



# **Recognising Common Mental Health Difficulties in Children and Young People**

# Who are we?



TAKE CARE



OF YOURSELF



What would **you** like  
to get out of this  
session?



What is mental health?

What does good mental health look like in young people?

What is the impact of poor mental health?



*The capacity to live a full productive life as well as the flexibility to deal with its ups and downs. **In children and young people, it is especially about the capacity to learn, enjoy friendships, to meet challenges, to develop talents and capabilities***

Young Minds (1996)



# Facts about mental health illness in CYP



**10%**

children aged 5-16 years suffer from a clinically significant mental health illness



**25%**

of children who need treatment receive it



**50%**

of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 14



**75%**

of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 24



**5x**

maternal depression is associated with a 5 fold increased risk of mental health illness for the child



**1.3x**

boys aged 11-15 years are 1.3x more likely to have a mental illness compared to girls aged 11-15 years



**60%**

of looked after children have some form of emotional or mental health illness



**18x**

young people in prison are 18x more likely to take their own lives than others of the same age

# Risk and protective factors for CYP's mental health

## RISK FACTORS

- ✗ Genetic influences
- ✗ Low IQ and learning disabilities
- ✗ Specific development delay
- ✗ Communication difficulties
- ✗ Difficult temperament
- ✗ Physical illness
- ✗ Academic failure
- ✗ Low self-esteem

- ✗ Family disharmony, or break up
- ✗ Inconsistent discipline style
- ✗ Parent/s with mental illness or substance abuse
- ✗ Physical, sexual, neglect or emotional abuse
- ✗ Parental criminality or alcoholism
- ✗ Death and loss

- ✗ Bullying
- ✗ Discrimination
- ✗ Breakdown in or lack of positive friendships
- ✗ Deviant peer influences
- ✗ Peer pressure
- ✗ Poor pupil to teacher relationships

- ✗ Socio-economic disadvantage
- ✗ Homelessness
- ✗ Disaster, accidents, war or other overwhelming events
- ✗ Discrimination
- ✗ Other significant life events
- ✗ Lack of access to support services



Child



Family



School



Community

- ✓ Secure attachment experience
- ✓ Good communication skills
- ✓ Having a belief in control
- ✓ A positive attitude
- ✓ Experiences of success and achievement
- ✓ Capacity to reflect

- ✓ Family harmony and stability
- ✓ Supportive parenting
- ✓ Strong family values
- ✓ Affection
- ✓ Clear, consistent discipline
- ✓ Support for education

- ✓ Positive school climate that enhances belonging and connectedness
- ✓ Clear policies on behaviour and bullying
- ✓ 'Open door' policy for children to raise problems
- ✓ A whole-school approach to promoting good mental health

- ✓ Wider supportive network
- ✓ Good housing
- ✓ High standard of living
- ✓ Opportunities for valued social roles
- ✓ Range of sport/leisure activities

## PROTECTIVE FACTORS



## Key message

Most children will experience some sort of difficulty at one point or another.

Difficulties becomes a problem when they **prevent children and young people from enjoying normal life experiences** e.g when it impacts on school, friendships or family life.



# Common difficulties

- **Anxiety**
- Depression
- Self-harm
- Eating Disorders



# Anxiety disorders

Anxiety disorders are amongst the **most common** causes of childhood psychiatric conditions

They include:

- Generalised anxiety disorder
- Panic disorder
- Obsessive-compulsive disorder
- Specific phobias
- Social phobia
- Agoraphobia

They occur in:

- 2.2% of 5-10 year olds
- 4.4% of 11-16 year olds



Anxiety disorders are associated with **other mental health** illnesses. Of those with a diagnosis of social anxiety disorder:



Anxiety disorders are associated with:



**Depression**  
later in life  
**Suicidal behaviours**



**Poor** educational attainment  
**Truancy**



**Lower earnings**  
due to dropping out of school early

**Every £1** spent on cognitive behavioural therapy for children returns:



Group therapy



Therapy via parents

# Signs of anxiety

**Physical  
Symptoms?**

**Behaviour?**

**Emotions?**



# Signs of anxiety

**Physical  
Symptoms?**

Stomach aches  
Headaches  
Fatigue

# Signs of anxiety

## Behaviour?

Pessimism  
Thinking the worst  
Self-critical/over-exaggerating –ves  
Restlessness and irritability  
Difficulties coping with change  
Avoidance  
Sleep difficulties  
Clinginess or crying

# Signs of anxiety

**Emotions?**

Worry (about things that have or may  
have happened)

Anger

Irritability

Panic

Some anxiety might be developmentally appropriate. To help you decide, consider the following questions:

Is the fear  
completely out  
of proportion to  
the actual level  
of threat?



CONTEXT  
MATTERS



Some anxiety might be developmentally appropriate. To help you decide, consider the following questions:

Is the fear completely out of proportion to the actual level of threat?

Is there fear in the absence of actual threat?

Is it difficult to settle the child or young person back to a normal state?

There are some features which may be common across different anxiety disorders

**Overestimation** of  
threat and danger

**Underestimation**  
of one's ability to  
cope  
(internally &  
externally)



Early/middle childhood



Early/middle adolescence



# Common difficulties

- Anxiety
- **Depression**
- Self-harm
- Eating Disorders



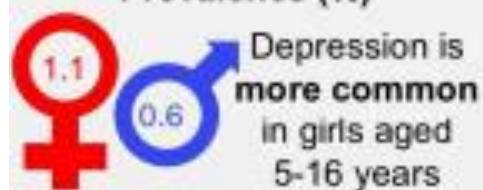
# Depression

About **67,600**  
CYP in England are  
seriously depressed

**7x**

Depression is 7x more  
common in **older** children:  
**5-10 years**      **11-16 years**  
0.2%              1.4%


## Prevalence (%)





## Prognosis





Depression is caused by a  
**combination** of  
**risk factors** including:

 **Biological**  
Family history of  
depression


 **Family**  
Lone parent  
More than 1 child  
Unemployment


 **Factors intrinsic  
to the child**  
Chronic ill health  
Disability


 **Interpersonal**  
Poor friendships  
Being bullied  
History of abuse

 **Psychological**  
Emotional distress  
e.g. bereavement  
Emotional  
temperament  
High levels of  
critical self thought

Behavioural therapy to  
manage depression is **cost  
effective**, with benefits  
including:

 **Higher earnings**

 **Lower** costs in  
the **NHS**

 **Lower** costs in the  
**education system**

**Every £1** spent on cognitive  
behavioural therapy for  
children returns:

 **£32**  
Group  
therapy

 **£2**  
Individual

**Most** parents of children  
with depression seek  
advice, but **only** about  
**25%** have contact with a  
children's mental health  
service





**But depression  
may not always  
be easy to spot.**

**Why?**

**May start very  
gradually**

**Not a uniform  
presentation**

**The young person  
may not be a  
'bother' in the  
classroom**

**Some symptoms  
may be  
synonymous with  
adolescence**

**Young person  
may try to hide  
it/avoid talking  
about it**

**May be difficult  
for the young  
person to even  
recognise it**

# DEPRESSION

## THE WARNING SIGNS



Feelings of  
hopelessness and  
pessimism



Feelings of  
worthlessness, guilt  
and helplessness



Thoughts of  
death or suicide



Restlessness



Irregular sleep



Decreased energy



Changes in mood



Insomnia



Difficulty  
making decisions



Appetite and  
weight loss



Persistent sad, anxious  
or empty mood



Tearfulness

# Aren't all teenagers depressed?

## CORE SYMPTOMS:

**Low mood and/or difficult in getting pleasure from usual activities (nearly every day at least 2 weeks)**

**PLUS: At least  
4 additional  
symptoms**



**PLUS:** Difficulties interfere with functioning (e.g school, work, friends, family)

**e.g.** sleep problems, weight loss/gain, change in appetite, suicidal thoughts, lack of energy, feelings of worthlessness, poor concentration, irritability etc



# Common difficulties

- Anxiety
- Depression
- **Self-harm**
- Eating Disorders





## Self-harm Prevalence estimates

- Around  $\frac{1}{4}$  of all 11-16 year olds with a mental health disorder have self-harmed or attempted suicide at some point (compared to 3% of young people without a mental health disorder).
- This increases to nearly **half** of young people aged 17-19 with a mental health disorder
- Around half of all young women with a mental health disorder (52%) also reported having self-harmed or made a suicide attempt



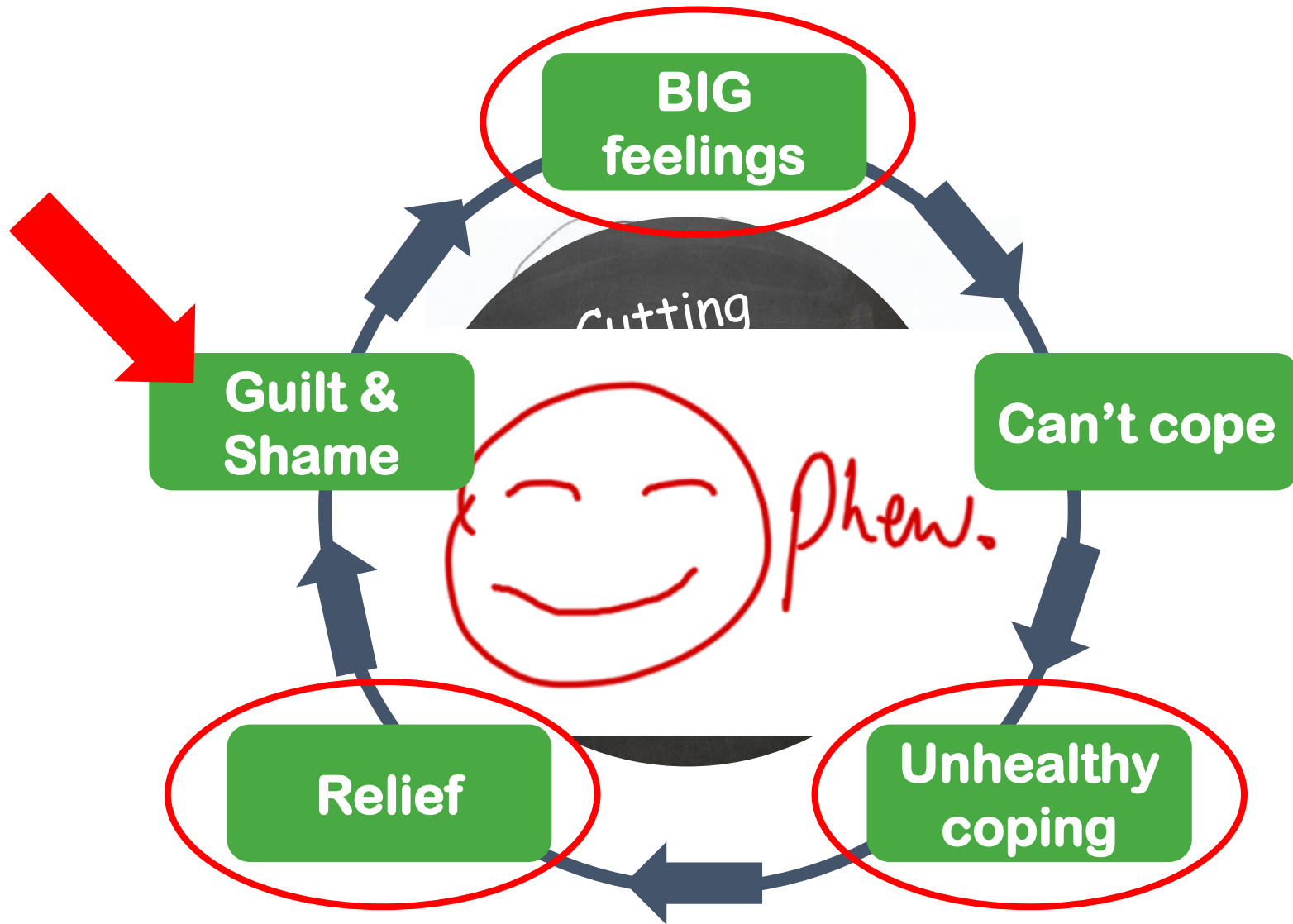
What is self-harm?



# Common triggers

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- Relationship difficulties (family & friends)
- Life events (divorce)
- Trauma (bereavement/abuse)
- Bullying
- Self harm in friends/the media
- Pressure (exams)



# Self-harm and Suicide

Some people who self-harm also want to end their lives, but some do not

Even if the intent to die is low, self harm needs to be taken seriously – people who do not intend to kill themselves sometimes do so because they don't realise the seriousness of their injuries



# Common difficulties

- Anxiety
- Depression
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- **Eating Disorders**



# What is disordered eating?

**Can mean lots of different things**

**Key consideration is extent of impact**

**Professionals define EDs using a set of criteria – not everyone fits this**

# Eating disorders.

## Know the first signs?



### Lips

*Are they obsessive about food?*



### Flips

*Is their behaviour changing?*



### Hips

*Do they have distorted beliefs about their body size?*



### Kips

*Are they often tired or struggling to concentrate?*




### Nips

*Do they disappear to the toilet after meals?*




### Skips

*Have they started exercising excessively?*



Early intervention and  
immediate access  
to specialist  
treatment leads to  
better outcomes



# What we hoped you would get out of the session

- Knowledge about the range/prevalence of mental health difficulties
- Background information to recognize common mental health difficulties in children and young people
- Guidance around how/when to seek further support

**This session is about providing you with information (other modules are more skills-based)**

## Consider context

– what might be going on in the young person's life?

**Be mindful of associated stigma and play a positive role in dispelling it.**





**Don't be afraid to talk to the young person. Be interested and listen to what they have to say. Stay calm and don't judge. YOU DON'T NEED TO BE AN EXPERT TO BE A GOOD LISTENER**





**Confidentiality is  
a key concern for  
young people and  
needs careful  
negotiation.**

# REFERRALS



If you feel your child needs specific mental health support above what is already offered by year group Student Support Officers, then please use the following emails to contact support within the school:

Karen Craig - [kcraig@gms.bucks.sch.uk](mailto:kcraig@gms.bucks.sch.uk)

Sheryl Paul - [spaul@gms.bucks.sch.uk](mailto:spaul@gms.bucks.sch.uk)

# Referrals to Mental Health Support Team (MHST)

- Referrals for young people with lower level anxiety and low mood
- Contact school who will complete the referral form
- Low intensity – cognitive behavioural therapy informed work



# Referrals to Child and Adolescent Mental Health Service (CAMHS)

- Referrals for higher level and more persistent mental health needs
- If the referral is urgent, it should be initiated by phone so that CAMHS can advise of best next steps.
- **Single Point of Access (SPA): 01865 901 951 8AM- 6PM Monday to Friday.**
- If it is less urgent, you can email on [BucksCAMHSSPA@oxfordhealth.nhs.uk](mailto:BucksCAMHSSPA@oxfordhealth.nhs.uk)
- <https://www.oxfordhealth.nhs.uk/camhs/bucks/>

# Useful Resources







Any questions?

# QR Code for Feedback



### Mental Health Awareness Training - Parent

Thank you for taking the time to attend this training, we hope you found it helpful. Please if you could take the time to complete the following feedback on your experience, your answers will help us improve future training in schools.

1. Before this workshop my knowledge of common mental health issues was?

1 2 3 4 5 6 7 8 9 10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

2. After this workshop my knowledge of common mental health issues is?

1 2 3 4 5 6 7 8 9 10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

3. I enjoyed the training

☆☆☆☆☆

4. I found the training useful

☆☆☆☆☆

5. What could we do to improve the training? Is there anything we didn't cover that would have been useful?

6. Would you be interested in attending more specific skills based training in the future

☐ Yes

☐ No

☐ Maybe

Never give out your password: [Report abuse](#)