

CHILD AND ADOLESCENT
MENTAL HEALTH

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CHILDREN AND YOUNG
PEOPLE (CYP) WITH
MENTAL HEALTH AND
BEHAVIOURAL PROBLEMS.

AIMS:

- Increase understanding of CAMHS
- Consider what problems CYP present to GPs
- Increase understanding of common behavioural and mental health problems in CYP
- Opportunity to discuss clinical issues and think about options available to GPs
- Understand what makes a good referral

GP EXPERIENCE: What do you see in practice?



BEHAVIOURAL PROBLEMS – REASONS/CAUSES

- Bullying
- Poor Parenting/boundaries
- Bereavement
- Parental Mental Health Problems
- Family Problems
- Substance Misuse
- Child Sexual Exploitation (CSE)
- Abuse - emotional, physical, sexual and neglect
- Peer Pressure
- Stress
- Screen Time – Devices, computers, game consoles
- ADHD
- Autistic Spectrum Disorder (ASD)
- Separation Anxiety
- Generalised Anxiety
- Depression
- Social Anxiety
- PTSD
- OCD
- Attachment Disorders
- Learning Disability (LD)
- Speech and Language Disorders
- Dyslexia

CAMHS: Tiered Model:



CAMHS: Thrive Model:

Thrive Elaborated (2nd edition); Wolpert M et al 2016
www.annafreud.org



WHO ARE CAMHS?

CAMHS AS AN UMBRELLA TERM:

CAMHS does not just refer to specialist psychiatric services. Improving CYP's emotional, behavioural and mental health is everybody's business:

- Family
- Friends
- Children and Young People
- Health Visitors
- Children's Centres
- Nurseries
- School Nurses
- Paediatric Teams
- Voluntary Sector
- Schools
- Educational Psychologists
- General Practitioners
- Youth Clubs
- Primary Mental Health Teams
- Specialist Mental Health Teams
- Children's Social Care

Tier 1

Getting Advice

- Thrive Elaborated (2015):

“at least a proportion of this group find relatively few contacts, even one single contact, enough to normalise their behaviour, reassure families that they are doing the right things to resolve the problem without the need for extra help and to signpost sources of support”

Tier 1

Getting Advice

WHAT CAN GPs DO?

- Acknowledge stresses of parenting
- Acknowledge difficult behaviour in childhood/adolescence
- Acknowledge emotional and mental health – ‘common cold’
- Empathise
- Normalise
- Reassure
- Watchful waiting
- Prompt other intervention – i.e school if bullying
- Share principles of effective parenting
- Set basic tasks/interventions and review – read a leaflet, what did you learn?
- Signpost to useful information and resources for advice
- Youth Mental Health First Aid Training – Ask your local CYP Primary Mental Health Worker about accessing

TIER 2

Getting Help

WHAT CAN GPs DO?

- Identify Changes CYP and Families want to achieve
- Minded for Families – online resource
- Books on Prescription
- Increase contact – watchful waiting
- Ask School Nurse to review
- Early Help – Signpost to children’s centre, Local Offer, school for a CAF, Safeguarding
- Seek consultation with CYP Primary Mental Health Worker – Knowledge of local resources, advice, ideas, where to refer

CASE STUDY:

Mother, S attends GP appointment with L aged 7. L's problems are described as:

- Angry
- Refuses to follow rules
- Tantrums
- Hits siblings/parents
- Has short attention span
- Developmental history is unremarkable, school report no concerns.

GP sought consultation/discussion with CYP PMHW - ? Behaviour problem
? ADHD ? Lack of positive parenting approach

PLAN:

GP discusses with S outcome of consultation
S pleased mental health service have had input and feels reassured
Experience is acknowledged and normalised
GP discusses Incredible Years Group
S agrees to referral to IY Group

Tier 3 - 4

Risk Management and Extensive Treatment

COMPLEX AND SEVERE DIFFICULTIES:

- Moderate to severe depression
- Moderate to severe anxiety disorder
- Self-harm
- Obsessive Compulsive Disorder (OCD)
- Post Traumatic Stress Disorder (PTSD)
- Complex Attention Deficit Hyperactivity Disorder (ADHD)
- Attachment Disorder - complex emotional and relational difficulties

QUESTIONS TO CONSIDER BEFORE REFERRAL:

- Is this a mental health disorder/difficulty?
 - or family support, safeguarding, for school-based or parenting intervention?

- Is it severe and complex?
 - or for early support, CAF, signposting, psychology

- Is there a team providing a specialist service for the clinical issue?
 - Community Neurodevelopmental Paediatrics
 - Early Intervention Service
 - Eating Disorder Service
 - Moderate/Severe Intellectual Disability

WHAT MAKES A GOOD REFERRAL?

Presenting Problem(s): Description of the problem – emotions, behaviours, worries, fears

Frequency: When? Where? How often?

Impact: Social, Family, Friends, Education, Hobbies, Self-Care

Duration: How long has it been a problem?

Onset: When did the problem start?

Wider context Family history/background, precipitating, perpetuating factors.

Risk factors harm to self/others, isolation.

What do you think the problem is? Depression? OCD?

What has already been tried? School support, counselling, self-directed help, GP intervention, Parenting Support.

Who is involved? Ed Psy, CAF, School mentor/counsellor, senco?

RESOURCES:

- <https://mindedforfamilies.org.uk/young-people/>
- <http://reading-well.org.uk/>
- <http://www.themix.org.uk/>
- <https://www.cwmt.org.uk/>
- <https://www.nspcc.org.uk/global-assets/documents/advice-and-info/positive-parenting.pdf>
- <https://youngminds.org.uk/>
- <https://www.familylives.org.uk/>
- <https://www.rcpsych.ac.uk/healthadvice/parentsandyoungpeople.aspx>
- www.papyrus-uk.org
- <http://www.lancashirechildrenstrust.org.uk>
- <https://www.refreshbwd.com/health-topic/young-peoples-wellbeing/>

MENTAL HEALTH TOOLKIT
for GENERAL
PRACTITIONERS

<http://www.rcgp.org.uk/>

Question & Answer