



Introduction to the Priory Group

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A REAL AND LASTING DIFFERENCE FOR EVERYONE WE SUPPORT

Our Business

Priory is the leading provider of behavioural care in the UK

Our purpose is to make a real and lasting difference to everyone we support

We organise ourselves into four divisions covering a broad range of service lines

- Healthcare
- Special Education & Care
- Adult Care
- Elderly Care

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- Healthcare
 - Specialist Education
 - Specialist Social Care (Craegmoor)
 - Older People's Care (Amore Care)

Young people's therapy

Priory offers fast access to affordable assessment and treatment, enabling a young person to get back on track as quickly as possible...

- The mental wellbeing of a child is just as important as their physical health
- Early intervention is key
- Priory Wellbeing Centres and Private Hospitals offer fast access to services with multi-disciplinary teams of clinicians

Housekeeping

- Agenda
- Feedback and Q&A

**Enjoy and Tweet your questions
throughout the day!**



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Mental illness and related issues in school age children

Dr. Hayley van Zwanenberg



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What is Mental Health?

Mental health is more than the absence of mental illness: it is vital to individuals, families and societies.

Mental health is described by WHO as:

... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community

(WHO 2001a, p.1).

Mental Health is intimately connected with physical health and behaviour.

Schools are the primary institution for socialisation of children. For this reason, and because of the convenience of conducting interventions in a setting where young people spend much of their time, schools have become one of the most important settings for interventions for children and youth.

To function effectively, children need social and emotional competencies. They also need the confidence to use those skills constructively and opportunities to practise their skills in order to help develop a sense of identity.

Mental illness in young people

- One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have these problems into adulthood.
- Over half of all mental ill health starts before the age of 14 years, and 75% has developed by the age of 18.
- Among teenagers, rates of depression and anxiety have increased by 70% in the past 25 years.
- NHS England estimates that poor mental health costs the economy, NHS and society £105 billion a year in England.
- Children are less likely to suffer from serious mental health difficulties in later life if they receive support at an early age.
- Growing evidence indicates that promoting positive mental health also improves a range of positive school outcomes, including attitudes to learning, better attendance and lower exclusion rates.

Which mental illnesses are common?

- 9.8% of children and young people aged 5 to 16 have a clinically diagnosed mental disorder.

Within this group:

- 5.8% of all children have a conduct disorder (this is about twice as common among boys as girls).
- 3.7% have emotional disorders.
- 1.5% hyperkinetic disorders (ADHD).
- A further 1.3% have other less common disorders including autistic spectrum disorder, tic disorders, eating disorders and mutism.
- 1.9% of all children (approximately one fifth of those with a clinically diagnosed mental disorder) are diagnosed with more than one of the main categories of mental disorder.
- Beyond the 10% discussed above, approximately a further 15% have less severe problems that put them at increased risk of developing mental health problems in the future.

Self harm

- Research indicates that 1 in 15 young people in Britain have harmed themselves. This means that there are probably two people in every secondary school classroom who have self harmed at some time.
- Most young people who harm themselves are between 11 and 25 years.
- Most people start at around 12 years of age but some children as young as 7 have been known to self harm.

Self harm

- A national survey of more than 10,000 children found that the prevalence of self-harm among 5-10 year-olds was 0.8% among children without any mental health issues.
- However it is 6.2% among those diagnosed with an anxiety disorder.
- And 7.5% if the child had a conduct, hyperkinetic (ADHD) or less common mental disorder.
- The figures increase dramatically for 11-15 year-olds, with the prevalence of self-harm at 1.2% among children without any mental health issues, but 9.4% among those diagnosed with an anxiety disorder, and 18.8% if the diagnosis is depression.

What are the different tiers in CAMHS services?

- Tier 1:** services provided by people who are not mental health specialists. This includes GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies. Services at this level include general advice.
- Tier 2:** Child and adolescent mental health services (CAMHS) provided by a specialist, such as a psychologist or counsellor, in a GP practice, paediatric clinic, school or youth service.
- Tier 3:** Child and adolescent mental health services (CAMHS) provided by a team of specialists in a community mental health clinic or a hospital outpatients clinic. This level of service is for children and young people with severe and complex problems.
- Tier 4:** Child and adolescent mental health services (CAMHS) for children and young people with the most serious problems. Services at this level are usually provided in hospital as an inpatient.

Treatments

Cognitive Behavioural Therapy (CBT):

A talking treatment which can help you to overcome upsetting and unhelpful ways of thinking and behaviour. It helps you to be clearer about these patterns and then helps you to work out your own ways of changing them. It usually involves doing some work between sessions when you "try out" different ways of thinking or behaving.

Family/Systemic Therapy:

Difficulties in relationships with your family can be bad for your mental health. If this is the case, a family can be seen together. The therapy helps people to see both their strengths and limitations and to try different ways of getting on together. Family therapy can be helpful if the mental illness of a family member affects the rest of the family.

Psychiatrist / Psychologist

Psychiatrist

A medical doctor with specialist experience and qualifications in mental illness and emotional disorders. They diagnose, and assess and treat in a holistic manner and this may include medication.

Psychologist

Someone who has done a psychology degree, then further training in helping people with emotional or psychological problems. Psychologists can offer you therapy which involves talking about your difficulties and working together to overcome them.

Different from psychiatrists in that they are not medically trained and do not diagnose or prescribe medication.

'Resilience seems to involve several related elements. Firstly, a sense of self-esteem and confidence; secondly a belief in one's own self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem solving approaches.'

Rutter, M. (1985)

- School should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.
- Form tutors and class teachers see their pupils day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate a problem.

How to help build resilience in schools

- Ask the children to list things that they have found hard or challenging in their life.
- Ask how they have managed them and form a list as a class of ways to manage stress.
- Ask each member of the class to take things from the list and make a poster for their own bedroom.
- Talk to them about how bad things can make you stronger and give examples.
- Get the class to come up with 3 positive adjectives to describe each person in the class.
- Get them to draw a picture of themselves and cover it in positive adjectives.

Building resilience

Encourage them to think about these questions:

- I am strong when
- I am tough when
- I am determined when
- I am optimistic when
- I am responsible when

And ask them to think of examples each week when they have demonstrated these traits to help them build a positive opinion of themselves.

Get them to think about what they are good at and not so good at and how they can work on the things they are not so good at.

Building resilience

Get them to think about words from quotes and songs:

“Shoot for the moon. Even if you miss, you’ll land amongst the stars”

“When I am stuck with a day that is grey and lonely. I stick out my chin and grin and say, the sun will come out tomorrow”

Building resilience

Ask them to list the top 5 things that are important to them

Eg. Kindness, sharing, spending time with my family,
playing with my friend, exercising

Then the top 5 things they spend most of their time doing
and see how these match up and could change.

Building resilience

Talk to them about the power of positive thinking and how what you think can affect how you feel and what you do.

Give them some strategies to turn bad thoughts into good ones such as:

- Listen to music you like
- Go and help someone
- Watch something funny
- Put positive quotes on your walls
- Look at old photos of fun times
- Think of times things have gone well

Building resilience

Ask the young people to think of things that have really annoyed them and how they have handled this.

Talk to them about good ways to handle annoying situations or people and how it makes people feel when they handle these situations well.

Make lists for their pencil cases of 5 things they can do when next annoyed or upset and give them a reward if they come to you to tell them they have done them.

Review them regularly to see if they work or if the class are using them.

Definition of learning disability

- If someone has a learning disability, it means that they may find it more difficult to learn, understand and communicate.
- Learning disabilities are not a "mental illness", but can be caused by many illnesses or problems before or during birth, or develop during childhood or as the result of an illness.
- A learning disability is a reduced intellectual ability and difficulty with everyday activities, which affects someone for their whole life.
- This is different from specific learning difficulties such as dyslexia.

Neurodevelopmental Disorders

- **Autism spectrum disorder (ASD):**

Is a behaviourally defined syndrome characterised by communication impairments, social interaction problems and unusual interest patterns and/or stereotyped behaviour. It occurs in approximately 1% of children and often gives rise to serious lifelong disabilities that cause considerable suffering and distress to individuals and their families.

- **Attention deficit hyperactivity disorder (ADHD)**

A common neuro-developmental disorder, occurring in around 2-5% of children and characterised by inappropriate levels of inattention, hyperactivity and impulsivity that are impairing and associated with the development of long term negative outcomes.

Substance misuse

- Substance misuse is often a symptom rather than a cause of vulnerability among young people.
- Many have broader difficulties in their lives such as family breakdown, inadequate housing, offending, low educational attainment and mental health concerns that are compounded by drugs and alcohol and that need addressing simultaneously as part of a care package.

Substance misuse

- It is difficult to establish how prevalent substance misuse is amongst children as any means of doing so relies on their own reports.
- However, according to the NHS in its 2010 report Smoking, Drinking and Drug Use among Young People in England, 54% of pupils between 11 and 15 reported they had drunk alcohol, smoked a cigarette or taken drugs at least on one occasion, 20% stating that had done one or more of them recently.
- Pupils (11 – 15)
 - 2% of the pupils asked said that they took drugs at least once per month.

Of those pupils stating that they had taken drugs in the last year 2% said they had taken drugs on one occasion, 3% on two to five, 1% on six to ten and 2% reported more than ten occasions of drug use.

Substance misuse

- Substance misuse may impact both, short and long-term, on the health of a child as well as their ability to form and maintain relationships with others.
- Any impact on the child will depend on the type and frequency or misuse of the drug or substance.
- Some substances may lead to immediate visual hallucinations or severe mood swings and in the long term result in irreversible brain and nervous system damage and death.

Signs of substance misuse

Signs that might suggest that a child is taking drugs may include:

- Changes in the child's appearances
- Changes in their choice of friends
- Changes in eating and sleeping habits
- Changes in a child's mood, and openness with their parents, carers or other close persons
- Changes in performance in school
- Physical signs might include having red eyes or shaky hands

Alerts to look for in school

- Changes in usual behaviour
- Anger and/or hostility
- Tearfulness
- Being very quiet and withdrawn
- Disruptive behaviour
- Difficulty concentrating
- Missing school
- Loss of appetite
- Sleep problems

Is substance misuse a safeguarding issue?

- Substance misuse among children can amount to a child protection issue in a number of ways:
 - If a parent or carer is not addressing a child or young person's drug misuse then they may not be adequately protecting them from harm.
 - A child may also be misusing substances because he has or is suffering physical or mental harm as a result of neglect or abuse from their parents or carers.
 - Actual physical harm is likely to be caused by a child or young person misusing drugs or alcohol.
 - Substance misuse is nearly always likely to be linked to an underlying cause.

Possible questions to ask

- Is anything troubling you?
 - Who would you talk to if something was?
 - Where would you put yours mood on a scale of 1-10 (10 being the lowest you have ever been)
 - How do you cope when you are feeling stressed or needing to relax?
 - Are you engaging in any behaviours an adult would be concerned about?
 - Is there anything you are looking forward to at the moment?
 - How do you see your future?
 - How are you feeling about yourself at the moment?
 - Would you like some extra support?
 - Do you have contact numbers for Samaritans or ChildLine and do you know you can have confidential online discussions with them?
- Ring CAMHS in preparation to ask about local drug services for young people and how to refer/have consultation.

What Educators Can do in Classrooms and Schools to assist mental health

Consider the following actions:

1. Promote social and emotional competency and build resilience – how can you incorporate this into everyday?
 - Teach and reinforce positive behaviours and decision-making.
 - Encourage good physical health – educate families on sleep hygiene.
 - School-based mental health programs can focus on promoting mental wellness.
 - Young children ; teach different emotions and how to read body language and about personal space.
 - Older children; help them challenge negative thoughts, teach mindfulness, help them identify early warning signs of distress, how to self soothe and healthy coping strategies.

What Educators Can do in Classrooms and Schools to assist mental health

2. Educate staff, parents, and students on symptoms of and help for mental health problems
 - Inset day teaching, parent evening lectures, enrichment week focusing on mental health, write anti-stigma campaigns with older students, have literature in your libraries.
3. Help ensure a positive, safe school environment
 - have a safe space in your school, have a wisdom box.
4. Encourage helping others
 - consider peer mentors/resilience role models.

What Educators Can do in Classrooms and Schools to assist mental health

5. Recognise when young people are at risk for or are experiencing mental health problems
 - consider screening tools to ascertain areas of need in your school.
6. Identify how to intervene early and appropriately when there are problems
7. Know your local NHS services, voluntary services and private services. Develop links for consultation

Confidentiality

Explain confidentiality to a child you are worried about they are much more likely to then talk to you.

Explain you are not shocked by anything and you have heard most things before and want to see how you can help.

Any questions?