Child and Adolescent Mental Health Service

School In-reach

Content:

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

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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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
- Body Image and Identity

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.

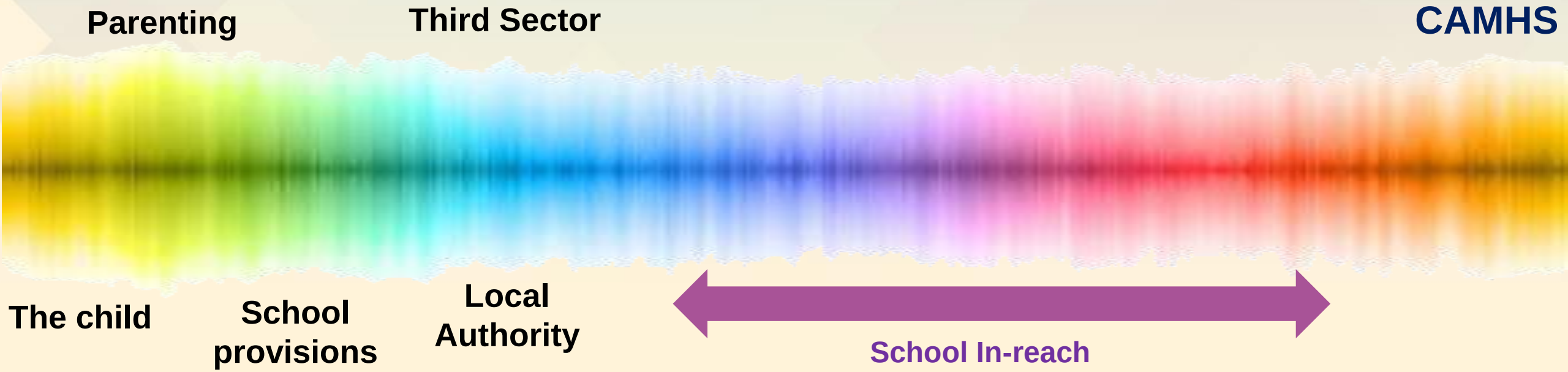
We are not commissioned to provide intervention for:

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

We want children to receive support from 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

CAMHS



School In-reach

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?



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

For Staff

INSET/directed time sessions.

Case discussion – signposting, reflection and advice.

LSA training.

Resources and classroom strategies.

Multi-agency meetings.

Point of contact within CAMHS – a friendly face!

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.

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.


EMOTIONAL HEALTH
AND WELLBEING


MENTAL
HEALTH


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

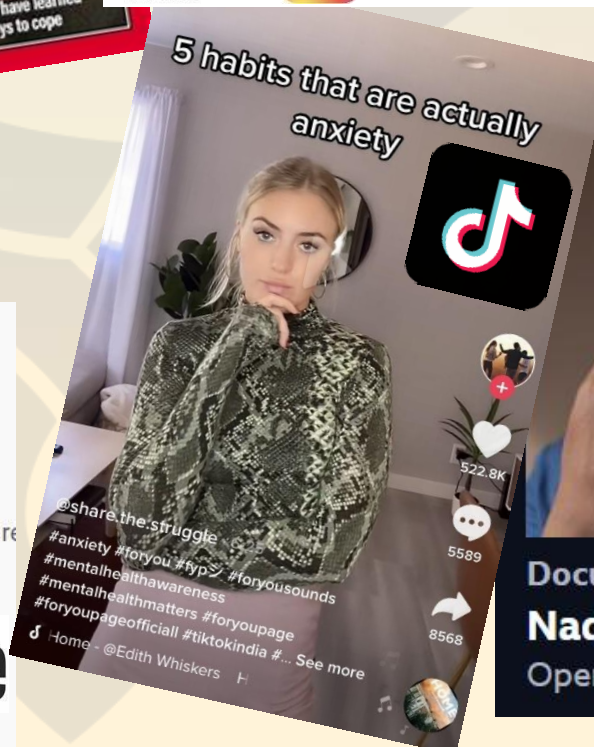

the.farrapist
Jacksonville, Florida
Follow
6 SIGNS YOU'RE ANXIOUS AND DON'T KNOW IT
It is hard for you to name emotions
Your chronic pain or other health problems started during a time of stress or transition
You have unexplained pain problems
Your coping strategies aren't healthy
You don't know what you need
You don't share your ups + downs with others
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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
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."

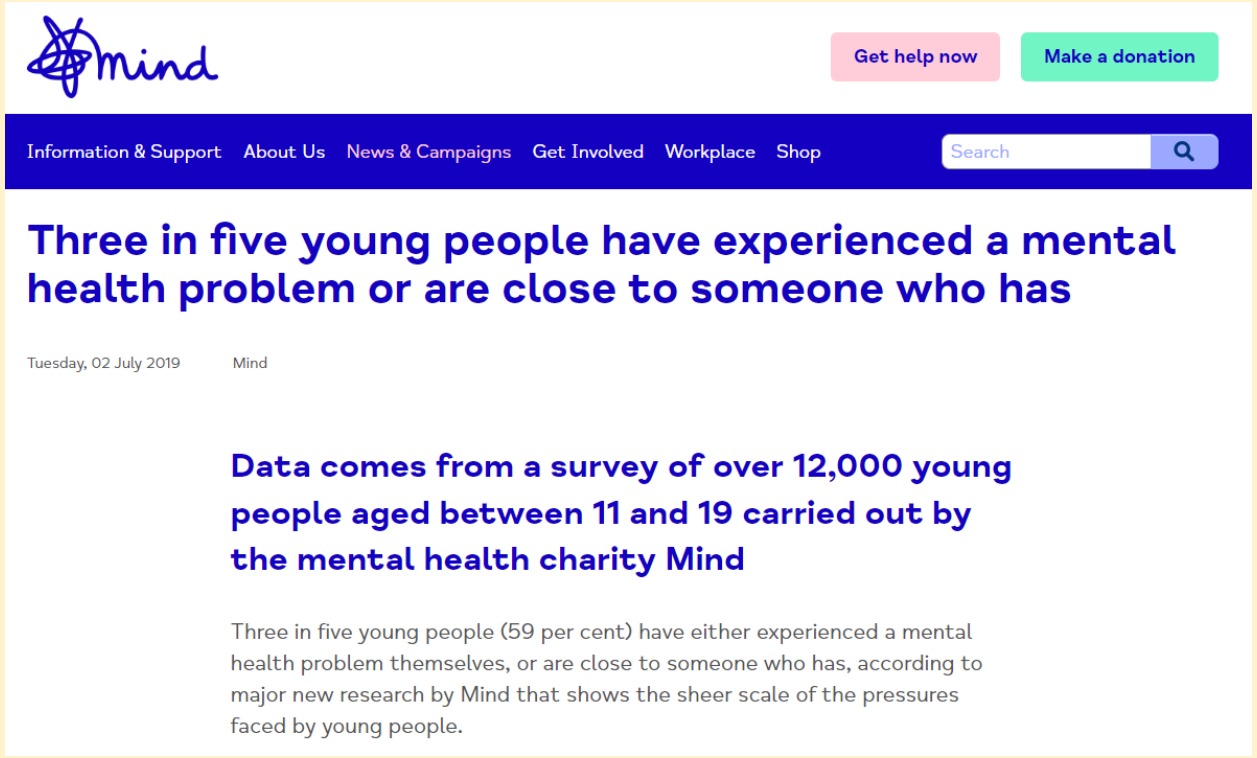

Anxiety Q&A
22:53


Anxiety Q&A | Zoella
3.2M views •
Zoella
I answer some of your questions re
YouTube


5 habits that are actually anxiety
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#anxiety #foryou #fyp #foryousounds
#mentalhealthawareness
#mentalhealthmatters #foryoupage
#foryoupageofficiall #tiktokindia #... See more
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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

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

‘*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

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 have anxiety
- I'm depressed
- I'm so OCD
- I'm bipolar
- I have anger issues
- I have ADHD

- I often have some worries/feel nervous
- I'm feeling a bit low
- I enjoy when things are neat and tidy/I like having a routine
- Sometimes my emotions are a bit up and down
- I often feel frustrated/I have strong feelings about things
- I have so much energy/sometimes I find it hard to concentrate

As professionals and parents, 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

Definition of Emotional Health

“Emotional health is about how we think and feel. It is about our sense of wellbeing, our ability to cope with life events and how we acknowledge our emotions as well as those of others”
(Samaritans, 2022).

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.

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

Why is adolescence a time of vulnerability?

"Adolescence is a crucial period for developing social and emotional habits important for mental well-being.

These include adopting healthy sleep patterns; exercising regularly; developing coping, problem-solving, and interpersonal skills; and learning to manage emotions.

Protective and supportive environments in the family, at school and in the wider community are important."

(World Health Organization (WHO), 2021).

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

Signs a Child is Struggling with their Wellbeing

Low self-esteem

Change in behaviour

Not being able to sleep



Feeling sad

Feeling worried

Feeling sick

Thinking things are ‘too much’

Not feeling hungry

Finding it hard to focus

Wanting to stay home

Resilience



Resilience is a skill that we all need in life. Rather than eliminating emotions, we can help guide our children to recognising, understanding and dealing with their emotions.

It is very likely that your child will face many challenges throughout their childhood and, of course, as an adult too.

We need to equip children with the **tools that they need** to face emotions and know how to **manage them,** rather than thinking they need avoid or shut off emotions.

Resilience



SIR run parent workshops on: worries, self-esteem, anger, emotional regulation and low mood.

Resilience, in relation to each of these wellbeing needs, is discussed further in these sessions.

An Emotionally Open Home

Open discussions around all emotions.

Emotion ‘check ins’.

Self-reflect.

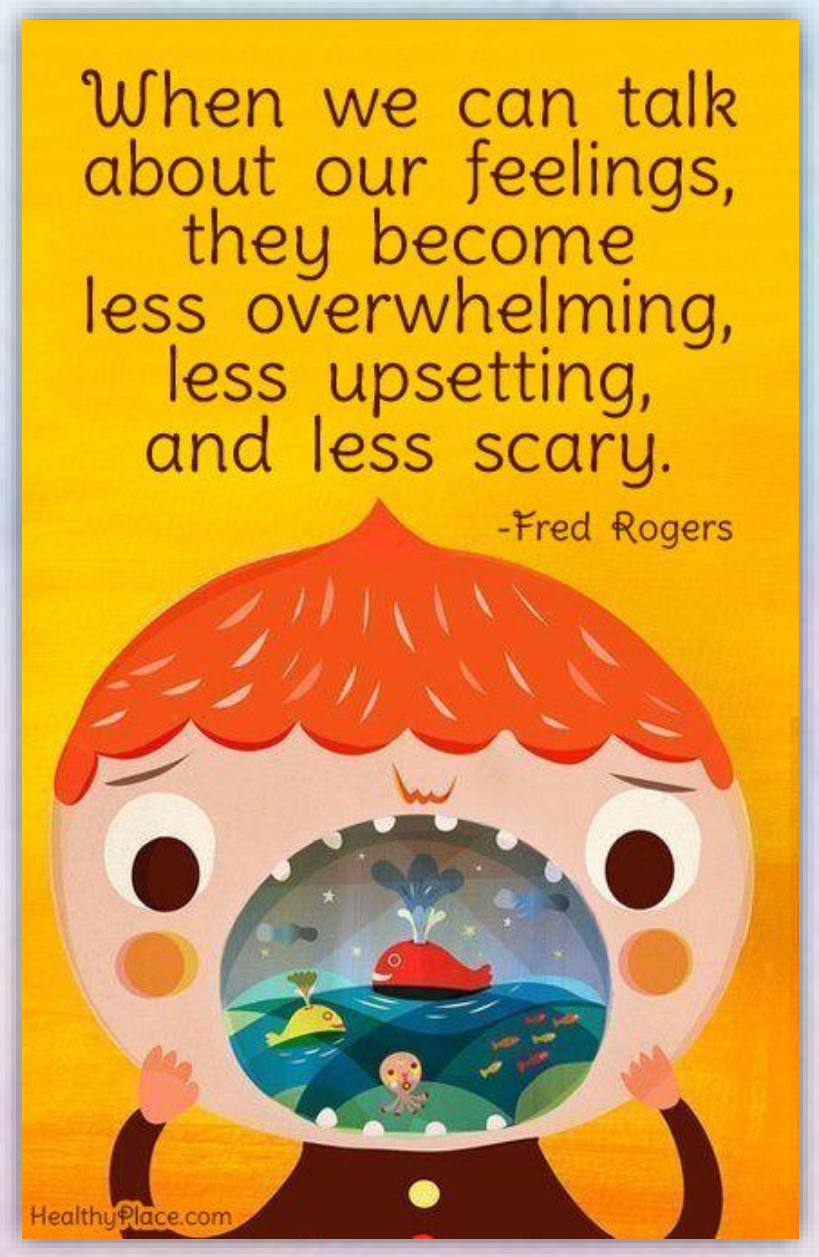


Feelings chart on the fridge.

Good sleep/eat routines.

Modelling how to emotionally regulate.

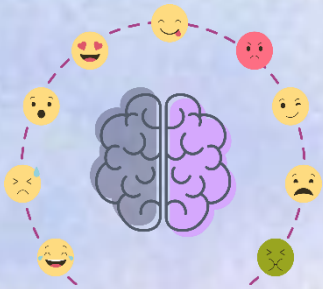
Time to talk through thoughts and feelings.



Studies have shown that **recognising and naming an emotion** reduces the effect that emotion has on the body, which in turn allows us to manage our behaviours.







When an emotion is recognised and spoken about, its power is lessened.

Studies of MRI scans of the brain show that the activity in the amygdala (emotional center) lessons and there is greater activity in the frontal lobe (thinking center). The thinking brain overpowers the emotional brain and looks for ways to manage the feeling.

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).*

Thank you

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

Feedback form:

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