

**EQUALITY**



**I N C L U S I O N**



# **EQUALITIES MAGAZINE**

**Culloden Academy** |  
February 2026



**CULLODEN  
ACADEMY**

**Classroom code: idjpjy4**

# MEET THE TEAM:

## Teachers:

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Evie Henderson

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Eadie Macfie

Caitlin Mackinnon

Chiara Sewell

Chiara Sewell

Sophie Sim

The Rights & Equalities Group meet every Thursday lunch time in Ms Cav's classroom. We'd love to see you there!

A bright, glowing spotlight effect is centered at the top of the page, illuminating the title below.

# **SPOTLIGHT ON THIS MONTH**

**This issue's  
focus is:**

## **Mental Health**

**In this issue we focus on  
why mental health is  
important**

# Why Mental Health Awareness Matters

EVIE HENDERSON

In 2022 15.4% of 16 to 24 year olds reported suffering from mental health conditions and more than 164 children and young people in Scotland have been waiting more than a year for treatment from Child and Adolescent Mental Health Services. These figures have been on the rise showing us something dramatic is happening among young Scots and we have people in need of treatment who don't have access to it.



For this reason it is crucial that us young people have a better understanding of mental health and the support available to us. For both supporting ourselves and our friends and family. This magazine is to inform you of some of the mental health conditions young people face and to inspire you to think about what mental health means to you and how it impacts those around you.



# Coping With Depression

Evie Henderson

Depression is a mental health condition that causes persistent feelings of sadness, emptiness, and loss of interest in daily activities. It affects how a person thinks, feels, and acts, making even simple tasks feel difficult.

Some examples of Causes/Triggers:

- Family difficulties
- Bullying
- Physical/emotional/sexual abuse
- Family history of depression or other mental health problems

Signs/Symptoms:

- Sadness/low mood that does not go away
- Being irritable/grumpy
- Being uninterested in things you typically enjoy
- Feeling tired a lot of the time
- Struggle to concentrate
- Big changes in weight
- Have thoughts of suicide or self harm



Depression isn't always loud or obvious. It hides behind ordinary faces and familiar moments. It can feel isolating and suffocating.

Understanding and supporting people with depression isn't just the job of doctors or counsellors. Everyone can help, whether that's just checking up on a friend or learning the signs. The most important thing to take from this is you are not alone.

<https://www.nhs.uk/mental-health/children-and-young-adults/advice-for-parents/children-depressed-signs/>

# ANXIETY

By Jessica MacDonald

Anxiety. The thing that knocks people down for everyday occurrences that everyone experiences. When people think of anxiety, they think of Inside Out 2, bouncing legs and fidget rings. But really, what is anxiety?



Anxiety is an emotion which can be caused by an unpleasant state of inner turmoil, it also includes feelings of dread over anticipated events. There are also multiple types of anxiety, for example, generalised anxiety disorders, and social anxiety disorder.

Lots of students deal with anxiety, even if they don't talk about it. It might look like feeling sick before class presentations, overthinking texts, or lying awake replaying conversations.

It's more common than many people realise. In England alone, one in five children aged 8-16 have anxiety, and about one in four aged 17-19. Which is roughly 20-25% of young people. according to our own research conducted in 2024, only 26% of S1-S6 pupils never feel anxious in a school day

But the harsh truth is that many people suffer from anxiety, not just kids in a high school worrying about doing a presentation in front of their English class. Adults can also experience anxiety for multiple reasons. For example, job pressures and professional demands.

Anxiety can also affect people in many different ways, physically and mentally. For example, it can cause a rapid heartbeat, restlessness, difficulty concentrating, but also can cause some people to not take part in social situations and activities. But it can also lead to more physical problems like headaches and stomach problems. Over time, sustained anxiety can potentially increase the risk of having depression.



# OCD

**By Ailish Boyd, Madisyn Davidson,  
Mia-Lily Young and Paige Donnelly**

OCD affects roughly 1-2% of the population with symptoms usually starting in childhood and adolescence, with both men and women affected equally.

OCD misconceptions are prevalent, with many believing it's simply about being tidy or clean. In reality, OCD involves persistent intrusive, unwanted thoughts (obsessions) and repetitive behaviors or rituals (compulsions) that cause significant distress and interfere with daily life. OCD can often consume a significant amount of time, often more than an hour a day, and can interrupt daily activities like school, work, and commitments. It can often have a significant emotional toll with the constant battle between obsessions and compulsions, leading to isolation and reduced quality of life.

It's not a personality trait, and not everyone with OCD is overly organized or obsessed with cleanliness. You can't be 'so OCD' just because you like things organised.

There are different types of OCD;

- Contamination, where people are obsessed with cleanliness
- Checking, where people repeatedly check if things are safe or completed
- Order or symmetry, involving needing things to be balanced or precise, and is the stereotypical type of OCD
- And hoarding, which is difficulty in discarding possessions
- Other types include thoughts about taboo topics and 'just right' OCD, a form of perfectionism

# OCD



OCD can cause extreme anxiety from unwanted intrusive thoughts which can lead to daily life being severely disrupted. OCD can be coped with by engaging in ERP (Exposure and Response Prevention) therapy and in some cases medications such as sertraline, fluoxetine, and fluvoxamine. Connecting with support groups can reduce isolation. Another way to cope with OCD is Cognitive Behaviour Therapy (CBT) which is where you confront feared situations or thoughts without performing compulsive rituals. Techniques such as deep breathing and mindfulness can help you stay present in

the moment and help manage some anxiety cases.

The cycle of OCD: Obsessions → Anxiety → Compulsions → Temporary Relief → Obsessions (repeating cycle), which creates a self-perpetuating loop that can be difficult to break without treatment.

OCD isn't caused by one thing in particular but rather a combination series of biological, genetic and environmental factors. Most people believe that OCD is caused by trauma. While it is not caused directly by trauma, it can be a significant factor or trigger to its development and severity.

<https://autisticltd.co.uk/2023/05/05/ocd-subtypes/>

# Dissociative Identity Disorder

DID is caused by long-term and repeated childhood trauma, this combined with other factors which results in an interruption of psychological development, particularly identity through dissociation. The word dissociate means to separate or disconnect. Alters may act and think differently from each other, they may have their own names, ages etc. They are able to take full control of the body at any point leaving the "host" unaware of the events partaking. They exist to help the survivor with trauma, making it so the person does not remember.

Once the survivor finds "safety", DID can turn into a maladaptive trait and affect their everyday life, additionally all of these symptoms more often than not happen alongside PTSD and possibly other disorders as well.

**Dissociative Disorders cause distress**

A dissociative disorder can only be diagnosed if symptoms cause "clinically significant distress or impairment in social, occupational or other important areas of functioning predominantly"

Common issues & signs of distress caused by DID and OSDD.

MEMORY ISSUES & AMNESIA	SUICIDE ATTEMPTS	ABUSE & REVICTIMIZATION	DISSOCIATIVE EPISODES e.g. FLASHBACKS	SELF HARM	EATING DISORDERS
INNER VOICES/ CHILD VOICES	IDENTITY CONFUSION	HEADACHES, BODY PAIN	PANIC ATTACKS & ANXIETY	DEPRESSION	SUBSTANCE & ALCOHOL USE

source: Guide from DIDMS, APR (2018) [www.didms.org/adult-treatment-guide/2011/](http://www.didms.org/adult-treatment-guide/2011/)

© TraumaAndDissociation, 2018 [www.dissociative-disorders-uk.com/](http://www.dissociative-disorders-uk.com/)

## Myths

- DID is very rare.

This is false as it has a prevalence rate of 1.5%, it is more common with women with bulimia and even on par with conditions like OCD.

It is hard to gather a true estimate as some survivors are built on secrecy.

- People with DID are dangerous and have alters who cause harm.

People with DID are no more dangerous than the general public, the crime rates with survivors are often the same and in most cases less than other peoples. It is far more common for people with DID to be on the receiving end of crimes rather than committing them.

# Dissociative Identity Disorder

DID isn't real

DID is very distinct from that of other disorders, it is conclusive that DID results from long term childhood trauma and currently nothing else has been discovered that can prompt it. It is the only condition that prompts such drastic gaps in memory and differentiated personality states, therapist created conditions do not present the same authenticity as DID.

Switches are dramatic and obvious and people with DID are unaware of their alters. Both of these points are false, people with DID are able to become aware of it at any age, while initially most will be unaware, through help and diagnostics or becoming familiar with the condition, the entire path to healing is dependent on being able to have access to that information.



As for switches being obvious, this is false, a very low percentage of people with DID have dramatic switches between alters (between 5 and 6%), while some may be detectable through friends and therapists, most may be passed off as normal behaviour. DID is structured around concealment, too much of a change would draw attention to them which they could see as dangerous for themselves so alters learn how to blend in and most who do have dramatic changes will mimic the survivors presentation, however when with someone who is aware of the survivors condition, some alters will let themselves express more freely however it still won't be anything too dramatic like commonly presented on television.

It should be noted that there will be people who pretend to have DID much like every other mental disorder. However this does not mean we should automatically assume someone does not have DID if they seek assistance as you could push away someone who genuinely requires the help provided.

# PTSD

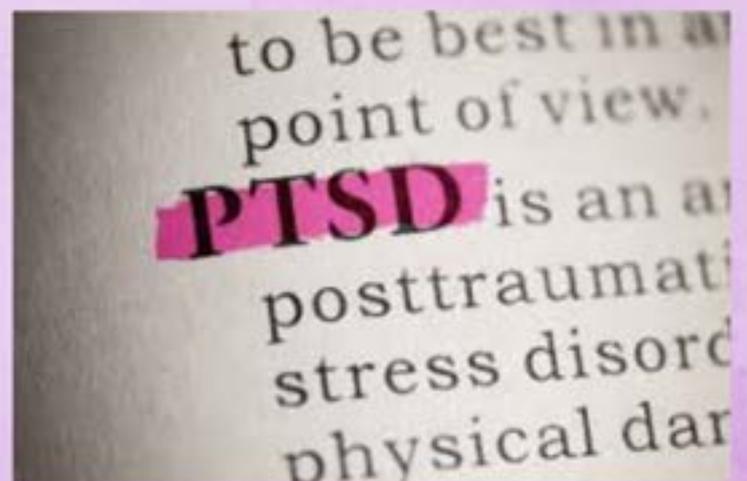
By Evie Henderson

When people hear “PTSD” they often picture a war veteran. But trauma doesn’t require a battlefield - it can start in a classroom, at home, or in everyday life. PTSD affects thousands of people in Scotland. A recent UK study from The Matrix NHS Scotland shows 30% of young people experienced trauma and 8% developed PTSD by the age of 18. Stress, anxiety and trauma aren't distant issues, they are a part of the teenage experience for many in Scotland. But how much do we really understand about the long term impacts of trauma?

PTSD (Post Traumatic Stress Disorder) is a mental health condition caused by very stressful, frightening or distressing events.

Some Symptoms Include:

- Intrusive re-experiencing of trauma  
e.g. nightmares and flashbacks
- Avoidance behaviours such as  
avoiding people or places
- Persistent negative beliefs/emotional  
numbness
- Reactivity e.g. aggressive behaviour,  
self-destructive actions and  
exaggerated  
startle response
- Difficulty sleeping or concentrating



# PTSD



Recommended self help strategies:

Muscle relaxation exercises

Breathing exercises

Meditation

swimming/stretching/yoga

Listening to music

Spending time in nature

Living with PTSD can make you feel like your mind is stuck on replay. Flashbacks, anxiety and sleepless nights can make school, work and relationships tough to handle. It can drain your energy or confidence, leaving you feeling disconnected or constantly on edge. This is why it is important to recognise when something feels off and not brush it aside. Understanding PTSD means you can get the right support early and start building healthy ways to cope before it takes over your life.

## Websites

<https://www.matrix.nhs.scot/evidence-summaries/prevention-and-early-intervention/exposure-to-traumatic-events/?utm>

<https://www.chscotland.gov.uk/what-we-do/latest-news/helping-build-a-trauma-informed-system/>

<https://www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/overview/>

[https://www.ptsd.va.gov/gethelp/coping\\_stress\\_reactions.asp](https://www.ptsd.va.gov/gethelp/coping_stress_reactions.asp)

# What is CAHMS, and how does it help people?

Ailish Boyd

CAMHS stands for child and adolescent mental health services, and are services provided through the NHS that help people aged up to 18 with moderate to severe mental health difficulties. They use a range of techniques in order to do this, like;

- Cognitive Behavioural Therapy (CBT)
- Dialectical Behavioural Therapy (DBT)
- Family Therapy
- Psychotherapy
- Solution Focussed Practice

CAMHS will often start off by asking questions to determine what it is that is bothering you, how long these issues have been going on, and what you would like to change about your life. At the end of this, they will tell you if they can help you, what they can offer and how long you'll have to wait to start this treatment.

CAMHS can be very helpful for a lot of children, but the level of help it can provide varies between people. Its personal and tailored support helps to target specific issues and find personalised solutions. However, it can have issues in ruling out diagnosis too early, as well as long waiting times for patients.

The waiting list for CAMHS can be really long, due to the number of people waiting to access treatment. This can be really hard, as having to wait while in need of support can be frustrating and upsetting.

The current NHS target is 90% of children being seen within 18 weeks of referral, and is currently being met.

At the quarter ending September 2024, there were 4,231 children waiting to start treatment. In the same period, 3,801 children started treatment in Scotland.

The NHS has been historically underfunded, and from this low funding, a small amount goes towards mental health services.

In 2023/24, only 0.82% of NHS frontline spend was on CAMHS services, this can add to long waiting times and lack of doctors working in these areas.

An increase of funding would help to reduce waiting times further for children waiting for treatment.

Overall, CAMHS is a very helpful service for young people experiencing mental health difficulties, however a lack of funding and long waiting times create issue for those trying to access treatment.

# WORDSEARCH

Try and solve our mental health wordsearch!

E M U K X T U A K E L S T U P  
A L F A P B K I N T Y R X X O  
T C Z R Z C K M L X O S X Q S  
I Y X D R D D A S P I A G Q I  
N P P W Q E H D P B Y E F J T  
G P D A C P Y U S H K A T W I  
D T L Z R R S S T T O V R Y V  
I K U Z P E R A L O P I B O I  
S A N G W S H C K E O I C D T  
O D N C D S F T U T F D W E Y  
R I U Q O I G K Y D H Z C C J  
D D O L W O G N I H T A E R B  
E B C M E N T A L H E A L T H  
R A I N E R H P O Z I H C S N  
S T R A T E G I E S S X T V P

Anxiety

Bipolar

Breathing

CBT

Depression

DID

EatingDisorders

MentalHealth

OCD

Positivity

PTSD

Schizophrenia

Strategies

Support

Therapy

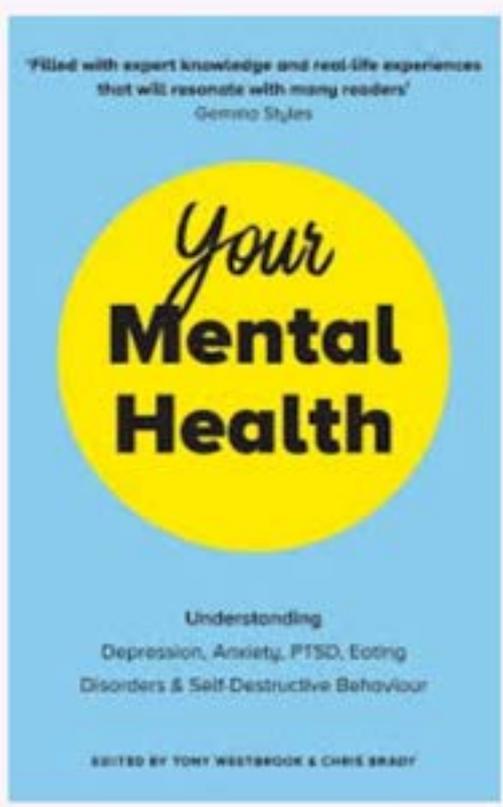
elementum curabitur vitae. Nunc sed veni. Sit amet  
consectetur adipiscing elit pellentesque habitant  
morbi tristique senectus. Elementum integer enim  
neque vitae tempus

Mattis pellentesque id nibh tortor. Risus sed vul-  
putate ut enim blandit volutpat maecenas. T  
sodales neque



# BOOK RECOMENDATIONS

A selection of great stories supporting equality for Young Adults

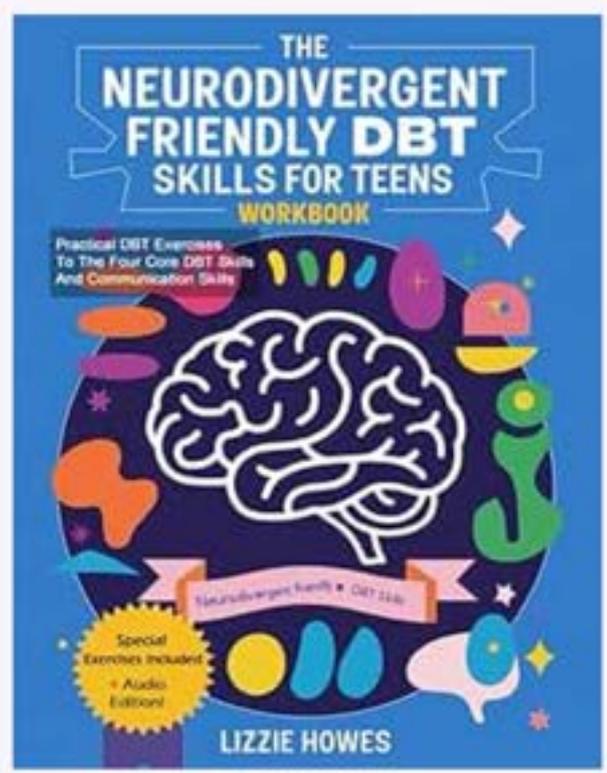


## Your Mental Health - Chris Brady, Tony Westbrook.

This book focuses on five mental health conditions: Depression, Anxiety, Eating disorders, PTSD and self destructive behaviours. It provides up to date research on symptoms, triggers and treatments. This book also includes real life experiences on people who have struggled with these conditions. Reviews say this book is useful for anyone experiencing personal issues or in a position where they need to support someone while also offering good aid to understanding different conditions and perspectives.

## Neurodivergent-Friendly DBT Skills Workbook for Teens By Lizzie Howes

This book was made to assist people who are neurodivergent and allow them to find ways to manage things like anxiety, overwhelming emotions or social challenges

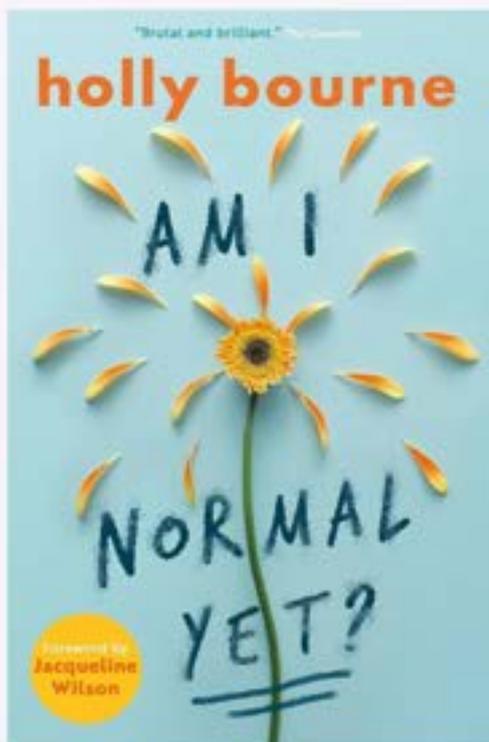
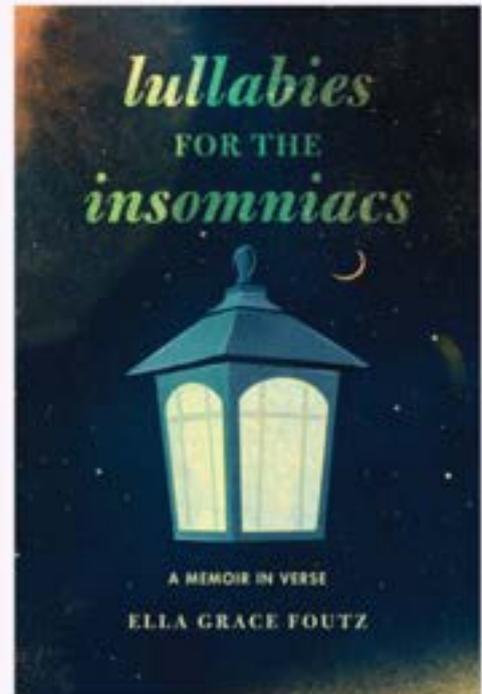


# BOOK RECOMENDATIONS

## **Lullabies For The Insomniacs** **By Ella Grace Foutz**

This book explores the story of a teenager with bipolar disorder based on her own experience of mental illness with manic and depressive episodes often coming with insomnia.

She explores the struggles that come with her mental illness and ways that it can be managed



## **Am I Normal Yet?** **By Holly Bourne**

This story explores a girl with OCD and Generalised Anxiety Disorder trying to have a fresh start at college with new feminist friends.