Child and Adolescent Mental Health Service

School In-reach

Content:

- An introduction to our service
- Mental health vs Emotional Wellbeing

Presented by:

Emotional Health and Wellbeing Practitioner

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Child and Adolescent Mental Health Service

Some of the most prevalent mental health disorders include:

- Depression
- Anxiety
- Obsessive-Compulsive Disorder (OCD)
- Phobias
- Disordered eating
- Bipolar disorder
- Psychosis

Hospital-based practice

Referrals to **CAMHS** can be made by:
GPs
Educational Psychologists
Social Workers

CAMHS School In-reach

We support with emotional health and wellbeing. Our work must be feelings focused.

Common areas that we can support with in school:

- Worries
- Understanding anger
- Low mood
- Understanding emotions in general
- Self-esteem
- Resilience
- Emotional regulation
- Sleep
- Emerging tics

Early intervention – investing in children now.

School-based practice

Schools refer directly to their assigned practitioner where signposting, discussion and/or intervention is offered.

CAMHS School In-reach

We will of course try to support where possible, but some areas are outside of our remit and skillset.

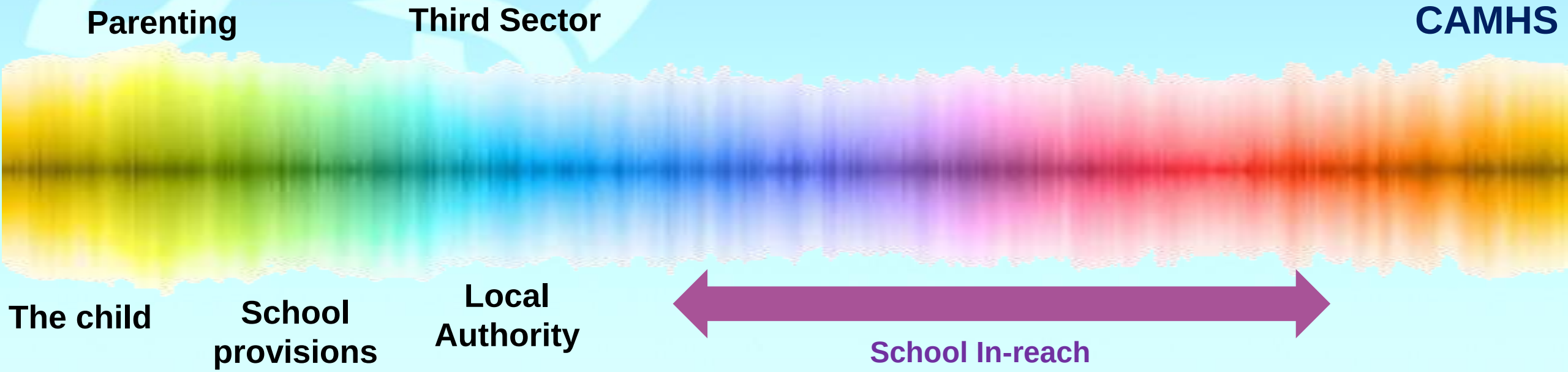
We are not commissioned to provide intervention for:

- Trauma
- Attachment
- Behaviour
- Bereavement
- Environmental challenges
- Neurodevelopmental disorders

We want the right child to find the right professional at the right time.

Understanding Wellbeing Provision

Mental health provision should be accessed with a spectrum approach in mind. CAMHS is the highest level of specialist provision that a child or young person can possibly access.



Understanding Wellbeing Provision

We will even offer our own services on a stepped approach based upon the need of the individual and their family.

CAMHS referral discussed.

School raises concerns

Advice

Parent Workshop

Group Intervention

1-to-1 Intervention

Mental Health Screening

School In-reach: Aims

Challenge the medicalisation of low-level emotional wellbeing needs.

Empower staff to confidently identify, support and respond to learners' emotional health and wellbeing needs.

Provide children with the skills and knowledge they need to manage their own emotional wellbeing.

Upskill parents with regard to modelling emotional regulation and effectively supporting the wellbeing development of their children.

What Does This Look Like?

Parental support will be tailored to the needs of the wider school community.

For Parents

Workshops on emotional health *e.g. worries and coping with anger.*

Online groups alongside their children.

Resources.

Meetings/advice.

‘Drop in’ sessions.

What Does This Look Like?

Currently, what we provide for staff is bespoke and responsive to requests from individual schools.

For Children

Whole-class teaching *e.g. emotional regulation and transition.*

Group Intervention.

1-to-1 Intervention.

It is our view, that where possible, children should be supported by the people with whom they have the best relationships i.e. their family and adults in school.

Our service is short-term intervention, but school and family are a constant in their life.

Mental Health and emotional health are two different concepts that are often used interchangeably. Mental Health refers to the hardware of the brain and often refers to the ability to think.

Emotional Health is related to feelings and motivations. In other words, mental health is associated with how we think, reason and process information while emotional health is concerned with how we feel and express our emotions .


ROMAN KEMP
OUR SILENT EMERGENCY
Documentary
Roman Kemp: Our Silent Emergency
Are you ok?


TIME
UNDERSTANDING
ANXIETY
Now more than ever we are worrying ourselves sick
What scientists have learned
The best ways to cope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6 SIGNS YOU'RE ANXIOUS AND DON'T KNOW IT
It is hard for you to name emotions
Your chronic pain or other health problems started during a time of stress or transition
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Your coping strategies aren't healthy
You don't know what you need
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Celebrities speak out about the shame and stigma surrounding mental health issues
BBC
week's episode of The Surgery with Gemma and Dr Radha our experts
ed feelings of shame surrounding mental health, why they happen and
e can help stop them.


ww.leamingtonobserver.co.uk
Social media adding to mental health woe
SOCIAL media is adding to a rise in mental health issues claims a south Warwickshire doctor.
Dr Jeff Foster says mental health issues were being exacerbated by the use of social media, such as Facebook and Twitter, and the constant desire to 'keep up with the Joneses'.
"We live in a virtual, media-driven world where we are told you if you have talent and you really want it, you can be successful and you should always be happy. It's as if everyone is being told they can win the X-Factor,' said Dr Foster of Leamington-based TFJ Services.
He said: "There are many studi showing a link between the use social media and other online resour and people's mental health. I think still an area for more research as th links are not fully understood.
"I recognise the many positive asp of social media, but we do see exam of where it impacts negatively o lives of people accessing our ser and their families."
Dr Bernadka Dubicka, from the College of Psychiatrists, told us it case of striking a balance.
He said: "I am sure that social plays a role in unhappiness.
"There's a pressure for young to be involved 24/7 and to keep their peer group online, or they left out and socially excluded.
"But we must remember that social media also has its benefits, particularly in its ability to provide young people with a platform from which to build networks and keep connected.
"We need to teach children how to cope with all aspects of social media – and bad – to prepare them for an digitised world."


Anxiety Q&A
22:53


Anxiety Q&A | Zoella
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I answer some of your questions re
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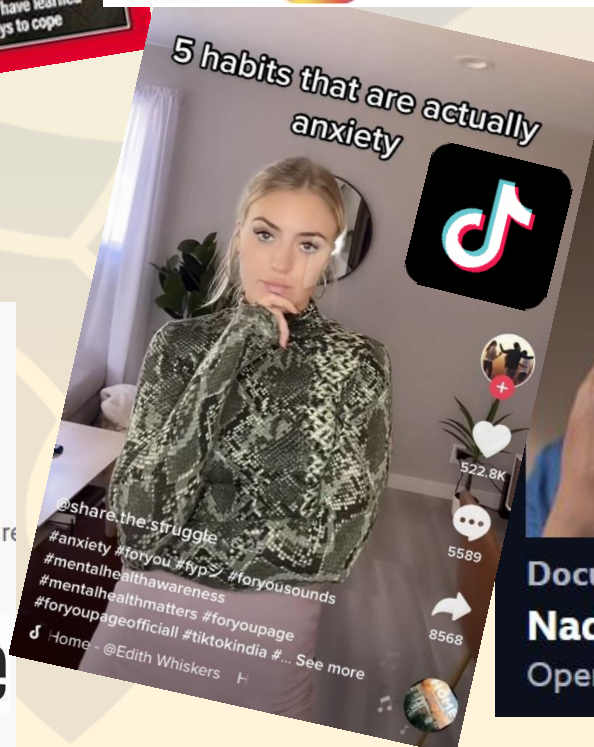
5 habits that are actually anxiety
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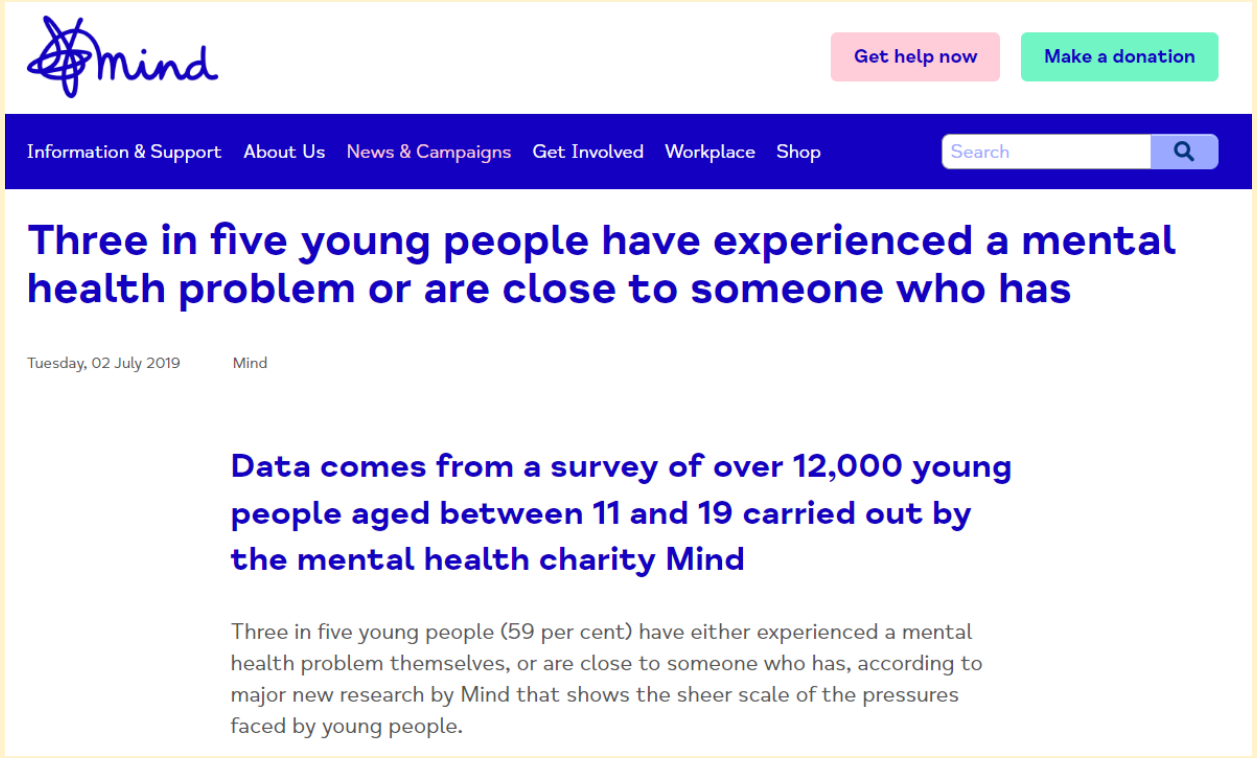
NADIYA
ANXIETY AND ME
Documentary
Nadiya: Anxiety and Me
Opening up on a quest to help herself and others

Mental Health Awareness



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Three in five young people have experienced a mental health problem or are close to someone who has

Tuesday, 02 July 2019 Mind

Data comes from a survey of over 12,000 young people aged between 11 and 19 carried out by the mental health charity Mind

Three in five young people (59 per cent) have either experienced a mental health problem themselves, or are close to someone who has, according to major new research by Mind that shows the sheer scale of the pressures faced by young people.

3 in 5 is the majority, which is really concerning.

What Mental Illness Really Is… (and what it isn't) by Lucy Foulkes

Mental Health Awareness

Let's consider what a *mental health problem* is.

If this involves experiencing any negative feeling, such as worry, sadness or irritability, we would expect that 5 out of 5 secondary school pupils to have a *mental health problem*.

However, population based studies show us that it's almost impossible that **all** school pupils would suffer from diagnosable mental health problems.

What Mental Illness Really Is… (and what it isn't) by Lucy Foulkes

Mental Health Awareness

When you look closer at their data collection, the secondary school pupils were asked -

‘How is your mental health?’.

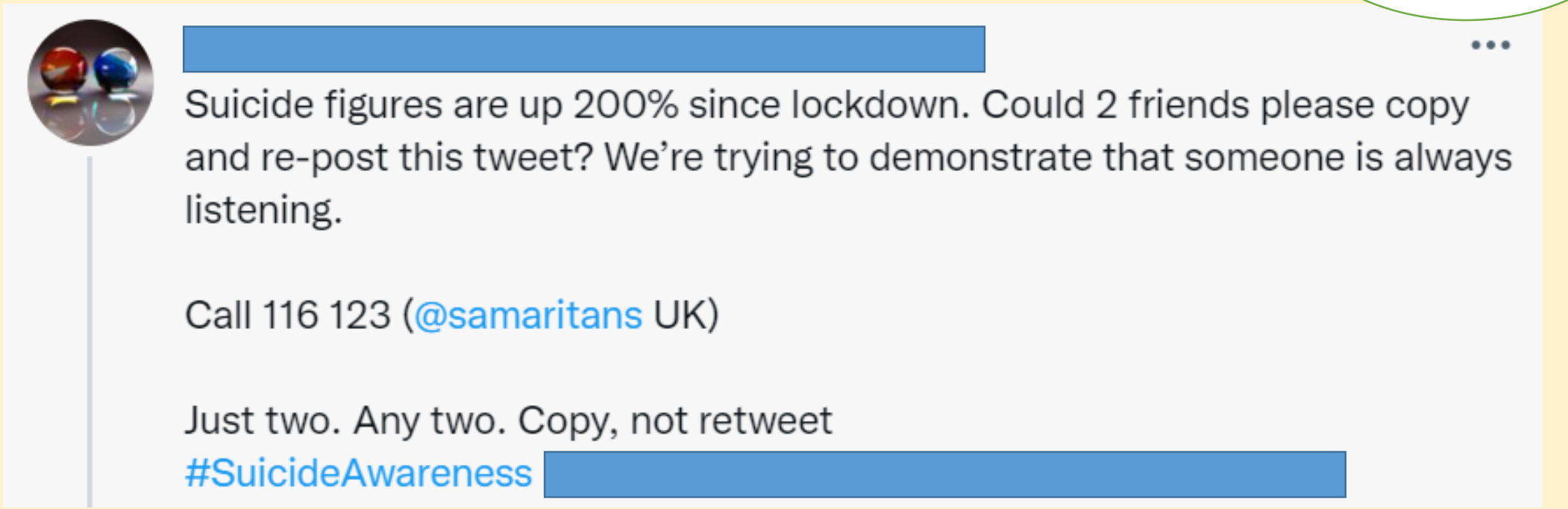
Only 14% answered ‘poor’ or ‘very poor’.

‘It’s not clear what, if anything, justifies the alarming 3-in-5 claim!’

What Mental Illness Really Is… (and what it isn’t) by Lucy Foulkes

Mental Health Awareness

Widely shared at the start of the pandemic



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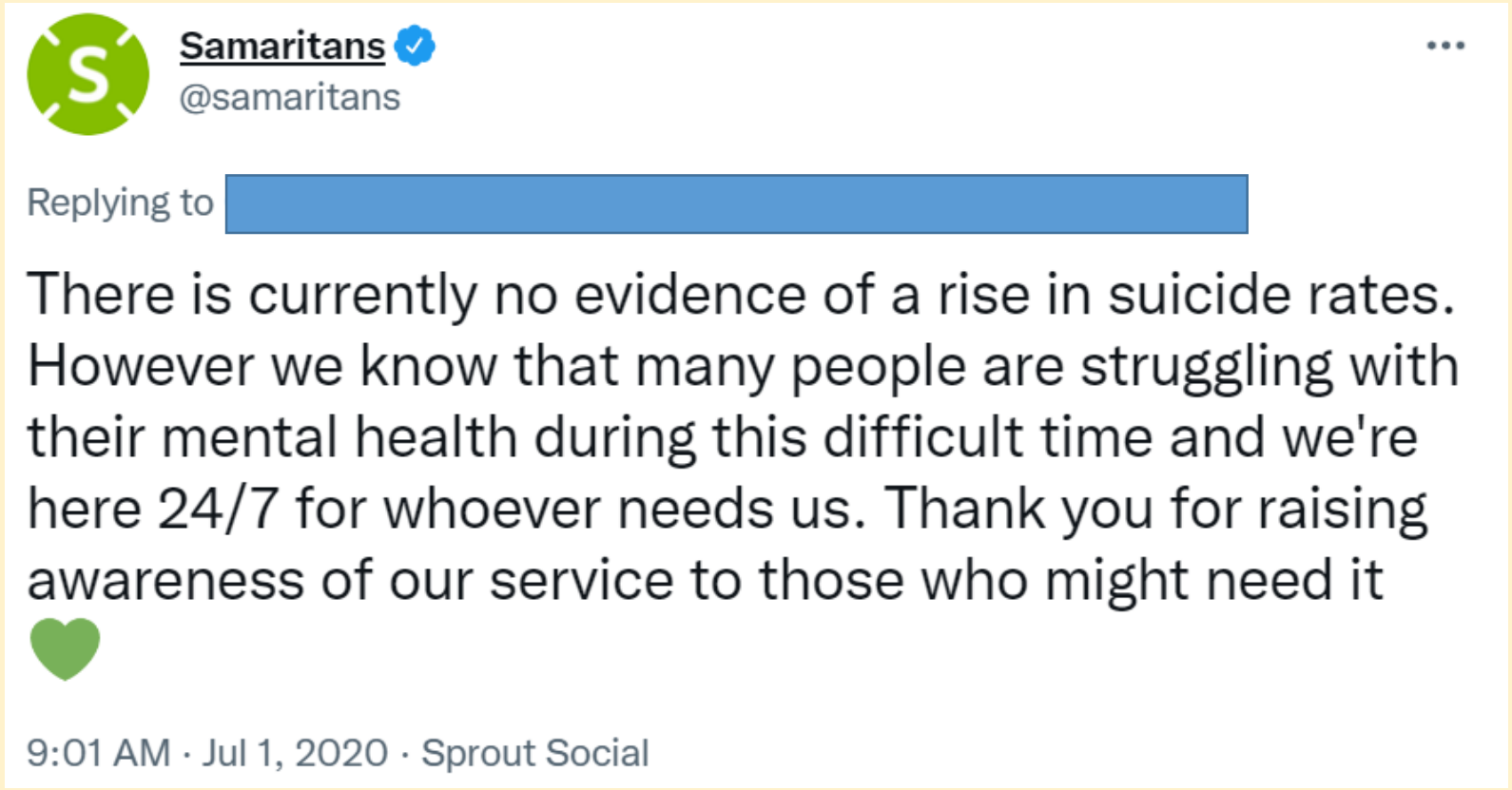
Mental Health Awareness



What Mental Illness Really Is… (and what it isn't) by Lucy Foulkes

Mental Health Awareness

We can limit the impact of these claims by remaining sceptical and being cautious when sharing information about mental health, and always checking the source.

What Mental Illness Really Is… (and what it isn’t) by Lucy Foulkes

The Department of Education's official statistics looking at the effect of COVID on mental health, released in February 2023, *does not* support this 3 in 5 claim, nor the claim that suicide rates have increased 200%

The Department of Education's findings:

The Department of Education looked at multiple factors in a child's life e.g. emotional problems, conduct problems, peer relationships, etc. This information was collated and indicates the probability of children that may be diagnosed with mental health disorders in the future, if these factors are not addressed.

Based on this they found:

15% of 7–10-year-olds

20% of 11–16-year-olds

25% of 17-19-year-olds

Had a probable mental health disorder

This means that 1-in-6 primary aged children, 1-in-5 secondary aged children, and 1-in-4 college aged pupils, had a vulnerability to being diagnosed with a mental health disorder, without early intervention.

Therefore, there is nothing to support these claims seen on social media!

‘In the bid to destigmatise mental illness, and to recognise everyone's struggles, we’ve started labelling too much that is negative or distressing as a problem or disorder.’

What Mental Illness Really Is… (and what it isn’t) by Lucy Foulkes

Wellbeing in Primary and Secondary-aged children

Despite, a rise in possible mental health disorders, surveys found that both primary and secondary school pupils showed high levels of happiness and low levels of anxiety, throughout the 2020/2021 and 2021/2022 school year. Meaning there are many factors impacting wellbeing, and a rise in possible mental health does not necessarily mean a decrease in positive wellbeing.

Figure 3. Average parent-report happiness and anxiousness ratings of children aged 5- to 11-years-olds

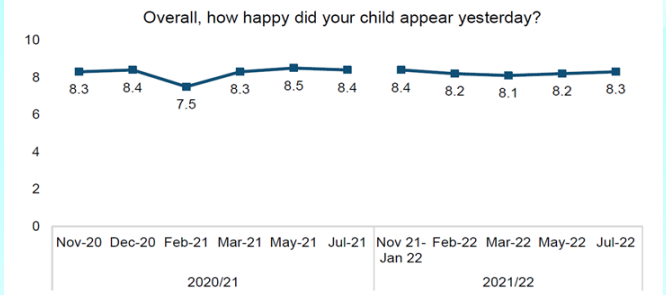
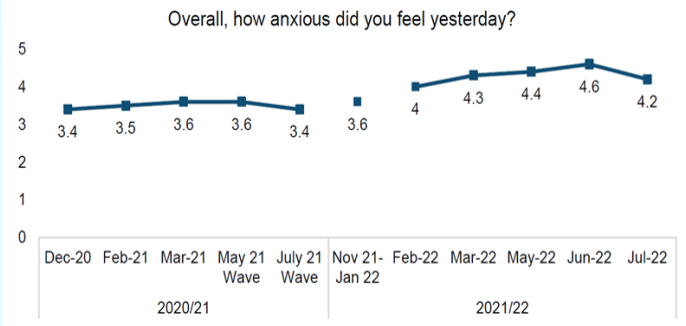


Figure 5. Average ONS4 wellbeing ratings of children and young people aged 11- to 18-years-old



Challenging Medical Language

Self fulfilling prophecy

'[Be] ***aware of the language we use****. This will help to ensure that anyone having a hard time gets the right support, while the language of mental illness is reserved for those who truly need it.*

' The first step is to ***allow space for normal human emotion in response to difficult events*** *without labelling them as a disorder, even when that emotion is devastation. We should be comfortable responding to distress in its many forms – worry, loneliness, grief – without immediately resorting to a dictionary of disorders.'*

What Mental Illness Really Is… (and what it isn't) by Lucy Foulkes, p 175

Challenging Medical Language

I'm so OCD!

I'm feeling depressed.

My anxiety is playing up.

I'm an insomniac.

I have anger issues.

I'm feeling a bit low.

I have strong feelings about this.

I have lots of worries.

I'm not sure how I feel today.

As professionals, we need to model the language we use around mental health and wellbeing need with both adults and children.

Mental Health Disorder (DSM-5)

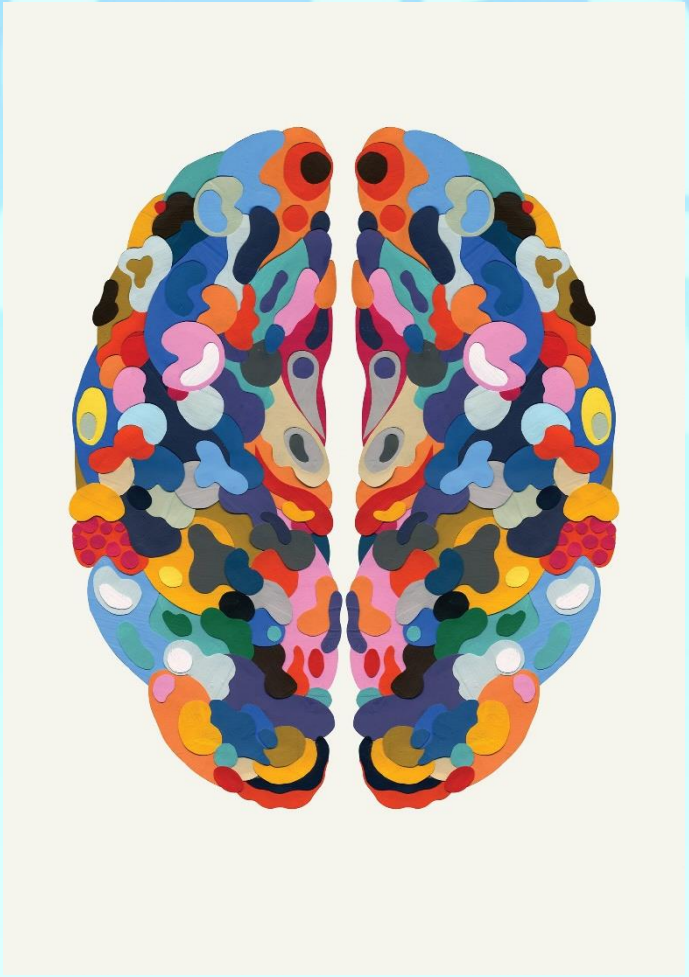
A syndrome characterised by a **clinically significant** disturbance in an individual's cognition, emotional regulation or behaviour that reflects **significant dysfunction** in the psychological process underlying mental functioning.

Mental Health Disorder

'Framing milder symptoms or the intense but normal suffering in response to life events as a mental illness – or even just a mental health problem – might be validating for some, but it will be disempowering and frightening for others.'

What Mental Illness Really Is… (and what it isn't) by Lucy Foulkes, p 171

How do we know if a child or young person's presentation is mental health or emotional wellbeing?



It is very unlikely that a **child** of primary school age would be presenting with a diagnosable mental health disorder.

Under 11, a child's brain is still developing, therefore a child's presentation is much better explained by other factors such as emotional wellbeing, social impacts.

During **adolescence**, the rise in rates of mental illness is linked to puberty.

Why is adolescence a time of vulnerability?

People who experience mental illness have an underlying biological or psychological vulnerability which is ‘triggered’ at some point in time.

‘’One long series of these potential triggers.’

What Mental Illness Really Is… (and what it isn’t) by Lucy Foulkes, p 111

Why is adolescence a time of vulnerability?

Adolescents will experience a bumpy ride, but the majority will get through it okay.

All teenagers go through periods of feeling low, moody, and/or worried. This isn't a particular cause for concern.

'Adolescence involves periods of stress, and we need to learn to navigate that without feeling there is something abnormal going on, or that a doctor or therapist needs to be called.'

What Mental Illness Really Is… (and what it isn't) by Lucy Foulkes, p 124

A Child's Emotional Health and Wellbeing

Physical

Rest and sleep

Fresh air and exercise

Water

Nutrition

Protection from injury and illness

Activity level

Emotional

Connecting with others

Sharing feelings

Understanding emotions

Regulation

Thoughts

Resilience

Self care

Development

Physical changes

Speech and language

Learning

Age appropriate behaviour and understanding

Emotional intelligence

Social

Building healthy relationships

Connecting with others

Spending time with family

Conflict resolution

Social communication

Environment

Positive environments

Home

School

Outdoors

Family

Friends

Experiences

Wellness

Art making

Playing

Creativity

Expression

Being outdoors

Physical interactions with family

Identity

Culture

How do we know if a child's presentation is mental health or emotional wellbeing?

It would be better explained by:

Neurodevelopmental stage

Trauma

Emotional regulation

Reasonably expected responses to the environment.

Emotional literacy

Learning need

Social development

Learned behaviour

Attachment

Communication/Language

How do we know if a child's presentation is mental health or emotional wellbeing?

Child A

Child A was being distant in class and described 'hearing voices'. The class teacher noticed that they were often distracted and appeared to be talking under their breath. When asked, the child said that he heard a voice that talked to him when he was in the classroom and when he was on his own.

The teacher contacted us worried about psychosis and auditory hallucinations.

Outcome

The child was on the pathway for ASD. Hearing an inner voice is very common in neurodiverse children.

Child A also experienced separation anxiety and it transpired that the 'voice' was actually that of his Mum. The voice appeared in times of distress, loneliness or boredom. His Mum recorded a message on his phone that he could listen to when he missed her. The voice went away.

How do we know if a child's presentation is mental health or emotional wellbeing?

It is unlikely that a primary age child would be presenting with a mental health disorder.

Hearing Voices

Better explained by:

Neurodivergence
Their inner voice
Imagination
Emotional distress
Moral dilemma

How do we know if a child's presentation is mental health or emotional wellbeing?

It is unlikely that a primary age child would be presenting with a mental health disorder.

Self-harm

Determining the possible reason for their presentation, will help us to identify the right form of support.

Better explained by:

- Behaviour: seeking response/help
- Coping strategy
- Sensory feedback
- Communication
  Control

How do we know if a child's presentation is mental health or emotional wellbeing?

It is unlikely that a primary age child would be presenting with a mental health disorder.

Child B

Child B was referred into CAMHS for suicidal ideation. Child B had said he would jump out of a window and wanted to die. He appeared to have low mood and repeatedly said he "didn't want to be here".

Outcome

Upon further investigation, the young boy had lost his grandfather within the last year and the family used '*Heaven*' to account for his grandfather's passing.

The young boy had not received support for this and missed his grandfather. At times where the boy was distressed or missed his grandfather, he would say that he wanted to die to join him in heaven. When I explained that you cannot immediately come back from dying and he wouldn't see his parents again, he did not want to die and did not express suicidal ideation again.

How do we know if a child's presentation is mental health or emotional wellbeing?

It is unlikely that a primary age child would be presenting with a mental health disorder.

Suicidal Ideation

Better explained by:

Catastrophising
Emotional flooding
Communication
Learned behaviour
Connection seeking

How do we know if a child's presentation is mental health or emotional wellbeing?

It is unlikely that a primary age child would be presenting with a mental health disorder.

Child C

Child C displayed 'checking behaviours' at night and could not sleep unless certain items in his room where lined up correctly. He would check all plug sockets and light switches were turned off throughout the house. He also became preoccupied with fires and did not want any candles in the house for fear of the house burning down.

Outcome

Whilst this young person did express some 'worries', they were age appropriate and to be expected. When asked why he completed all the outlined behaviours, he said he didn't know he just copies Mum. It transpired that Mum engaged in checking behaviours at night and Child C simply copied them without any understanding and they became habit.

Child C was given targets with rewards for not completing the checking behaviours and they diminished entirely within one month.

How do we know if a child's presentation is mental health or emotional wellbeing?

It is unlikely that a primary age child would be presenting with a mental health disorder.

Some OCD features

Checking behaviours
Routine
Counting

Better explained by:

Worries
Control/safety
Learned behaviour
ASD

How do we know if a child's presentation is mental health or emotional wellbeing?

But 'what if?'…

We should hold in mind, that it is ***not impossible*** for a child under 11 to develop mental health issues.

This is where access via my service to a *Clinical Nurse Specialist (CNS)* is crucial.

Donna Williams CNS can provide a **mental health screening** if we are concerned that interventions are having little impact or if symptoms/presentation are meeting a ***clinical threshold*** in terms of the level of dysfunction and/or distress experienced by the child.

Neither ASD nor ADHD are mental health disorders; they are neurodevelopmental disorders.

Children with ASD/ADHD will **naturally struggle with their emotions** as this is part of the presentation.
Emotional flooding, 'high highs' and 'low lows', being sensitive to criticism, social issues, low empathy or hyper-empathy, seeming 'low', emotional outbursts… are all to be expected.
These children need long-term, consistent intervention which *could* mean that they are unsuitable for our service.
We can however, provide strategies **where appropriate**.

NB: CAMHS do not assess, diagnose nor offer specific interventions directly linked to ASD/ADHD *(This is not CAMHS' remit unless there is a comorbid mental health disorder).*

Our approach…

Early intervention strategies:

- Psychoeducation such as brain development, how our bodies react to distress (Fight, flight and freeze).
- Coping strategies such as breathing and grounding techniques.
- Information on how to improve our emotional wellbeing through diet, exercise and social awareness.
- Emotional regulation strategies through understanding and recognising triggers that can cause certain emotions.

All of these can be adapted to any age range.

Thank you

tidyminds.org.uk
camhs-resources.co.uk

Feedback form: