Multi-Agency Mental Health Training Programme
Child and Adolescent Mental Health services (CAMHS)

Participant Pre-Course Reading Materials

Behind the Behaviour
Child and Adolescent Mental Health
Multi Agency Training Programme

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**CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
MULTI AGENCY TRAINING PROGRAMME**

Introduction

This CAMHS multi-agency training programme, known more recently as 'Behind the Behaviour', has been running annually since 1998.
The programme provides training about mental health for people in Manchester whose job involves working with children and young people on a day-to-day basis.

The programme is delivered over two phases throughout the year:

1) October – December
2) January – June

Each phase of training begins with the 'Introduction to Mental Health' courses, which it is recommended people attend if they do not have a background in mental health, are new to this area of work or would like an overview and general understanding of mental health before embarking on the more specialist courses.
There are two 'Introductory' days (0-11 and 11-18), designed to meet the needs of staff working with these different age ranges of children and young people.

The 'Introductory Days' cover the following:

- General awareness about mental health, particularly in the context of child and adolescent development.
- Identifying, understanding and responding to mental health problems in children and young people.
- Sources of help and support in responding to children and young people.

There is an emphasis throughout on promoting positive mental health and on improving collaborative working between organisations and different sectors. The training days themselves are structured to provide opportunities for participants to meet and learn about each other.

Following the 'Introductory' days, the programme offers a range of full-day and half-day specialist courses which enable participants to delve deeper into particular mental health issues or problems that they may encounter amongst the young people they work with.

The programme recognises the essential role of the wide range of professionals working with children and young people on a day-to-day basis, who may not be trained specifically in mental health but who play a vital role in promoting good mental health and responding to mental ill health in young people.

The programme is designed and delivered by a multi-agency design group drawn from those working in specialist mental health services and related services across the city.

Understanding Mental Health

Mental Health is often misunderstood, perceived to be a 'problem' which can only be addressed by trained specialists. We often associate negatively with the term 'mental health', having our perceptions driven and maintained by unhelpful portrayals in media.

For this reason and others, mental health often goes unidentified, and people who suffer from poor mental health often do not talk about their health problems and fail to seek or receive the help and support they need.

It is becoming increasingly recognised that services that engage with people in a front-line capacity and on a day-to-day basis are often best placed to identify when an individual may be suffering from poor mental health and therefore play a vital role in providing basic information about the importance of caring for our mental health and referring to appropriate mental health services where appropriate.

The Mental Health Spectrum
Mental Health Specialists often talk about mental health in relation to a 'Mental Health Spectrum'; one which we are all on and will move up and down depending on a range of factors including environmental, physical, social, cultural, psychological and emotional factors which fit into our understanding of 'risk' and 'resilience'.

Mentally Healthy	Mental Health Problems	Mental Illness
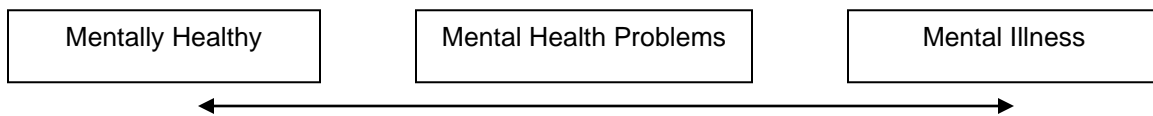
Although the majority of us remain 'mentally healthy', there may be times in our lives when our mental health suffers and depending on our ability to cope or 'bounce back' (our resiliency) we may find ourselves sliding down the 'spectrum'. This does not necessarily mean we have a 'problem' and with the support of family and friends and other helpful strategies, we may be able to bring ourselves back to good mental health.

Common Mental Health Problems
However, as we start to slide down the scale some of us may find it more difficult to 'cope' or manage our mental health than others.
One in four of us will suffer from common mental health problems in any given year (Mind, 2013); these problems include anxieties, phobias, panic disorders, depression and obsessive compulsive disorder.

Severe and Enduring Mental Health Problems
It is estimated that 1 in 100-200 of us will develop a more severe and enduring mental health illness; these include psychoses, schizophrenia and bipolar disorder. Despite this high estimation, it is thought that less than a quarter of sufferers will remain permanently affected (The British Psychological Society Division of Clinical Psychology, June 2000).

It is hoped that with psychological and/or medical interventions, medication and a range of other therapeutic strategies, many people are able to lead healthy, happy lives where they are able to "cope with the normal stresses of life…work productively and fruitfully (and are able to) make a contribution to his or her community" (World Health Organisation, 2000).
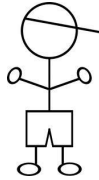
Mental Health and Young People

It is estimated that 1 in 10 children and young people have a mental health problem at any one time, although only a quarter of these are in contact with a mental health service.
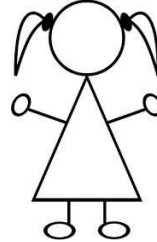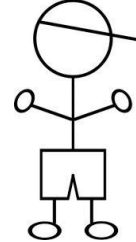
Aged 5-10 yrs: Ages 11-15 yrs:

5.9% girls   10.4% Boys

9.65% girls   12.8% boys

The components of Mental Health include the following capacities:

- The ability to develop psychologically, emotionally, intellectually and spiritually.
- The ability to develop and sustain emotionally satisfying personal relationships.
- The ability to become aware of others and to empathise with them.
- The ability to use psychological distress as a developmental process, so that it does not hinder or impair further development.

The components of mental health in children and young people due to the developmental nature of both body and mind are indicated more specifically by:

- Continuing progression of psychological development.
- An ability to play and to learn so that attainments are appropriate for age and intellectual level.
- A developing moral sense of right and wrong.
- A capacity to enter and sustain mutually satisfying personal relationships.
- A degree of psychological distress and maladaptive behaviour within normal limits for the child's age and context (Hill, 1995).

Mental Health Problems - are therefore difficulties or disabilities in these areas that may arise from any number of the following:

- Congenital factors
- Environmental factors
- Family factors
- Illness factors

Such problems have two components:

1) Presenting features are outside the normal range for the child's age, intellectual level and/or culture
2) The child or others in contact with them are suffering from the problem/ dysfunction.

Initial assessment of a child or young person's mental health should identify the following:
- A change in the child's usual behaviour, emotions or thoughts.
- Persistence of the problem – for at least two weeks.
- Severe enough to interfere with the child's everyday life.
- A disability to the child and or the carers.

The following should also be taken into account:
- The child's stage of development
- The social and cultural context

Mental Health Disorders
This term is used to imply the existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions. Mild but distressing symptoms of disorders seen in children and young people often include the following

- Sleep problems
- Feeding difficulties
- Unhappiness, misery, anxiety and social sensitivity.
- Bedwetting.
- Faecal soiling.
- Over activity.
- Tantrums and oppositional and defiant behaviour problems.
- Abdominal pain without discoverable physical cause.

Classification of Mental Health Disorders (Together We Stand, 1995)

• Emotional disorders	• Phobias, anxiety states, and depression. May manifest in physical symptoms such as chronic headache or abdominal pain.
• Conduct disorders.	• Stealing, defiance, fire setting, aggression and anti-social behaviour.
• Hyperkinetic disorders	• Disturbance of activity and attention and hyperkinetic conduct disorder.
• Developmental Disorders.	• Delay in acquiring certain skills such as speech, social ability or bladder control. These may affect primarily one area of development or pervade a number of areas as in children with autism and those with pervasive developmental disorders.
• Eating disorders	• Pre-school eating problems, anorexia nervosa and bulimia nervosa
• Habit disorders	• Tics, sleeping problems and soiling.
• Post traumatic syndromes	• Post traumatic stress disorder
• Somatic disorders	• Chronic fatigue syndrome.
• Psychotic disorders	• Schizophrenia, manic-depressive disorder or drug induced psychoses.

Risk and Resilience

An understanding of *risk* and *resilience* factors can help professionals to identify early on those young people who may be vulnerable to mental health problems and to consider practical strategies for supporting them at the initial stages of development. ***'Risk'*** is not the same as 'cause' but is cumulative, in other words the greater the number of 'risks' that a young person is exposed to, the greater their chances of developing mental health problems. However, it is also recognised that some young people develop well despite being exposed to high-risk environments, this is due to what we call ***'resilience'*** or the ability to cope with adversity and to even be strengthened by it.

A number of pre-disposing ***'risk'*** factors have been recognised for the child, the family and for the external environment (Royal College of Nursing, 2009).

Risk factors: Individual child:

- Genetic influences
- Low IQ and/or learning disability
- Poor attachment
- Specific developmental delay
- Communication difficulties
- Difficult temperament
- Physical illness
- Low self-esteem

Risk factors: Family:

- Family breakdown
- Overt family conflict
- Inconsistent or unclear discipline
- Hostile/rejecting relationships
- Abuse (physical, sexual or emotional)
- Parental illness (incl. mental health problem)
- Parental substance misuse
- Parental criminality
- Loss or bereavement

Risk factors: External

- Socio-economic disadvantage
- Homelessness
- Disaster
- Discrimination
- Displacement
- Bullying
- Other significant life events

Equally, a number of factors associated with '***resilience'*** have been identified (Daniel and Wessall, 2002). Promoting resilience may enable better long-term outcomes for children and young people, even when optimal environmental conditions for growth are not possible and exposure to 'risk' can not be minimised.
Self-esteem, a sense of self-efficacy and a secure base are believed to be at the heart of 'resilience', all factors that can be supported through the work of Tier 1 professionals.

Protective factors: Individual child:

- Secure early relationships
- Higher intelligence
- Good communication skills
- Problem-solving approach
- Easy temperament
- Realistic sense of self
- Sense of responsibility
- Achievement orientation

Protective factors: Family:

- At least one good parent-child relationship
- Affection
- Clear, firm and consistent discipline
- Support for education
- Supportive long-term relationship/absence of severe discord
- Encouragement for autonomy and for the expression of feelings

Protective factors: External:

- Positive adult role models
- Positive school experiences with academic and non-academic opportunities
- Peer contact
- Wider supportive network
- Good housing and standard of living

Mental Health Patterns amongst Young People

The Nuffield Foundation's Changing Adolescence Programme commissioned a series of research reviews with the aim of understanding how the lives of young people have changed over recent decades, and to see if this could shed light on increases in adolescent mental health problems. The reviews looked at various aspects of teenage life, including changes in how people used their time, parenting, drug and alcohol use, neighbourhoods and school experiences.

Trends in the UK included:

- Increases in the proportion of young people reporting frequent feelings of depression or anxiety. This figure doubled between the mid 1980s and the mid 2000s (Collishaw et al, 2010).

- An increase in the number of reported 'conduct disorders' (mainly non-aggressive antisocial behaviour like lying and theft) for boys and girls, and for young people from different kinds of backgrounds (Collishaw et al, 2007).

- Trends in the consumption of drugs and alcohol have fluctuated since the 1980s, and there is some evidence that overall average levels have gone down in recent years. But the absolute level of alcohol consumption by 11–15 year olds is higher in the UK than in most other countries. Early onset, higher volume of intake and more binge drinking all play an important role in determining whether substance use is likely to become problematic. Alcohol and substance use have been linked to depression, anxiety and conduct problems in young people.

- Dramatic changes to family structure particularly in relation to family size, the extent of family breakdown and reconstitution, and in the proportion of women working. Around 20 per cent of children will have experienced parental divorce by the age of 16 years, compared to around ten per cent in the mid 1970s. Research shows that most stress comes from family conflict and family relationships, rather than from the split itself (Collishaw et al, 2012).

Young Minds have published a number of useful mental health statistics on their website www.youngminds.org.uk:

- There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68% (Young Minds, 2011).
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time (Kim-Cohen et al, 2003).
- Nearly 80,000 children and young people in the UK suffer from severe depression and over 8,000 children aged less than 10 years old suffer from severe depression (Green et al, 2005).

- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society (Sempik et al, 2008).
- 95% of imprisoned young offenders have a mental health disorder. Many of them are struggling with more than one disorder (ONS, 1997).

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Sempik, J. et al. (2008) Emotional and behavioural difficulties of children and young people at entry into care. *Clinical Child Psychology and Psychiatry*, 13 (2), pp. 221-233

YoungMinds (2011) *100,000 children and young people could be hospitalised due to self-harm by 2020 warns YoungMinds*. London: YoungMinds.

Further Reading

Mental Health Foundation (2007) 'The Fundamental Facts: the latest facts and figures on mental health'

Nuffield Foundation (2012) 'Social trends and mental health: introducing the main findings' Changing Adolescence Programme briefing paper

Department for Health and NHS England (2015) Future in Mind promoting, protecting and improving our children and young people's mental health and wellbeing

Websites

National:

www.aspergersyndrome.org

www.autism.org.uk

www.b-eat.co.uk

www.bullying.co.uk

www.cruse.org.uk/

www.themix.org.uk

www.rcpsych.ac.uk

www.becomecharity.org.uk

www.time-to-change.org.uk

www.youngminds.org.uk

www.kooth.com

Local:

www.mhim.org.uk

www.brook.org.uk/manchester

www.theproudtrust.org

www.manchestermind.org

www.manchesterwomensaid.org

www.42ndstreet.org.uk

www.gaddumcentre.co.uk