

CHILDREN'S MENTAL HEALTH AND WELL- BEING



Dr Charlotte Greenway

LEARNING OUTCOMES

By the end of this module students should be able to:

- demonstrate an understanding of the mental health issues and their impact on children's well-being;
- demonstrate an awareness of the importance of children's poor mental health and its impact on their well-being, home and school life;
- identify appropriate treatments and interventions to improve mental health and well-being in children;
- organise their knowledge and learning through use of a range of information resources, and present their work at the appropriate level.

**SSAP4005: Mental Health
and well-being in Children
and Young People**

**1. Assignment: (60%)
12.00pm Friday 24th
November 2017.**

22.12.17

1. Promotional leaflet:
(40%) Monday 12.00pm
8th January 2017. (HAND
IN HARD COPY- turnitin
12.00pm)

26.01.18

LECTURE 1

What is Mental Health
and Well-being?



Well-being

The convention on the rights of the child (CRC) is the most recognised international treaty setting out the basic rights of children, along with the obligations of governments to fulfil those rights.

The convention has 54 articles with numbers 43-54 specifying how adults and government should work together to make sure that all children realise their rights.

The articles have 4 fundamental principles:

The UN Convention on the Rights of the Child

Lets have a look at the principles

<http://www.uncrcletsgetitright.co.uk/index.php/training-materials/uncrc-e-learning-package>

TASK

Think of a scenario where you might have to consider the rights of a child. Choose the most important 9 articles relevant to this child/group.

Eg. Refugees, travellers, looked after children.

You are in a hot air balloon – losing air – you have to get rid of all except one – which one would you keep and why?

As a class – you are all in the balloon – losing air – you have to throw all except one – the most important you think that children need – which would you keep and why?

Well-being

Non-discrimination - children should neither benefit nor suffer because of their race, colour, gender, language, religion, national, social or ethnic origin or because of any political or other opinion; because of their caste, property or birth status; or because they are disabled.

The best interest of the child - laws and actions affecting the child should put their best interests first and benefit them in the best possible way.

Survival, development and protection - the authorities in each country must protect children and help ensure their full development - physically, spiritually, morally and socially.

Participation - children have a right to have their say in decisions that affect them and to have their opinions taken into account (UNICEF, 1989).

These are monitored every 5 years.

Objective well-being

People have basic needs and rights, ranging from adequate food and water to physical health and education (UK Gov, 2011).

This is assessed through analysis of observable indicators that measure the extent to which these needs/rights (e.g. Household income, educational attainment, life expectancy, level of pollution) are met.

These measures are paternalistic, assuming that things are good or bad for wellbeing.

Subjective well-being - avoids paternalism by aiming to directly capture an individual's perceived wellbeing. Measures may include how satisfied people are with their lives, their health status, job satisfaction and perceived level of happiness (UK Gov, 2011).



Promoting health and well-being



A number of important questions emerge when developing policy to improve the well-being of children. Two critical questions are:



What is it about individuals, families, communities and institutions (eg. Schools) that can adversely affect an individual's life and their well-being?

What measures can be implemented early in life to promote healthy development that enhances wellbeing?



Promoting health and well-being

To begin to
answer the first
question...

examine key theories that
explain human
development - nature vs.
nurture.

how the individual interacts
with their environment is
implicitly affected by a
number of systems,
including the family system,
school and community
systems, and the broader
economic and political
systems.

Well-being



This allows us to make objective assertions regarding efficacy of interventions in both the short (e.g. Early years) and long term (later life such as adolescence and adulthood).



Answering the second question involves a systematic review of the scientific evidence base.



Answering these questions goes some way towards developing strategies that allow for the adoption of a holistic approach aimed at promoting collective action in institutions of care and education, in order to enhance the wellbeing of vulnerable children.



The Good Childhood Report (2015)

Understanding what affects children's subjective well-being is vital if they are to be encouraged and supported to be active participants in society, their community and family.

The evidence shows that a low level of subjective well-being is associated with a wide range of social and personal problems.

These include: poor mental health, through increased depression; social isolation, through increased loneliness and likelihood of victimisation; and involvement in risky behaviours, such as running away from home and sexual exploitation.

The Good Childhood Report

Improving levels of subjective well-being and preventing the resulting negative outcomes will reduce the personal impact to children and their families, and help ensure every child growing up in the UK has a good childhood, and positive life chances.

It could also avoid the wider social and economic costs of low subjective well-being.

Measuring quality of life is as important as measuring standard of living or economic growth alone.

One common myth is that people's life satisfaction does not change significantly over time, or that their external environment does not have a part to play.

Evidence proves otherwise (Rees G, Goswami H and Bradshaw J, 2010).

Exercise, bullying and school attainment are factors that, amongst many others, significantly alter children's subjective well-being and can be targets for policy interventions.

The Children's Society's on children's subjective well-being



... asked well-being questions to over 30,000 eight to 16 year olds across the UK.

The Children's Society's key findings

One in 11 children (over 500,000) aged 8 to 15 in the UK has low subjective well-being at any one point in time.

Family relationships and amount of choice and autonomy have the most significant impact on well-being for children in the UK.

Overall children in the UK are **most happiest with their level of choice and autonomy, their appearance and the outlook for their future, with their family life and their health,** and

Socio-demographic factors explain some, but not the majority, of the variations in subjective well-being experienced by children.

Household income matters – because of the impact it has on whether children themselves feel materially deprived. The lack of items and experiences, such as an outdoor space to play in, or regular trips out with their family, impacts on well-being.

External factors, such as **life events, sudden changes to circumstances**, relationships with others and children's involvement in decision-making, have a major impact on changes in well-being.

Low levels of subjective well-being have been found to be associated with a wide range of problems including poor mental health, social isolation and participation in risky behaviours.

Measuring National Well-being, Exploring the Well-being of Children in the UK, 2014

- Around three-quarters of children aged 10 to 15 in Great Britain rated their life satisfaction, the things that they do as worthwhile, and their happiness yesterday as moderate to high in 2013.
- In 2011–12 in the UK, 8 out of 10 boys (79%) reported being relatively happy with their appearance. Fewer than 7 out of 10 girls (68%) reported the same.
- Around 6 in 10 UK children aged 11 to 15 (61%) talked to their mother about things that matter more than once a week in 2011-12, compared with half (51%) in 2002. Similarly, 37% talked to their father frequently in 2011-12, compared with 31% in 2002.
- Around 1 in 8 children (12%) aged 10 to 15 in the UK reported being frequently bullied physically, in other ways, or both in 2011–12.
- The proportion of children in England aged 2 to 15 who were overweight, including obese, was 28% in 2012. Children aged 11 to 15 years had a higher prevalence of being overweight, including obese (35%) in 2012 compared with those aged 2 to 10 (23%).
- Nearly all children (98%) aged 10 to 15 in the UK used a computer at home during 2011–12. Girls were more likely to use it to complete their homework, while boys were more likely to play computer games.
- Around 12% of children aged 10 to 15 in the UK reported being a victim of crime in 2013/14, half of whom were victims of violent crime.



What do children need?	How can they get it?
1) The conditions to learn and develop	Have opportunities for free play Get high quality and appropriate education and care Have positive relationships with teachers
2) A positive view of themselves and an identity that is respected	Be comfortable with their appearance By physically and mentally healthy Are respected and valued for who they are
3) Enough of what matters	Have the items and experiences that matter Have some financial autonomy through pocket money Live in a household which is economically stable
4) Positive relationships with their family and friends	Be active participants in decisions that affect them Have caring, loving relationships Spend time with their family and with friends
5) A safe and suitable home environment and local area	Be, and feel, safe at home and in their local area Live in good quality housing Have space at home that is theirs for privacy
6) Opportunity to take part in positive activities to thrive	Have a say in how they use their time Have affordable activities in their local area Have access to outdoor spaces for play

The tiers (1-2)

TIER 1 Primary care services	•GPs and paediatricians •Health visitors and school nurses •Social workers, teachers, juvenile justice workers •Voluntary agencies and social services
TIER 2 CAMHS Professionals relating to primary care workers	•Clinical child psychologists and educational psychologists •Paediatricians with training in mental health •Child and adolescent psychiatrists and psychotherapists •Counsellors and community and specialist nurses •Family therapists

The tiers (2-3)

TIER 3 CAMHS Services for more severe, complex or persistent disorders	•Child and adolescent psychiatrists and psychotherapists •Clinical child psychologists •Community and inpatient nurses •Occupational therapists and speech and language therapists •Art, music and drama therapists and family therapists
TIER 4 CAMHS Tertiary-level services	•Day units •Specialised outpatient teams •Specialised inpatient units

COFFEE



BREAK

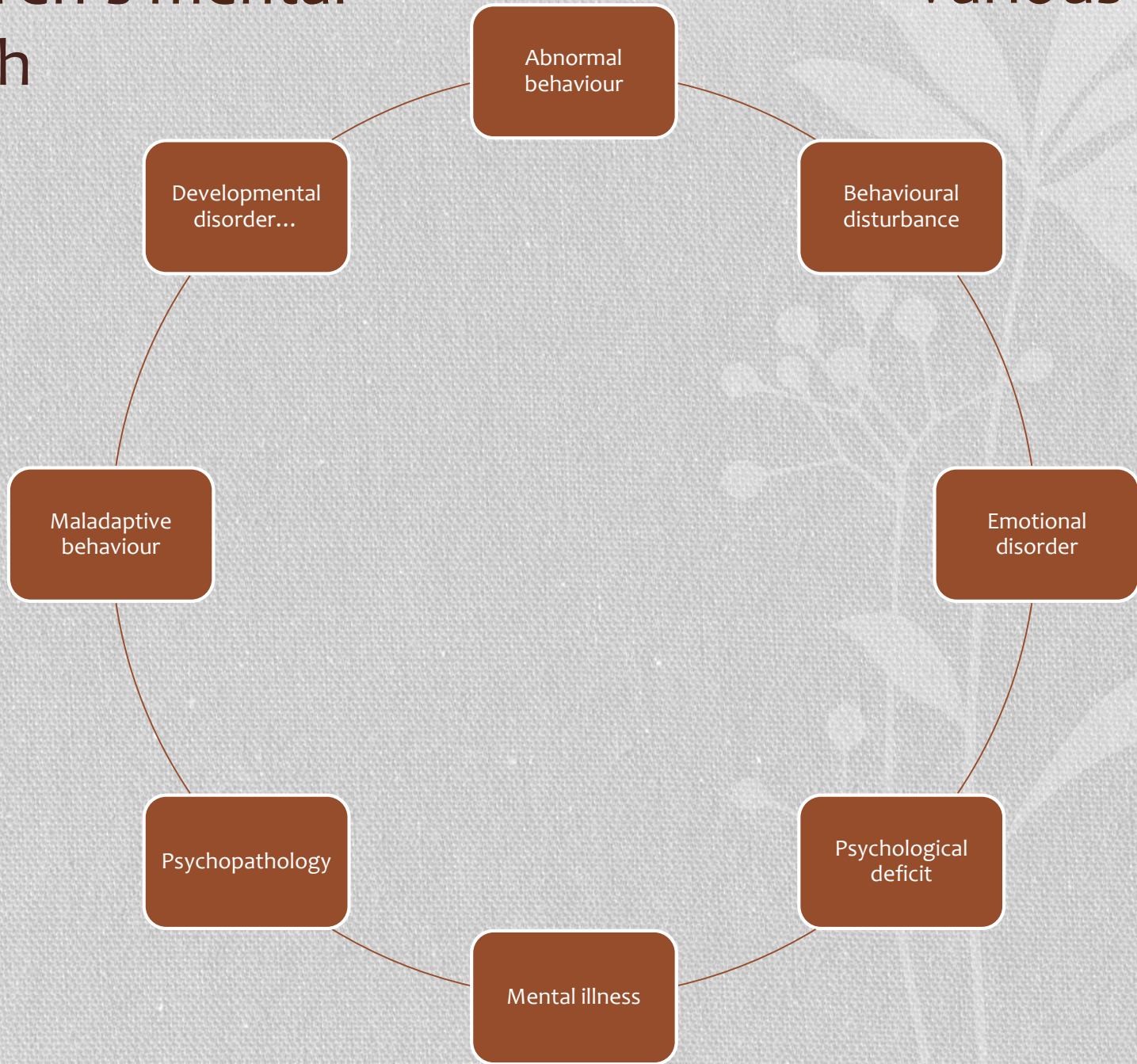
Children's Mental Health

- Define mental illness
- What do you think some of the causes are?



Children's mental health

Various labels



The criteria for abnormality

How a person
acts

What they say

Rarely include a
specific known
marker

Young people often exhibit unfavourable behaviours – non-compliance, social withdrawal, high activity levels, fear, sadness, delayed reading....

But... how and when do we consider behaviours to be abnormal?

When that behaviour is Atypical or harmful (APA, 2000)



‘a clinically significant behavioural or psychological pattern that occurs in an individual and that is associated with distress, impairment, or increased risk of death, pain, disability, or important loss of freedom’



The abnormality resides within the individual and interferes with adaptation (nature)



Or may be viewed as an individual's reaction to circumstances (nurture)

Developmental standards



Developmental norms – describe the typical rates of growth, sequences of growth, and forms of physical skills, language, cognition, emotion and social behaviour.



Behaviour is judged as anomalous relative to these norms (delayed development, extremely high/low frequency/intensity of behaviours, abrupt changes in behaviour).



The DfES (2001) *Guidance on Promotion of Mental Health within Early Years and Schools Settings*

Defines children who are mentally healthy as those who:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong; and
- resolve (face) problems and setbacks and learn from them.

Mental Health Statistics: Children & Young People

1 in 8 children aged 10 to 15 who reported symptoms of mental ill-health in 2011 to 2012, as measured by a high or very high total difficulties score. (The ONS Mental health in children and young people, 2015)



Disorders affect 10.4% of boys aged 5-10, rising to 12.8% of boys aged 11-15, and 5.9% of girls aged 5-10, rising to 9.65% of girls aged 11-15. (National Statistics Online, 2004)

Estimates vary, but research suggests that 20% of children have a mental health problem in any given year, and about 10% at any one time. (Mental Health Foundation, 2005)



Areas to Consider When Assessing Young Children

- Developmental Levels of Infant or Child
- Quality of Important Relationships
- Parent Status (Capacity for Relationship)
- Family Situations



Infant & Child Development

- A good working knowledge of typical development is needed when you assess young children



You can't tell what is atypical if you don't know what is typical

Infant & Child Development

- Expected order of milestones is known
- Skills are traditionally divided into 5 areas
- There is much overlap between the areas
- Uneven development across areas is concerning



Ways development can be atypical

Global delays in development



Inconsistent development



Atypical, unusual behaviours—red flags



Red Flags in 6 Month Olds:

- Inability to Read Signals
- Persistent Sleep Problems
- Lack of Predictability



- Failure to Imitate Sounds and Gestures
- No Affect, Range of Feelings
- Lack of Stranger Anxiety (8 months)

Red Flags 12-18 Month Olds:

- No Words
- Persistent Sleep problems
- Withdrawn
- Excessive Rocking
- Prolonged Fears



- No Separation Distress
- Immobile, Low Activity
- No Social Engagement
- Predominant Anger and Outbursts

Red Flags in 18 Months to 3 Year olds

- Eating Problems
- Non Speaking
- Extreme Shyness
- Lack Autonomy
- Failure in Gender Identification

- No Enjoyment in Play
- Poor Problem Solving
- Total Lack of Self Control

Chaotic Behaviour



Prevalence

- Child and adolescent mental health disorders are surprisingly common.
- They affect 10-20% of children and young people - with the most recent UK figure indicating that 10% of 5-16 year olds had a diagnosed mental health disorder [ONS, 2012]
- The current US figure indicating that a mental illness occurs in 20% of US children during any given year (US Surgeon General, 2012).

Mental health: key facts

Prevalence of children's mental disorders 2004, GB

	Percentages				
	5-10 year olds		11-16 year olds		All 5-16 year olds
	Boys	Girls	Boys	Girls	
Emotional disorders	2.2	2.5	4.0	6.1	3.7
Conduct disorders	6.9	2.8	8.1	5.1	5.8
Hyperkinetic disorders	2.7	0.4	2.4	0.4	1.5
Less common disorders	2.2	0.4	1.6	1.1	1.3
Any disorder	10.2	5.1	12.6	10.3	9.6

- 1 in 10 children has a mental disorder
- 4% of children have an emotional disorder
- Children with emotional disorders were more than twice as likely as other children to have had unauthorised absence from school (21% compared with 9%)
- The UK ranked bottom amongst developed countries (OECD) for subjective wellbeing indicator

- The scope and social costs of mental illness in the school aged population



- The relationship between mental health and learning

All children go through rough times at school, with friends, or in their families

Most common problems, such as sadness after a family move, clear up with time and maturity

Consider three things if you suspect someone may be experiencing an emotional problem:

-
- **Frequency:** how often does the student exhibit the symptoms?
-
- **Duration:** how long do they last?
-
- **Intensity:** how severe are the symptoms?

Behaviours or moods that:



Should alert adults to investigate the possibility of a mental health (emotional or behavioural) disorder.

Diagnosis of mental disorders

In considering the care for children and adolescents with mental disorders the importance of the ***contextual understanding and context*** of the disorders must be stressed.



This contextual understanding places a special importance on understanding the environment of the child and the adolescent, that is, family, community and nation.

Cultural relevance and the appropriateness of diagnosis



The diagnosis cannot be considered solely from a Western perspective.



While it is recognized that the same disorders exist throughout the world it is equally clear that presentations may vary.



This variability in presentation and the linkage to diagnostic terms is an area requiring further study.



Cultural relevance and the appropriateness of diagnosis



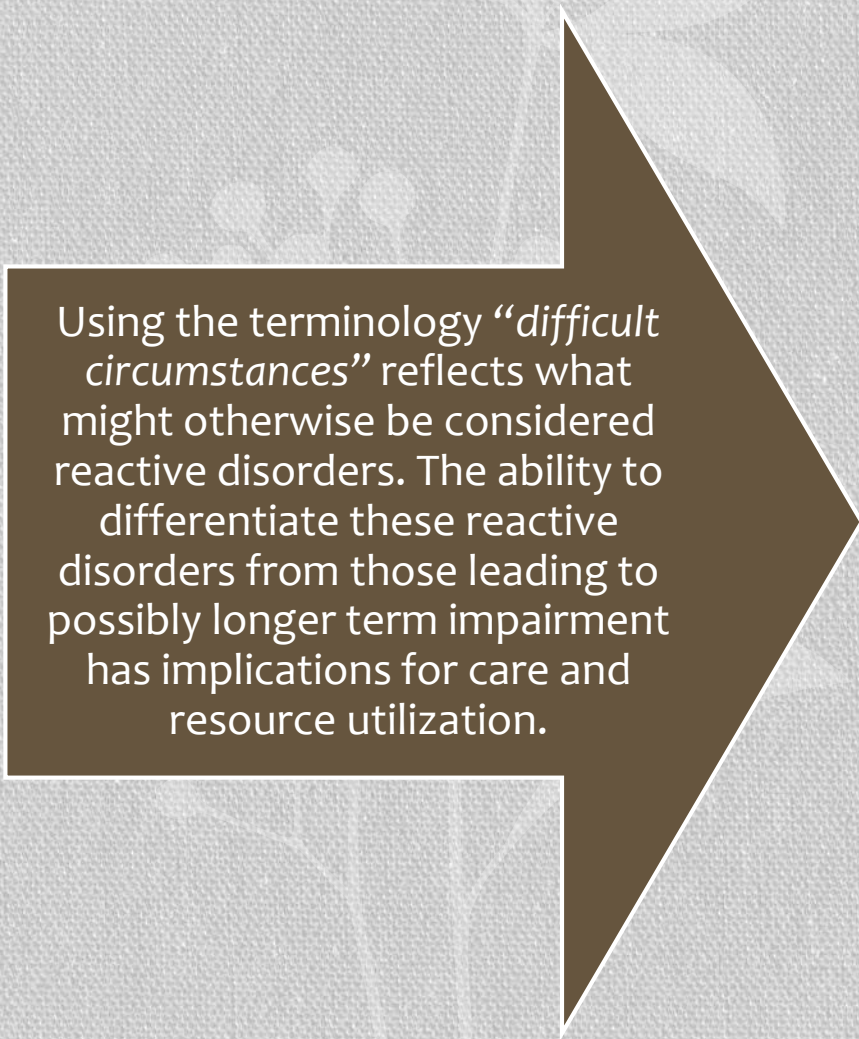
A very real concern is the applicability of the refined diagnostic categories used in the West by trained clinicians in areas where there are limited resources.

One should look at *broader categories of disorder* rather than *narrower disease definitions* = more readily understood by professionals and non-professionals without prior mental health training.

Cultural relevance and the appropriateness of diagnosis



For those in developing countries or countries in transition, a major concern is to address the problem of children in “*difficult circumstances*” such as conflict, displacement, hunger, etc.



Using the terminology “*difficult circumstances*” reflects what might otherwise be considered reactive disorders. The ability to differentiate these reactive disorders from those leading to possibly longer term impairment has implications for care and resource utilization.

Cultural relevance and the appropriateness of diagnosis

It is of particular importance in developing countries to emphasize the degree of impairment/disability associated with a diagnosis.

The degree of disability varies with the circumstances of the child, the nature of the community, the demands of the society, the family, etc.



Ultimately, the specific diagnosis may be less important than the degree of impairment and the ability of the individual to participate in society.

Homework

Read the paper ... (culture)

Answer the question in 600 words

Is the diagnosis of mental health issues universal or relative to culture?