

Children's Mental Health and Well-being



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LEARNING OUTCOMES

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

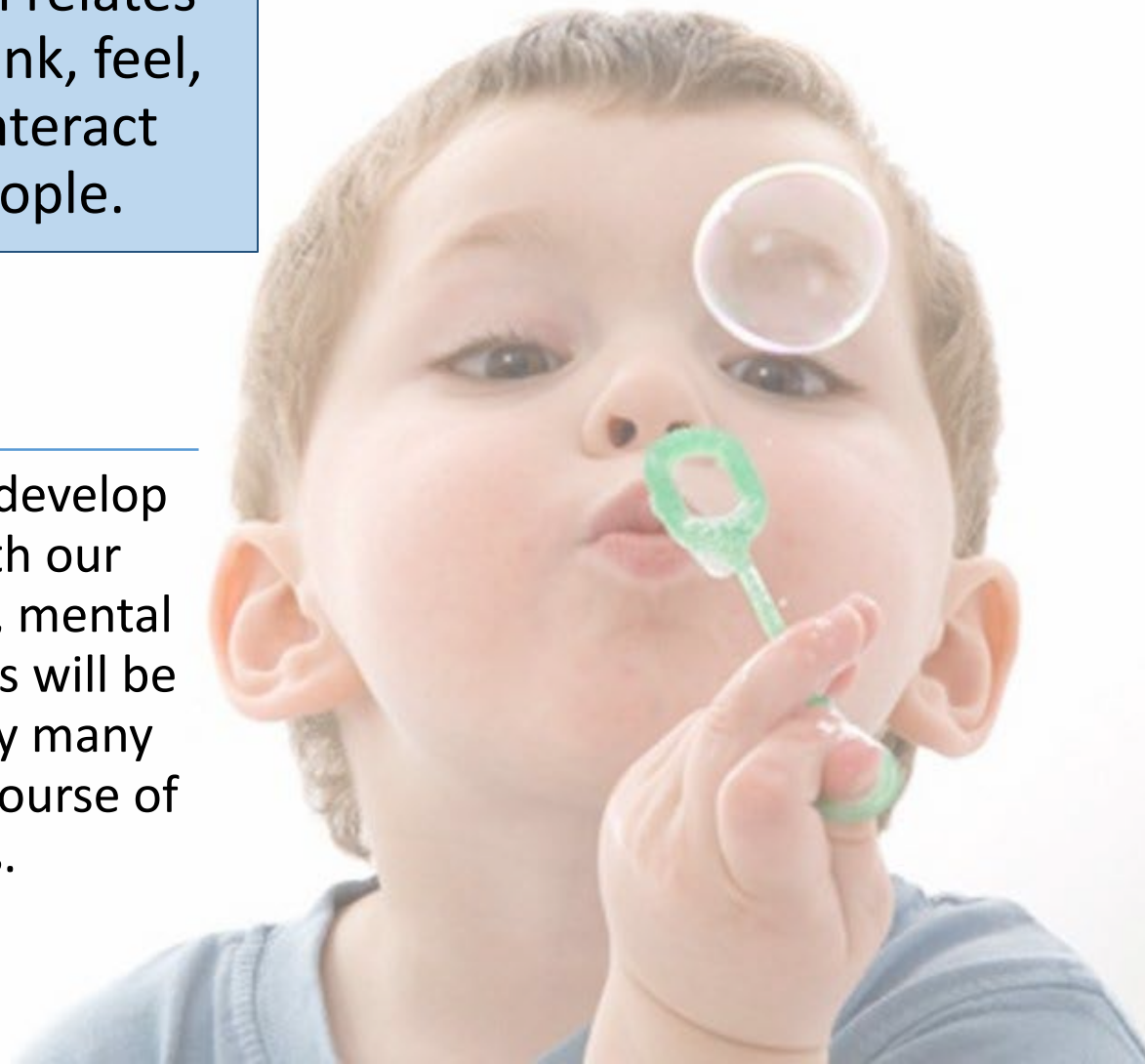
- demonstrate an understanding of the mental health issues and their impact on children's well-being;
- demonstrate an awareness of the importance of children's poor mental health and its impact on their well-being, home and school life;
- identify appropriate treatments and interventions to improve 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.

We all have mental health.

Mental health relates to how we think, feel, behave and interact with other people.

Mental health

Just as we can develop problems with our physical health, mental health problems will be experienced by many of us over the course of our lives.



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



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

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 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.

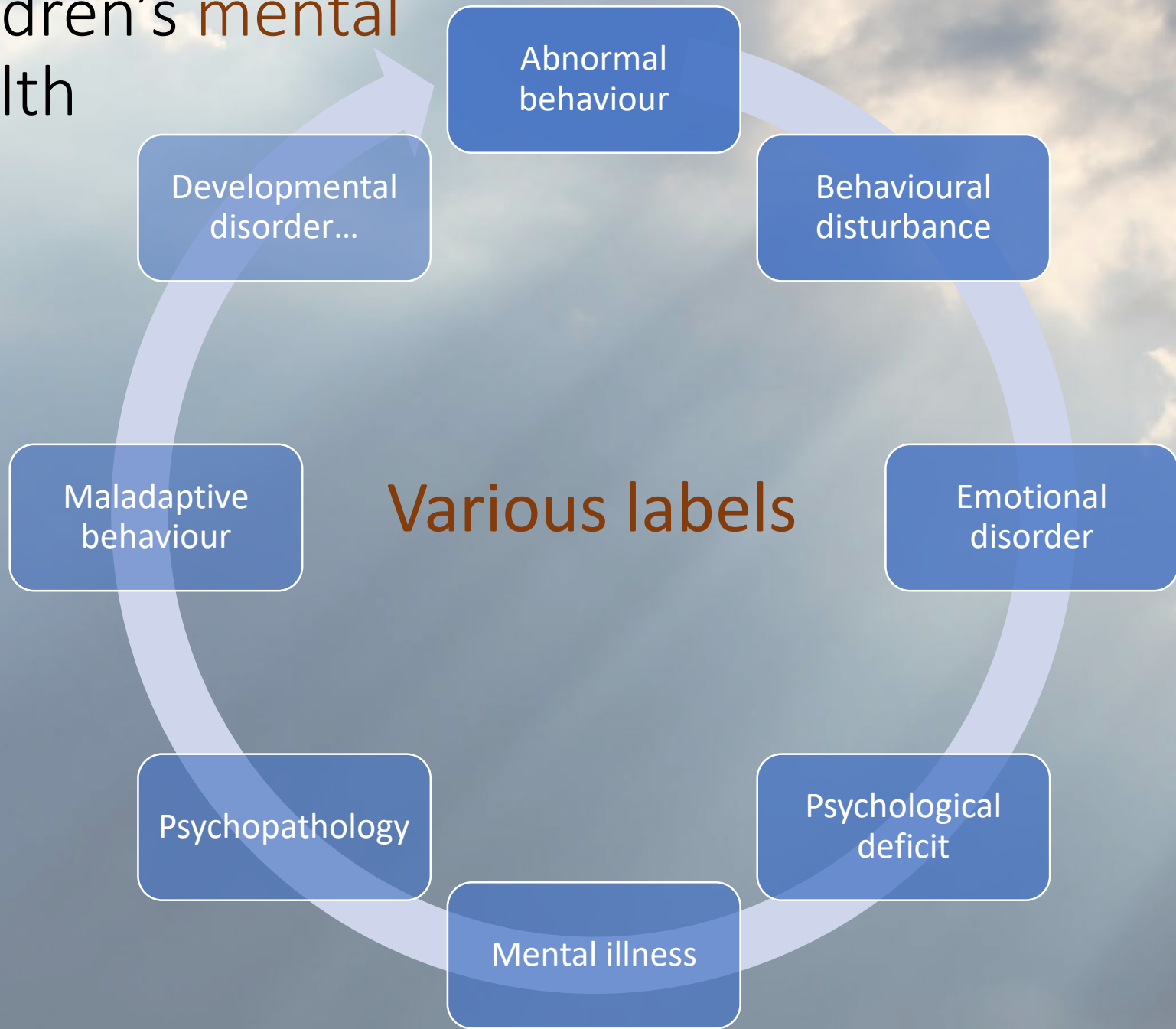


Children's Mental Health

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



Children's mental health



The criteria for abnormality

How a person
acts

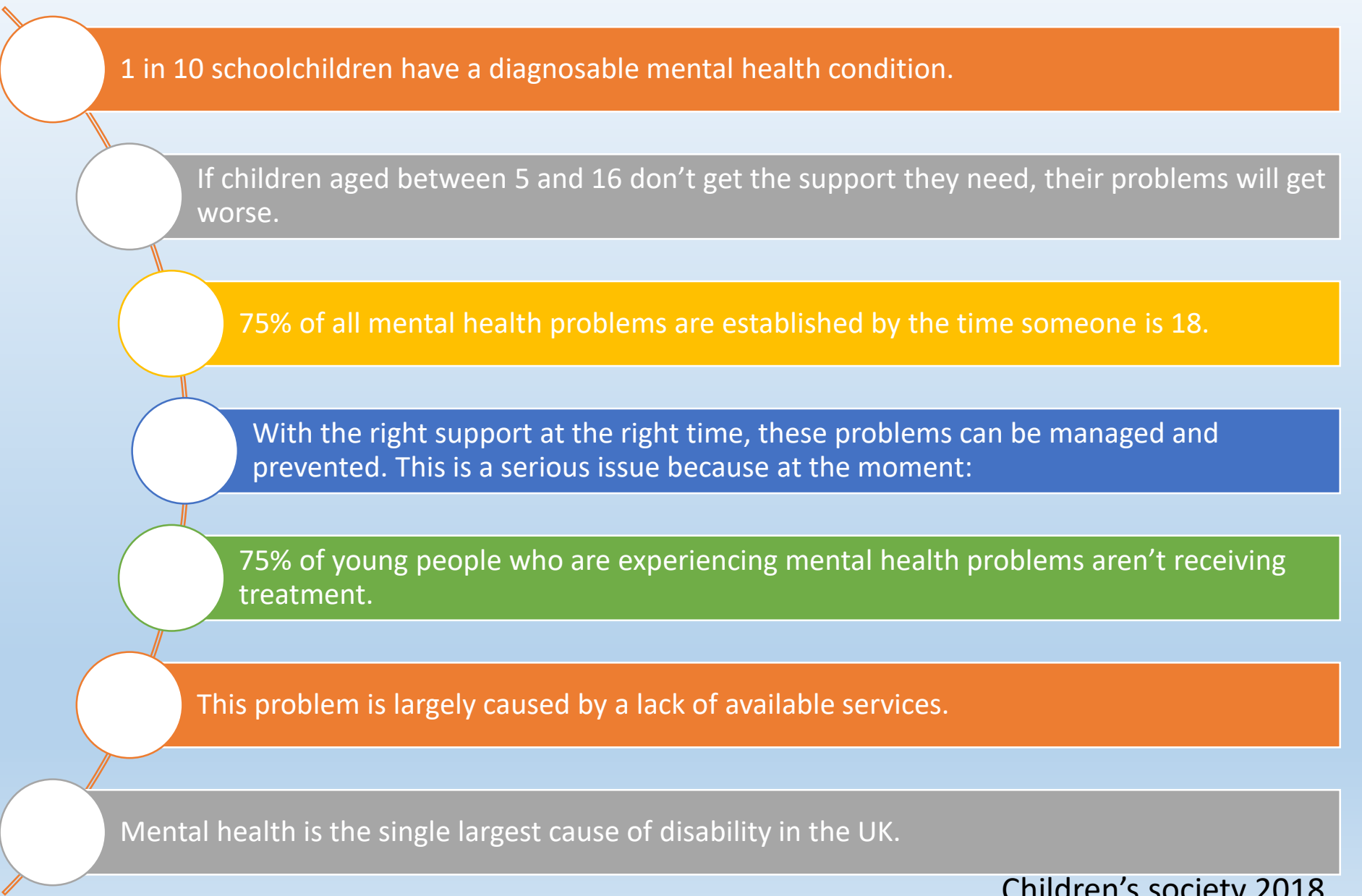
What they say

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?

Children's mental health



1 in 10 schoolchildren have a diagnosable mental health condition.

If children aged between 5 and 16 don't get the support they need, their problems will get worse.

75% of all mental health problems are established by the time someone is 18.

With the right support at the right time, these problems can be managed and prevented. This is a serious issue because at the moment:

75% of young people who are experiencing mental health problems aren't receiving treatment.

This problem is largely caused by a lack of available services.

Mental health is the single largest cause of disability in the UK.

Mental Health Statistics: Children & Young People

What's the problem?

Three in four children with a diagnosable mental health condition do not get access to the support they need.



3 in 4 children



One in four children show some evidence of mental ill health.



1 in 4 children



Children's mental health receives just over 6% of the total amount the NHS spends on mental health.



6% of NHS total



Half of all mental health problems appear before the age of 14, with one in four enduring mental health conditions present by the age of 24.

50% before the age of 14



The average maximum waiting time for Children and Adolescent Mental Health Services is six months for a first appointment and nearly 10 months till the start of treatment.

6 months' waiting time



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)

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)

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.

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).





Areas to Consider When Assessing Young Children

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

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



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

– **Frequency:** how often does the student exhibit the symptoms?

– **Duration:** how long do they last?

– **Intensity:** how severe are the symptoms?

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

Behaviours or moods that:

– Are no longer age-appropriate

– Continue for longer than usual

– Are much more dramatic than in peers

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

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.

Activity

In 4 groups – write a summary on the below legislation and report back to the class (available on moodle)

- Convention on the Rights of the Child
- Well-being of Future Generations (Wales) Act 2015
- The Good Childhood Report 2017
- Mind over matter