to faster recovery.** Understanding personal triggers, coping mechanisms, and available support is key. Supporting someone with depression is challenging; we cannot force help, but we can make it accessible while remembering to care for ourselves.



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## EATING DISORDERS

**We all experience how emotions affect eating. Stress** can make some people eat more and others eat less, **influencing our ability to understand our needs.**

An eating problem is **any relationship with food that feels difficult**. Not every eating problem is a disorder, but all can be challenging to live with. **Eating disorders are long-lasting disturbances in the relationship between food and body image**, affecting both body and mind. They often reflect **painful feelings** that are hard to express or face, with a focus on food serving as a coping mechanism.

Eating disorders are not limited to certain weights; anyone can experience them, regardless of age, gender, or background. They usually stem from multiple factors, including childhood experiences, family influences, and social pressures such as media-promoted body standards.



**Bulimia involves cycles of binge eating followed by purging**, often driven by emotions and accompanied by guilt. **Anorexia is marked by severe food restriction to control weight**, driven by low self-esteem and negative body image. Binge eating involves uncontrollable eating, often alone, followed by shame and guilt. Symptoms can overlap, and depression or anxiety often accompany these disorders. **Professional help is essential**. Recovery looks different for everyone—some may no longer experience disordered eating, while others may have reduced thoughts and behaviours. Support groups can be highly beneficial.



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## TRAUMA

**Life events can easily throw us off balance.** Some situations, like job loss, breakups, or the loss of loved ones, may **seem minor to others** but **hold significant emotional weight**, making them difficult to adjust to. It is natural to **feel grief, helplessness, anxiety, or despair**, and daily behaviour and thoughts may change as you process what happened. **Experiencing a crisis does not indicate weakness** - no one remains calm in every circumstance.

**Resilience can help us use crises as opportunities for growth**, such as building emotional maturity, pursuing new activities, or forming new relationships. However, **unresolved crises can lead to mental health issues** without support and the right conditions to process them.



Extraordinary events, such as violence, assault, accidents, abuse, the suicide of a loved one, war, discrimination, or living in abusive environments, can be life-threatening and deeply stressful, sometimes resulting in psychological trauma.

More than half of us will face potentially traumatic events, but only a fraction develop trauma afterwards, highlighting human resilience.

**During trauma, reactions vary** - fight, flight, or freeze - manifesting as fear, shouting, dissociation, or emotional numbness. These instinctive responses protect the psyche. **Recovery involves understanding what happened, accepting it, letting go of guilt, and finding ways to move forward.** Support can come from loved ones, body therapies, enjoyable activities, or mental health professionals.

**Recovery is a journey**, not a return to the past. It is about finding new purposes, embracing strengths discovered through adversity, and creating a path that reflects your experiences and the person you are becoming.



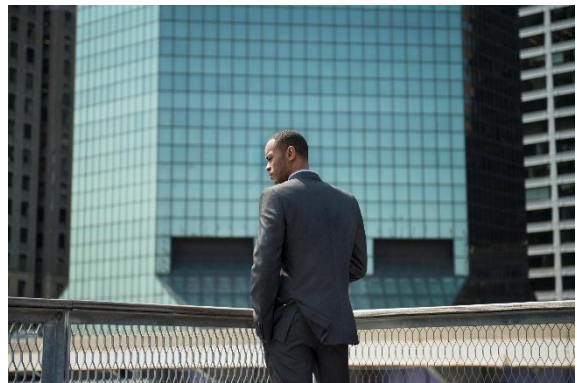


## NEGATIVE SELF-TALK

**Being caught talking to yourself can feel embarrassing and is sometimes seen as a sign of mental instability.** However, **research shows self-talk is completely normal** - we all engage in it daily. It begins automatically, often from the moment our morning alarm goes off. But why do we talk to ourselves, and does it matter?

**Self-talk is an inner dialogue** - thoughts directed toward yourself or aspects of your life. It can include reflections, e.g., “There are four students missing today,” or personal reminders, e.g., “I need to work on my English.” Structured and motivational self-talk, like talking to a friend, can aid planning, reduce anxiety, and enhance focus and self-esteem.

Many people, however, are more critical than supportive. **Negative self-talk creates a loop of critical thoughts** about appearance, personality, or past events, undermining confidence and potential. It can affect relationships, convincing us that others won't want to engage with us, keeping us stuck. **Social media can amplify these comparisons, intensifying negative self-talk.**



Overcoming negative thoughts involves **recognising them, challenging their accuracy, and replacing them** with more realistic, positive alternatives. Environment and social messages also play a role.

As teachers, you can help young people build self-esteem by giving genuine, specific feedback on effort and progress, highlighting accomplishments, and engaging students in private conversations about their skills and interests.

Although challenging, this process is worthwhile. Negative thoughts can cause anxiety, stress, and self-disgust, but it is possible to learn to live more gently with ourselves.



## LONELINESS

**We all feel lonely from time to time**, but the experience is unique to each person. Being alone is not the same as feeling lonely - loneliness is an unmet need for social connection. You can have many social contacts, yet still feel lonely if you are not understood or accepted.

**Loneliness**, while challenging, **can signal a desire for deeper connection** and may be the first step toward building close relationships. **Chronic loneliness is increasingly common**, and it is okay to seek companionship and support.



**Loneliness can negatively impact mental health**, increasing stress, anxiety, and other difficulties. It can create a vicious cycle: mental health issues can lead to isolation, which worsens the problems. You might avoid social activities, feel overwhelmed in public, or struggle to be

around others.

**Reaching out may feel difficult, and fear of rejection can make you withdraw.** Recognising this tendency is the first step to seeking companionship.

Breaking the cycle involves small steps: care for yourself, engage in enjoyable activities, reach out to close people, and work on self-esteem, resilience, and emotional awareness.





## HOW TO PROCESS EMOTIONS

**Throughout a day, we experience many emotions**, some of which go unnamed or unacknowledged. Unprocessed emotions can later manifest as anxiety or other unpleasant feelings.

**Societal norms often discourage expressing emotions**, framing them as **useless, weak, or “wrong”**. As a result, we may respond with “I’m okay” even when we are not. For those who haven’t developed healthy emotional skills, emotions can feel overwhelming, leading to attempts to blunt them through substances, self-harm, or constant activity, avoiding time alone or confronting fears. This approach can contribute to unhappiness and mental health difficulties.

**Emotional literacy - the ability to understand, process, and express emotions - is crucial for wellbeing.** All emotions are valid and essential, and learning to accept and communicate them strengthens our capacity to manage



life’s challenges. People experiencing anxiety, depression, or other mental health issues often rely on emotional literacy techniques during recovery.



## STRESS BUCKET

**Stress is a natural part of life and can be beneficial**, as it helps us study, work, and cope with daily challenges. However, **each of us experiences stress differently** and has varying levels of tolerance for it. Ultimately, we all have a limit - **when stress exceeds our ability to manage it, it can overwhelm us and begin to disrupt our lives.**

**Stress impacts both our mind and body.** It can lead to muscle aches, nausea, dizziness, and digestive issues. Additionally, it can affect our emotional health and behaviour; we may feel irritable, overwhelmed, angry, or even scared. Stress can also disrupt our ability to concentrate, making it harder to focus on tasks or thoughts, and may lead to indecisiveness. At this point, even **small things can make us experience distress** and flip out.



In today's world, marked by a tense geopolitical landscape and the widespread acceptance of stress as a necessary component of success, it is crucial to recognise this reality and **equip ourselves with strategies to take care of ourselves.** Since stress and our

resilience to it vary from person to person, the methods we use to cope will also differ. The concept of the "stress bucket" can be a valuable tool for understanding how to manage stress. It helps us reflect on our capacity to handle stress, how we experience it, and what actions can be taken to reduce its impact. Additionally, this tool assists in **distinguishing between healthy coping mechanisms and those that may cause more harm** in the long run.

## BULLYING

**Bullying significantly impacts many individuals**, not just children. It is **repeated, intentional harm characterised by an imbalance of power and can occur in person or online**, as physical, verbal, or psychological abuse. Key features of bullying are intent, repetition, and power.

**Boys are more likely to experience physical bullying**, while **girls often face psychological bullying**. Children who bully often come from a perceived higher social status or power, while vulnerable children - those from marginalised communities, economically disadvantaged families, different gender identities, disabilities, or migrant backgrounds face a higher risk. **Children who bully are not inherently bad; they may seek attention**, fit in, or struggle with complex emotions, and some may have experienced violence themselves.



### **Bullying affects everyone involved:**

victims, perpetrators, and bystanders. Its impact includes physical injury, emotional distress, depression, anxiety, sleep difficulties, lower academic achievement, and social isolation. Effects can persist long-term, with victims and perpetrators at risk for ongoing mental health and behavioural challenges.

### **Everyone has a role in preventing bullying and fostering safe communities.**

Programs addressing individual behaviour, peer dynamics, school policies, and community involvement can help. Students should feel empowered to report bullying and trust that support is available.



## SELF-HARM

**Self-harm can affect us in many ways.** Some may have self-harmed in the past, be considering it, or want to support someone who is. Young people might have also heard people talk about self-harm, but they aren't sure what it means.

**Self-harm is when people hurt themselves to cope with very difficult feelings, painful memories, or overwhelming experiences.** It is not limited to cutting; it can take many forms, such as engaging in dangerous activities, getting into fights, binge drinking, poisoning oneself, neglecting personal care, or sending hateful messages to oneself online. Self-harm is not always a direct expression of suicidal thoughts. While some who self-harm may also experience suicidal feelings, it does not necessarily mean they want to die. **It is often a way to manage negative emotions.**

Young people's experiences show **that they self-harm for various reasons.** Many want to **express their emotions without speaking, turning invisible pain into something visible.** Others use self-harm to **counter feelings of numbness or disconnection,** to **regain a sense of control,** or to **express suicidal thoughts** without acting on them.



After self-harming, **people may feel a brief sense of relief or control,** which can lead to dependency. Difficult emotions often return, bringing guilt or shame.

**Self-harm can affect people of all ages.** It is not a mental health diagnosis, though it may be linked to mental health challenges. People who self-harm may hide it for months or years due to shame, fear of others' reactions, or not

wanting to feel like a burden. Young people often perceive a gap between how younger and older generations understand self-harm.

It can **be difficult to know how to respond if someone you know is self-harming**. Young people might feel anxious, powerless, or upset, but expressing intense emotions may overwhelm them and cause guilt. It's crucial to stay calm, avoid judgment, and empathise. Remind them that they can talk to others and that there is nothing to be ashamed of. Keeping it secret can prevent them from getting help.

Be patient and accepting. Even with relapses, it's possible to learn healthier coping strategies. Distraction techniques, replacing or delaying the urge, and exploring the reasons behind self-harm can help. Seeking professional support or joining groups can also be valuable steps toward recovery.



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## NEURODIVERSITY

**We all differ** not only in appearance but also **in our inner worlds** - how we understand the world, act, express ourselves, and experience our surroundings. These differences arise from **upbringing and neurological variations. Differences in brain functioning are called neurodiversity.** While all brains develop similarly, no two function alike. Being neurodivergent means having a brain that works differently from the average or “neurotypical” person. **Neurodivergence is common**, including in people with learning disabilities such as dyslexia or attention deficit hyperactivity disorder.

**Autism** is one of the most discussed **neurodivergent conditions.** It affects **how individuals think, communicate, and respond to the world.** People on the autism spectrum can form meaningful relationships but may need communication support. Many have sensory sensitivities,



making environments with bright lights, loud noises, or strong smells challenging. Consistency and routine are often important, and changes can cause stress. Repetitive activities can provide comfort. **Autism is not a mental health issue**, though stigma and misunderstandings about differences **can contribute to mental health challenges.** Daily activities such as grocery shopping or using public transport may be difficult, creating barriers and feelings of exclusion. Accessing support can also be challenging, as mental health services may not be fully equipped to meet neurodivergent needs.

When discussing mental health, it’s **important to recognise neurodiversity** and avoid equating differences with mental health conditions. **Support is essential for neurodivergent individuals to feel safe and maintain wellbeing.** Support groups and inclusive communities that embrace diverse behaviours benefit everyone, reducing barriers to seeking help.



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