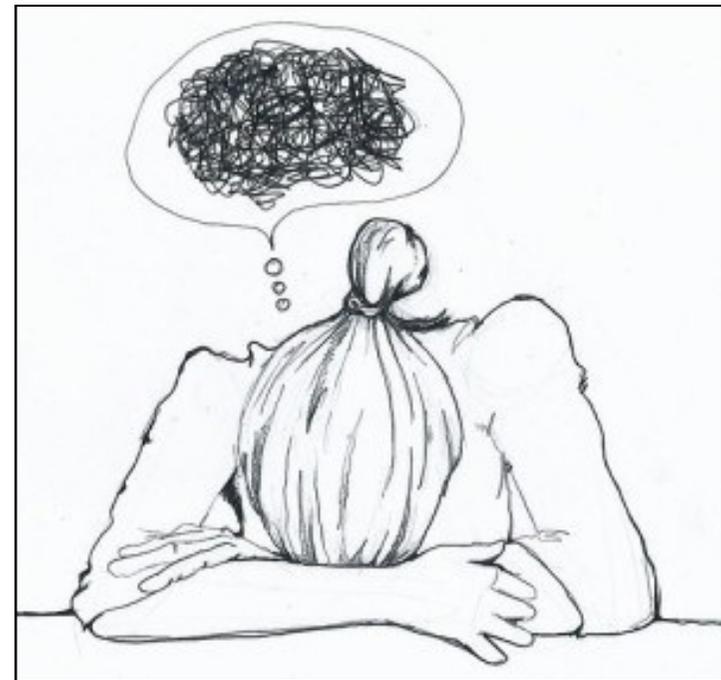


## An Introduction to Mental Health Difficulties in Children and Young People



Hampshire Child and Adolescent Mental Health Service

## **Learning Objectives**

*“ to gain better understanding & awareness of some of the mental health difficulties commonly experienced by children & young people and to be able to identify early signs of some of those difficulties”*

*“to be familiar with the CAMHS referral process & criteria , the Specialist CAMHS Consultation Line & be aware of alternative services in the local area that can offer information & support”*

## **Contents**

- Mental Health in Children & Young People
- Emotional Disorders
  - Self Harm
  - Anxiety
- Psychotic Disorders
- Eating Disorders
- Neurodevelopmental Disorders
  - Attention Deficit Hyperactivity Disorder
  - Autistic Spectrum Condition
- CAMHS Referral Criteria
- Where can I get support?

## MindEd

*MindEd is a portal that contains a wealth of information for anybody working with children and young people.*

*The bite-sized chunks of e-learning are designed to give you the confidence to identify a mental health issue and act swiftly, improving outcomes for the child or young person involved.*

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

## Mental Health in Children & Young People

“ A state of well being in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” **WHO (2011)**

A child or young person is said to have good mental health if they can:-

- Develop psychologically, emotionally, creatively, intellectually & spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Use & enjoy solitude
- Become aware of others & empathise with them
- Play & learn
- Develop a sense of right & wrong
- Resolve ( face ) problems & setbacks and learn from them



**Bright Futures Report  
Mental Health Foundation (1999)**

## ***What mental health difficulties would be seen by CAMHS?***

**Psychiatric Disorders**– psychotic symptoms, mania, schizophrenia.

**Affective Disorders**– depression, eating disorder, obsessive-compulsive disorder, anxiety disorder.

### **Self-harm**

Distress that is unusually prolonged or disabling after a **traumatic event**.

**Developmental Delay**– tourettes/tics, moderate learning difficulties, Autistic Spectrum Conditions in conjunction with a mental health difficulty.

**Over-activity, impulsivity and distraction/inattention** of inappropriate degree for the child's age.



## **Self-Harm Support Services**

### **Well at School**

This website has information for professionals who work in schools regarding a variety of mental health difficulties in young people, including self harm.

**Website**– [www.wellatschool.org](http://www.wellatschool.org)

### **National Self-Harm Network**

Information about self harm and provides a list of distractions young people may want to try when they feel like they need to self harm.

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

### **YoungMinds**

A user friendly website with information and advice for young people about self-harm.

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

*If you are concerned that a young person in your care might be self-harming or have suicidal ideation, please refer to the suicide risk flow-chart for advice. If the young person identifies that they have self-harmed, ask them if they require medical attention and encourage them to see their GP or go to Accident & Emergency if necessary.*

## Psychosis Support Services

If you are concerned that a young person might be experiencing psychosis, call the CAMHS consultation line or seek advice from the young person's GP.

### **Early Intervention in Psychosis Service**

The service aims to engage people (aged 14-35 years) who are experiencing their first episode of psychosis. A referral from a professional is required, you cannot self-refer.

### **Rethink**

Rethink's website has lots of useful information with regards to psychosis and details of local support services available in the South East area (not specific to psychosis)

**Website-** [www.rethink.org](http://www.rethink.org)

### **MIND**

There is also a wide range of information about mental health on MIND's website. There are also details of MIND support groups—check the website for an update of which groups are available.

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

### **Royal College of Psychiatrists**

The RCPSYCH website has information about psychosis to help inform parents/carers, professionals and young adults.



## Emotional Disorders

Emotional disorders such as anxiety and depression are highly prevalent in children and adolescents. It is estimated that approximately 290,000 children and young people have an anxiety disorder and nearly 80,000 children and young people are seriously depressed.



ONS Child and Adolescent Mental Health Survey (2004)

## **Early Signs & Symptoms**

*Feeling worthless or hopeless*

*Feelings of wanting to self-harm*

*Difficulty finding pleasure in hobbies*

*Being agitated & unable to concentrate*

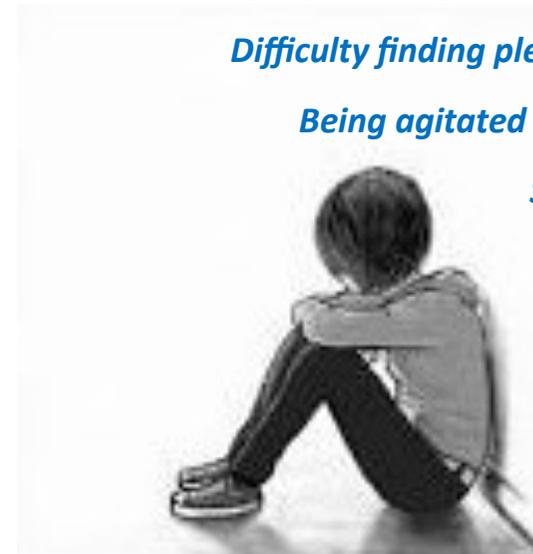
*Self-harming behaviours*

*A loss of appetite*

*Social withdrawal*

*Finding it hard to sleep*

*Feeling tired*



## Self-harm

### What is self harm?

Self harm can be described as-

*'intentional self poisoning or injury, irrespective of the apparent purpose of the act'* (NCE 2004).

Self harm can take many different forms, including :-

- Cutting, burning, biting
- Substance abuse
- Head banging and hitting
- Taking personal risks
- Picking and scratching
- Neglecting oneself
- Pulling out hair
- Overdosing and self-poisoning

In most cases, self harm is a very private act and individuals go to great lengths to hide scars/bruises and will opt to treat physical injuries themselves rather than seek medical help.

### STATISTICS

The UK has one of the highest rates of self-harm in Europe, at 400 per 100,000 population.  
*(The Fundamental Facts: The Mental Health Foundation, 2007)*

8.2% of 16-24 year olds have self-harmed in their lifetime and 6.2% have attempted suicide.  
*(Adult Psychiatric Morbidity England, 2007)*

### **The National Autistic Society**

The NAS provide information, support and resources for families, children, teens and adults on Autism and Asperger Syndrome.

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



### **Autism Hampshire**

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

Provides information and support as well as a directory of information on local services for those affected by autism and Asperger

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

### **The Autism Directory**

An online directory sign-posting to both local and national support services and resources.

**Website-** [www.theautismdirectory.com](http://www.theautismdirectory.com)

### **TURN 2 US**

Benefits awareness web site, with information on what financial help is available i.e. benefits, grants, etc.

**Website-** [www.turn2us.org.uk](http://www.turn2us.org.uk)

### **Cerebra**

Can provide advice and support on legal matters, applying for benefits and accessing grants and special equipment. They also provide a number of videos on sleep.

**Website-** [www.cerebra.org.uk](http://www.cerebra.org.uk) **Information– 08003281159 Enquiries - 01267 244200**

## ADHD/ASC Support Services cont.



### **Parent Support Advisers**

School based support service helping parents liaise with schools to resolve issues. Aiming to help children reach their potential by removing barriers to learning i.e. behavioural problems which are not being managed appropriately, etc. For a list of contact details for PAS's go to

[www.hants.gov.uk/childrens-services/families/parentsupport/parentdevelopment-psa](http://www.hants.gov.uk/childrens-services/families/parentsupport/parentdevelopment-psa)

### **Parent Partnership Service**

The Parent Partnership Service provides impartial advice, information and support to parents and carers of children and young people with special educational needs (SEN) at all stages of school life. Supporting parents and providing advice on the statementing process, annual reviews, etc.

**Website-** [www.hants.gov.uk/parentpartnership](http://www.hants.gov.uk/parentpartnership)

### **SOS SEN**

National helpline concentrating on helping people with legal matters. Free, friendly, independent and confidential helpline for parents and others looking for information and advice on Special Educational Needs (SEN).

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

**Telephone-** 020 8538 3731

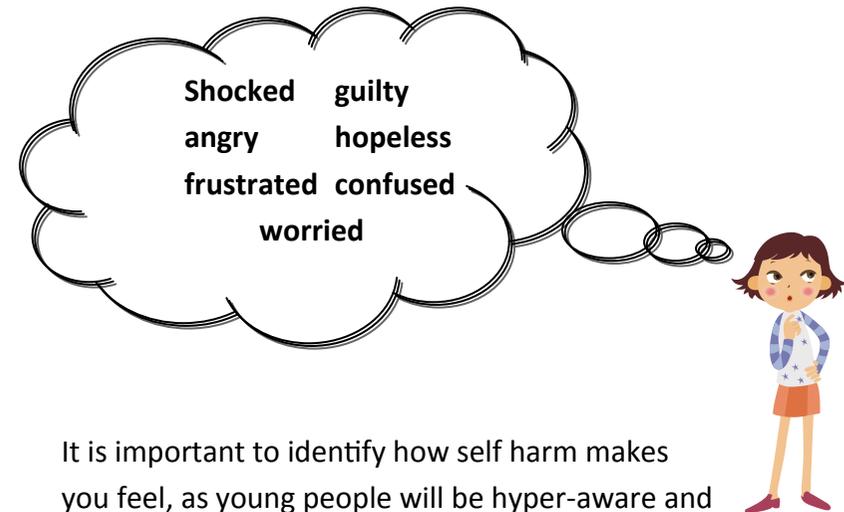
### **Independent Parental Special Educational Advice (IPSEA)**

Free legally based advice for families who have children with special educational needs. All advice given by trained volunteers.

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

**Telephone-** 0800 018 4016

## How does self harm make YOU feel?



It is important to identify how self harm makes you feel, as young people will be hyper-aware and sensitive to your reactions and the reactions of others.

It is OK to have strong and sometimes negative reactions when working with a young person who is self-harming but remember that how you respond to them can make a big impact.

## Why do people self-harm?

Self-harm can be a way of communicating distress, emotional coping or a way to get their needs met. However, each time a young person self-harms, it might not be for the same reason so be sure not to make assumptions about why a young person is self harming.



*Attention seeking?* - many people often feel that young people self-harm in order to get attention. In fact, it is likely that they are not getting their needs met and are resorting to self harm to get them met.

### **Signs of Self-Harming Behaviour**

It can be hard to spot the signs of self harm, due to the fact that it is often a secretive act. However, signs to look for can include:

- Unexplained cuts/bruises/burns on wrists/arms/thighs/ legs or chest.
- Attempts to keep themselves covered up (even in hot weather).
- Low mood, tearfulness or a general lack of motivation or interest in anything.
- Changes in eating habits– unusual weight gain/loss.
- Signs of low self esteem– blaming themselves/ thinking they are not good enough.
- Alcohol or drug misuse.



## **ADHD/ ASC Support Services**

### **ADDrift Support Group**

A support group that holds monthly meetings in Portsmouth and Southampton. For more information and to find out when and where the next meeting is taking place, please contact Fiona or Trevor on **02380496718**.

### **Parent Voice**

A Hampshire-wide network of parents and carers of children and young people with additional needs. Providing local information and advice through weekly bulletins, website and Parent Participation Officers. To sign up for bulletins, click on the red bar on the home page: 'Join Parent Voice online', or go through the Participation/Getting Involved page.

**Website-** [www.parentvoice.info](http://www.parentvoice.info)

### **Youth in Mind**

A website that allows you to search for books relating to different mental health issues (including ADHD/ ASC) which can be sorted by age range, who it is for and by star rating. It provides books for teachers, parents, siblings, family members and young people with autism.

**Website-** <http://www.youthinmind.info/py/yiminfo/BookFinder.py>

### **The National Attention Deficit Disorder Information and Support Service (ADDISS)**

A website that provides people-friendly information and resources about ADHD.

**Website-** [www.addiss.co.uk](http://www.addiss.co.uk)

**Telephone-** 02089522800

**Email-** [info@addiss.co.uk](mailto:info@addiss.co.uk)



## Where can I get support?

Specialist CAMHS Consultation Line for children & young people already being seen by CAMHS

*The Specialist CAMHS consultation lines provide an opportunity to talk with a mental health professional. Available Mon-Fri between 12-1*

Fareham & Gosport– 01329822220

Winchester– 01962831044

Eastleigh– 02380673984

New Forest– 02380743030

Andover– 01264835356

**Aldershot– 01252335600**

Basingstoke– 01256392766

Havant– 02392224560

If you are unable to call during the allocated time slot, please call and leave a message detailing a suitable time for a clinician to call you back.

For new referrals please call the CAMHS Single Point of Access 03003040050 or E Mail

[Spnt@hantscamhsspa@nhs.net](mailto:Spnt@hantscamhsspa@nhs.net)

SPA operates 9-5 Monday to Friday



## How to manage and support young people who self-harm and who have suicidal thoughts and urges

### Consent and Confidentiality

You cannot keep self-harm/suicidal thoughts a secret. You must encourage the young person to disclose to a parent or professional. If they do not, you need to make them aware that you have a duty of care to share information with the relevant professionals (GP, CAMHS) and their parents if you are concerned for their well-being.

### Boundaries in school

1. Young people can speak to staff but it is to be discouraged displaying self-harm or discussing self-harm/ suicide between peers (especially on social networking sites).
2. Young people should not bring sharps into school (e.g. scissors or knives).
3. Have 'sharps boxes' available so that if someone has self-harmed, they can be encouraged to dispose of sharps safely.
4. Ensure young people are aware of your responsibility to safeguard and share information when necessary.
5. If a young person seems to want to discuss concerns at every available opportunity– set a designated day, time and duration (but be flexible with this, especially if the young person is in crisis.)



## CAMHS Referral Criteria

Referrals for consultation and/or treatment are likely to be appropriate for CAMHS when:

1. There is concern that a child/young person is developing a **significant psychiatric disorder**, for example displaying psychotic symptoms, mania, schizophrenia or an affective disorder such as significant depressive signs, an eating disorder, obsessive-compulsive disorder, anxiety disorder etc.
2. A child/young person is presenting with significant and/or escalating **self-harming behaviour** where there is also evidence of an underlying mental health issue and/or the self-harm is likely to cause lasting damage or on-going mental health difficulties.
3. A child/young person presents with symptoms of **distress** that are **unusually prolonged or disabling** secondary to an event (e.g. physical, emotional, sexual abuse, bereavement, and divorce) or other potentially traumatising family, environmental or physical influences.
4. There are significant **family relationship difficulties**, which are **leading to impairing mental health** symptoms within the child/young person.
5. A child/young person has a **developmental delay** including tourettes/tics, moderate learning difficulties, or autistic spectrum disorder and there are mental health symptoms or complex presentations.
6. A child/young person is exhibiting **over-activity, impulsivity** and a degree of **distraction/inattention** which is appreciably inappropriate for the child/young person's developmental age and are observed as impeding the child/young person's capacity to engage and access the school curriculum and general social interactions with peers and adults.

## Things to do...

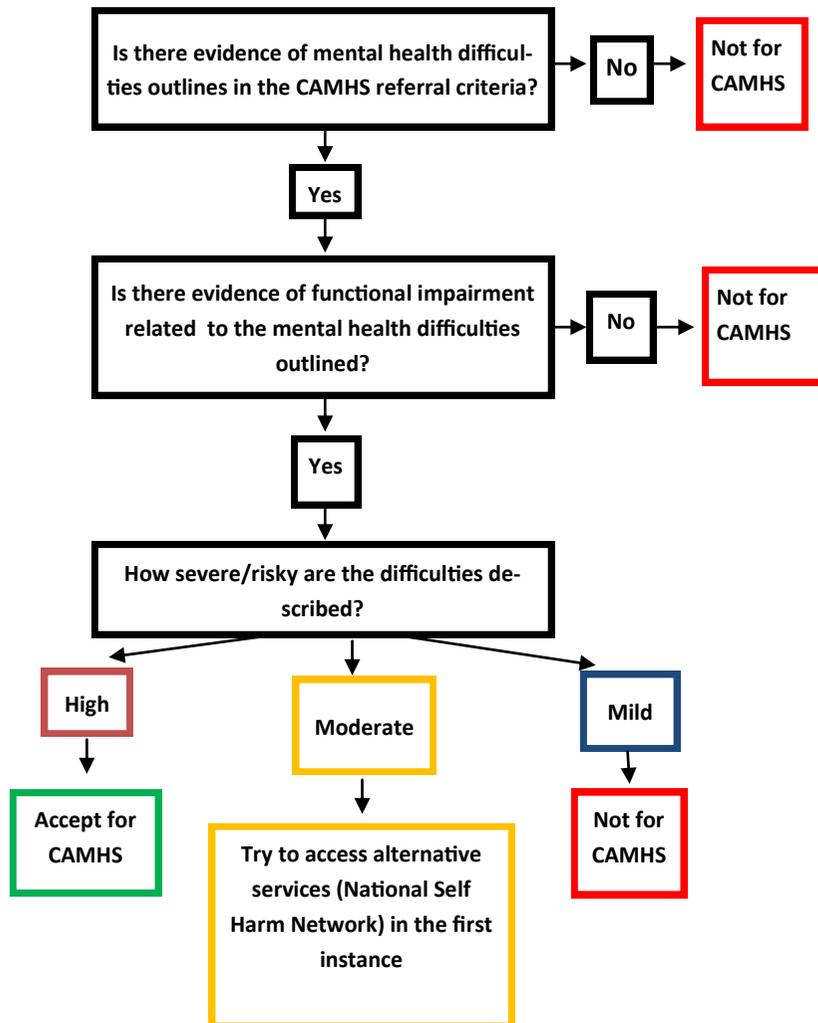
- Let them know you are here to talk to if they want to.
- As much as possible, let them remain in control.
- Encourage (but don't push) accessing support services by making them aware of the options available to them.
- Show them that you care– focus on their strengths, make sure you show that you can see the person beyond the self harm.
- If they have recently self harmed, ask if they need medical help.
- Be approachable.
- Validate the emotion, not the behaviour.

## Things NOT to do...

- Don't force them to talk about it.
- Avoid trying to 'counsel' them– let the appropriate professionals do this.
- Don't make them feel ashamed or feel they need to keep it a secret.
- Try not to make assumptions or judgements about why the young person may be engaging in self-harming behaviour.
- Force them to get help or take control away from them.
- Don't make them promise to stop self harming "for you".
- Don't make promises you can't keep.

## CAMHS Referral Criteria

In the first instance, referrers are advised to call their local CAMHS consultation line for advice and sign-posting to alternative services. When referring a case of self harm to CAMHS; severity and duration of self harm, level of impairment and the young person's mental state will all be considered.



## Developing a Safety Plan

A safety plan is something a young person, and the people that care for them, can refer to in times when the individual is feeling vulnerable, perhaps at home, school, work or out in the community.

The safety plan can act as a reminder for young people; suggesting calming activities, strategies they can use, people they can talk to and what services are available to them.

*Please refer to the safety plan provided in the training session for an example.*

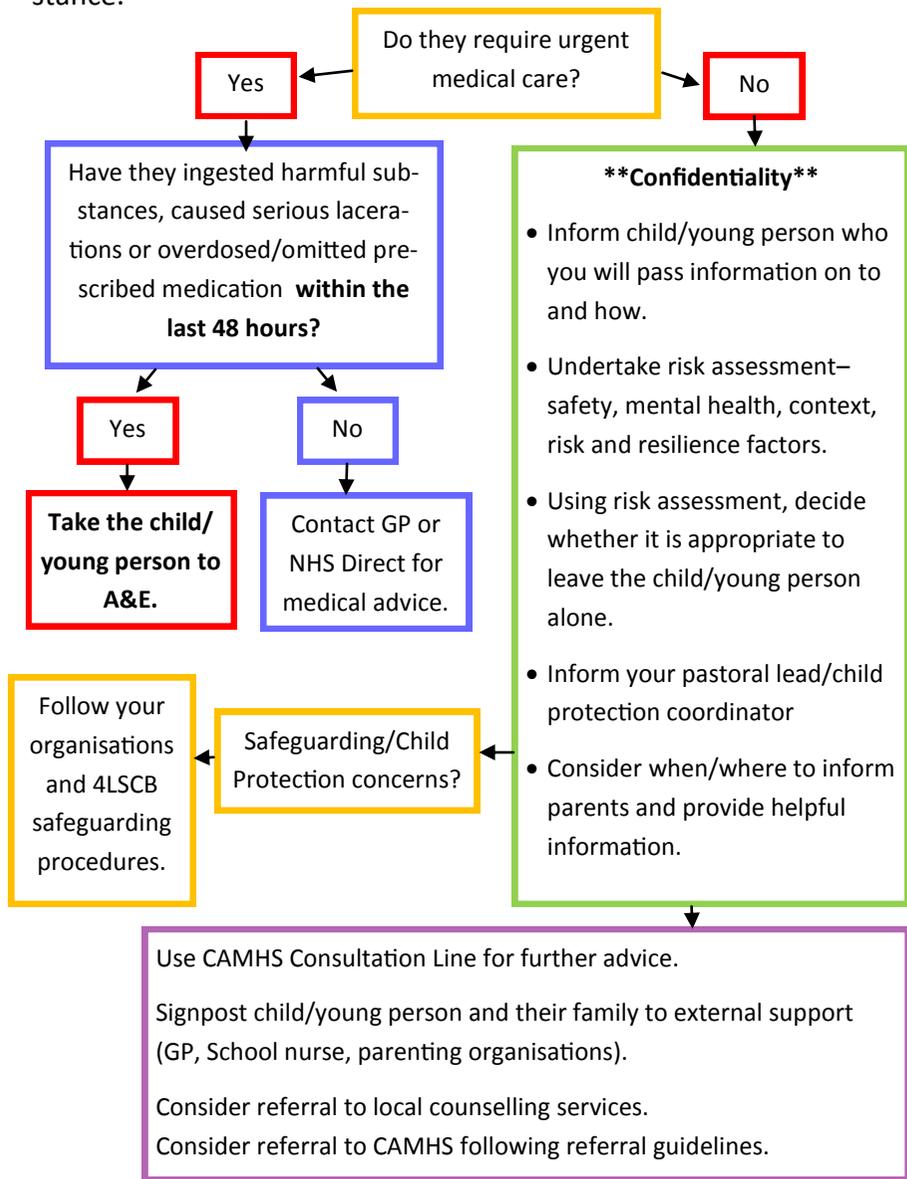


Things to remember when creating a safety plan:-

- Try to work collaboratively with the young person
- Give the young person options– e.g. allow them to decide which calming activities they would find useful and who they would like to talk to in times of distress
- Share information and safety plans with relevant people
- Review the plan regularly
- Some young people also find it helpful to have a 'pocket sized' plan that they can keep on their person .

## Multi-Agency Self Harm Pathway

If a child/young person is self harming or tells you that they have self harmed, follow the Multi-Agency Self Harm Pathway in the first instance.



## Neurodevelopmental Disorders

### Attention Deficit and Hyperactivity Disorder

ADHD is a common neurodevelopmental disorder in which inappropriate attention, impulsivity and over activity impairs a child's functioning..

It is important to remember that all children are active, it only becomes a problem when their level of activity causes disruption for them and those around them. This can, but not always, lead to bad behaviour, aggression, underachievement at school and reckless behaviour.



ADHD affects about 4% of young people and is more likely to be present in boys compared to girls, in a ratio of 2-3 to 1. Girls with potential ADHD are more likely to show inattentiveness than anti-social behaviour, and therefore are often go undetected.

#### What causes ADHD?

ADHD is a description of psychological symptoms, not a brain disorder. However, it is fair to say that children with ADHD are likely to be different from most children in their genetics and their brains. For example, the frontal lobes of children with ADHD have been found to be less active compared to children without ADHD.

Other suggestive factors include experiencing neglect, early exposure to environmental lead, and high levels of alcohol experienced during pregnancy.

**(MindEd)**

## Imagination and Repetitive Behaviours

Children with ASC may have a narrow range of interests or may have an obsessive interest in very specific or unusual topics e.g. trains/road signs.

Children and young people with ASC may have a very strong adherence to rules or complete certain actions in a specific way. In addition, they may become extremely upset or distressed in response to change in routine.

Some children and young people with ASC engage in repetitive behaviours (such as spinning or hand flapping).

Young children with ASC might have trouble playing imaginatively (e.g. making up games or stories) and prefer to act out scenes from movies to stick to games with set rules.

### IMPORTANT!

People with ASC do not have a lack of imagination. Many people with ASC are very creative and are accomplished artists, musicians and writers!



*In order to be considered for a ASC assessment, the symptoms detailed need to be present in a range of settings and contexts.*

If you work with a young person who you believe might benefit from an ASC assessment, you can refer to CAMHS, however it should be noted that unfortunately there is a significant waiting list for these assessment. It is suggested that in the interim, parents and school implement strategies 'as if' a child has ASC in order to support their progress and manage their difficulties.

## Emotional Disorders– Anxiety

Anxiety is one of the most common disorders experienced by young people, with around 1 in 10 young people affected by the age of 16 years. Anxiety disorders are different to normal worries, due to the level of distress and impairment it can cause.

### Signs of Anxiety

- Being socially withdrawn
- Looking tense and edgy
- Changes in sleeping habits
- Clinging to parents/caregivers
- Not interacting in class or reacting angrily if demands are placed upon them



### Why do we get anxious?

When we are anxious, we become more alert, aware and ready for action in order to survive. This may be by 'fighting' the feared situation or by running away– a term sometimes called Fight or Flight. This is a very helpful process, but it can be incredibly debilitating if anxiety is long lasting.



Many things that young people are fearful of are very real and understandably scary. For example experiencing a real threat, bullying or experiencing domestic violence at home.

However sometimes, a young person may perceive something as a threat which is not feasible to others such as “something bad will happen to Mum”.

### **Prevalence of Anxiety Disorders**

Anxiety disorders are the one of the most common mental health problems experienced by children and young people with 10% experiencing an anxiety disorder at some point in the childhood or adolescence (Stallard, 2008).

Separation Anxiety and simple phobias are the most common forms of anxiety in children and adolescents (Beesdo et al, 2011).

In younger children, anxiety is most likely to be expressed through tantrums, crying, clinging, freezing etc.



*More information regarding Anxiety in Children and Young People will be provided in the next training session. If you are not registered for this training session, and would like a copy of the information booklet, please contact Hannah Edwards at [hannah.edwards8@nhs.net](mailto:hannah.edwards8@nhs.net)*

## **Neurodevelopmental Disorders**

### **Autistic Spectrum Condition**



Autism Spectrum Condition (ASC) is a life-long neurodevelopmental condition that can greatly affect the way people (including children and young people) interpret and make sense of the social world around them.

People with ASC generally have difficulties in three main areas:

#### **Language & Communication**

Language is often interpreted in a literal or concrete way e.g. a child may appear confused by sayings, such as “It’s raining cats and dogs”. They may not understand or be able to interpret metaphors or sarcasm.

Children may find it difficult to use nonverbal communication e.g. making eye contact, using gestures or may misinterpret tone of voice. There may be some unusual aspects of their own speech, such as tone of voice, speed of talking or rhythm.

#### **Social Interaction**

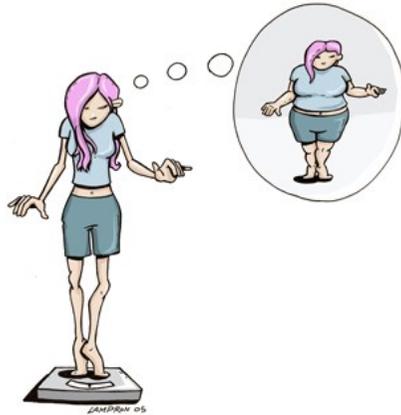
A child with ASC might find social interaction with others their own age difficult and might prefer their own company or the company of adults. They might find it hard to engage in two-way conversations.

Sharing their enjoyment of things and sharing other people's enjoyment is different for people with ASC. The person may have difficulty understanding the emotions of others.



## What are the early signs of an eating disorder?

- Distorted body image— thinking that he/she is too fat, the wrong shape or overweight when their body weight is below or within the normal range.
- An intense fear of gaining weight and/or refusal to gain weight.
- A body weight at least 15% below that considered normal for the young person's age and height (**Anorexia**).
- A dramatic drop in weight during a short period of time.
- Restricting food intake— fasting, hiding food or excessive dieting.
- Compensatory behaviours such as excessive exercise, using laxatives or self-induced vomiting.
- Recurrent episodes of binge eating in which an individual eats an unusually large amount of food whilst experiencing a sense of lack of control over eating. (**Bulimia**).

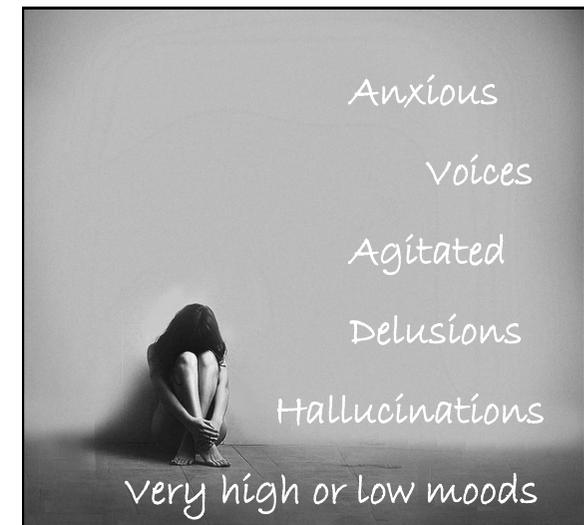


More information regarding Eating Disorders in Children and Young People will be provided in the next training session. If you are not registered for this training session, and would like a copy of the information booklet, please contact Hannah Edwards at [hannah.edwards8@nhs.net](mailto:hannah.edwards8@nhs.net)

## Psychotic Disorders

Psychosis can seriously affect the way that a person thinks or feels and some people can lose contact with reality, they might not even realise that they are unwell.

Early help is extremely important and anti psychotic medication is a crucial part of treatment. It is vital to get the young person to see their GP who can decide the most appropriate route for treatment



## **Symptoms**

The symptoms of psychosis can be divided into three groups:-

Reality Distortion— *hallucinations and delusions.*

Disorganisation— *disturbances of normal thought process and the flow of speech ( e.g. going off track while speaking and using odd combinations of words).*

Negative Symptoms— *emotional apathy, lack of drive, poverty of speech, social withdrawal and self-neglect.*

## Eating Disorders

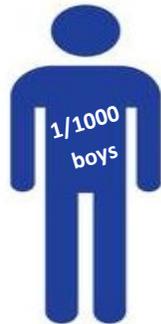
Eating disorders refer to a number of mental health conditions surrounding psychological distortions about food, weight and body shape. This can cause individuals to engage in often dangerous behaviours as a method of controlling their body weight and shape.

Eating disorders can affect a person socially, psychologically and physically and can be life threatening. The mortality rate from eating disorders is high with Anorexia Nervosa having the highest death rate of all mental health illnesses.



Eating disorders affect 7 in every 1000 girls and 1 in every 1000 boys (*Royal College of Psychiatrists*).

Eating disorders make up 0.4% of the mental health disorders experienced by children aged 11-16.



**Anorexia Nervosa**– Distorted views on body image and behaviours such as excessive exercise, restrictive eating, taking laxatives/diet pills and self-induced vomiting resulting in rapid weight loss causing significant physical health problems.

**Bulimia Nervosa**– Excessively eating large quantities of food in one go (usually in secret) and later engaging in behaviours such as self-induced vomiting or taking laxatives as a way of controlling weight.

**Binge Eating Disorder**– Having a frequent compulsion to overeat/ binge with very large quantities of food over a short period of time, even when not feeling hungry. Binges are often planned and done in secret concluding with individuals feeling guilty and disgusted with themselves. Unlike Bulimia, people with Binge Eating Disorder do not try to lose weight after a binge.

## Eating Disorders in Boys

The prevalence of eating disorders is increasing in the male population, in particular boys aged 13-18 years. The body image distortions experienced by boys with eating disorders commonly include concerns over body shape and muscle size rather than weight or being 'fat'. Concerns over body shape can lead to boys excessively taking supplements and exercising (in particular weight training) in order to gain muscle.

Eating disorders often go undetected in boys due to it being rather difficult to spot. Many of the behaviours associated with eating disorders are seen as positive in boys– e.g. exercising, building muscle. Boys also lose weight quicker and require a higher calorie intake making is hard to detect dramatic weight-loss.

