

Common Mental Health Conditions Affecting Children and Young People

(Categorisation: Public Health England, Dec 2016)

Anxiety

What do you see?	How do you respond?
 A child or young person who is: Feeling frightened, nervous or panicky all the time Getting down or depressed Difficulty sleeping Low appetite Lack of concentration Feeling tired and irritable Palpitations - when your heart feels like its racing Dry mouth Trembling Feeling faint Stomach cramps and/or diarrhoea 	 Acknowledge the anxiety – however minor it seems to you, it is making the young person anxious and needs to be taken seriously Use a person-centred approach – really listen to what they are saying to you Think about how you can foster their sense of belonging, core self, coping mechanisms and learning Make sure you understand whether they are asking for you to listen, or to help fix the issue When thinking about how best to support, focus on strengths, not what the young person can't do
What resources will help?	

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https://campaignresources.phe.gov.uk/schools/topics/rise-above/overviewwww.mentalhealth.org.uk/publications/how-to-stress

https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/

https://www.minded.org.uk/families/index

http://www.rcpsych.ac.uk/healthadvice/parentsandyoungpeople/parentscarers/worriesandanxieties

http://www.themix.org.uk/search/anxiety

https://youngminds.org.uk

- Help the young person to understand what is making them anxious
- Encourage them to keep a record of when it happens and what triggers it
- Support them to develop a plan with small steps for progress
- Include exercise and healthy eating in the plan
- Help them to reframe the things that make them anxious, so that they can see positives in tricky situations
- Work with them to find relaxation techniques, apps and tools
- Keep the conversation going, and follow up

Immediate Medical Attention?	Referral?
	Only if support, strategies and self-
No	management haven't prevented it
	getting worse



Attention Deficit / Hyperactivity Disorder

What do you see?	How do you respond?
 Inattentiveness: having a short attention span and being easily distracted making careless mistakes – for example, in schoolwork appearing forgetful or losing things being unable to stick at tasks that are tedious or time-consuming appearing to be unable to listen to or carry out instructions constantly changing activity or task having difficulty organising tasks Hyperactivity and impulsiveness being unable to sit still, especially in calm or quiet surroundings constantly fidgeting being unable to concentrate on tasks excessive physical movement excessive talking being unable to wait their turn acting without thinking interrupting conversations little or no sense of danger 	 Use a person-centred approach – really listen to what the child / young person is saying to you Think about how you can foster their sense of belonging, core self, coping mechanisms and learning Constantly focus on achievements, not on things that don't go well Make sure that everyone in their circle is involved in understanding and planning their support Give simple instructions. Stand near the child / young person, look at them and tell them slowly and calmly what you want them to do Praise them when they have done what is required, however small It might help to write a list of things to do and keep it somewhere easily accessible (maybe on phone) Keep activities short and focused

What resources will help?

http://www.addiss.co.uk/

https://www.adhdfoundation.org.uk/information/young-people/

https://youngminds.org.uk/find-help/conditions/adhd/

- Find out what resources are available locally: psychoeducation, parent education programmes, opportunities for social skills development
- Support the development of coping strategies e.g. Having key support people to call on for particular needs, To Do lists, breaking work into small chunks, sticking to a routine, practising being less impulsive
- Encourage them to give time to physical activities to use up their energy like basketball, swimming.
- Encourage them to think about their diet and avoid possible trigger substances (e.g. additives, caffeine, sugar)

Immediate Medical Attention?	Referral?
No, but medical support will need to	Yes: active treatment initiated by a
form part of a multi-agency support plan	Paediatrician or Psychiatrist, often
	monitored by GP



Conduct Disorder

What do you see?

- A child / young person who continues to behave badly for several months or longer, is repeatedly being disobedient, cheeky and aggressive
- A child / young person whose behaviour is out of the ordinary, and seriously breaks the rules accepted in their home and school. This is much more than ordinary childish mischief or adolescent rebelliousness
- A child / young person with a conduct disorder may get involved in more violent physical fights, and may steal or lie, without any sign of remorse or guilt when they are found out
- They refuse to follow rules and may start to break the law. They may start to stay out all night, and play truant from school during the day.
- Teenagers with conduct disorder may also take risks with their health and safety by taking illegal drugs or having unprotected sex

How do you respond?

- Use a person-centred approach really listen to what the child / young person is saying to you
- Think about how you can foster their sense of belonging, core self, coping mechanisms and learning
- Constantly focus on achievements, not on things that don't go well
- Make sure that everyone in their circle is involved in understanding and planning their support
- Be consistent
- Be specific about what is expected from them

What resources will help?

https://www.nice.org.uk/guidance/cg158

How do you support self-management?

- Encourage them to take responsibility for their own behaviour
- Support them to develop strategies and alternative responses
- Encourage the development of new skills, to increase motivation
- Work with everyone supporting the young person, to provide consistent approaches

Immediate Medical Attention?

For any specific injuries caused by the behaviour, as well as being part of the ongoing support plan

Referral?

Yes – Early intervention can reduce the severity of negative behaviours. Treatment is usually co-ordinated within specialist services



Depression

What do you see?

A child / young person who

- has lost interest in activities that they enjoyed before
- avoids their friends
- has either lost their appetite or starts over-eating
- has problems concentrating, remembering things, making decisions
- has disturbed sleep or sleeps far too much
- feels tired all the time, exhausted, complains of headaches, tummy pains
- has little self-confidence and / or becomes self-critical
- cries a lot
- expresses feelings of guilt for no reason
- has thoughts of suicide or self-harm

How do you respond?

- Be aware of changes in mood that don't go away on their own
- Use a person-centred approach really listen to what they are saying to you
- Be patient and keep the conversation going, so that they feel they can trust you
- Think about how you can foster their sense of belonging, core self, coping mechanisms and learning
- Help them to get the support they need
- When thinking about how best to support, focus on small steps
- Be aware of worsening symptoms and be prepared to support them to ask for more help

What resources will help?

https://campaignresources.phe.gov.uk/schools/topics/rise-above/overviewwww.minded.org.uk

http://www.rcpsych.ac.uk/healthadvice/parentsandyoungpeople/parentscarers/depression.aspx

https://www.samaritans.org/

http://www.themix.org.uk/mental-health/depression-mental-health/understanding-depression-5647.html

https://youngminds.org.uk/find-help/conditions/depression/

- Support the child / young person to think about lifestyle issues: eating, sleeping, seeing people, looking after themselves, exercise
- Work with them to find apps and tools (e.g. 5 Ways to Wellbeing)
- Encourage them to practise Mindfulness
- Support them to develop a plan with small steps for progress
- Keep the conversation going, and follow up

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Immediate Medical Attention?	Referral?	
No, but GP will need to be involved if	Discuss best course of action with a	
depression doesn't lift with self-	named professional, as counselling,	
management	IAPT or medication may be needed	



Eating Disorders

What do you see?	How do you respond?
 With thanks to b-eat.co.uk Lips – are they obsessive about food? Flips – is their behaviour changing? Hips – do they have disordered 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? 	 Be prepared for the conversation to be frustrating, and don't be surprised about denial Be very patient and keep showing that you are happy to listen Remember that it's not about food, it's about feelings Help them to get the support they need Don't allow yourself to take responsibility for their issue It's ok to have conversations about food when a person with an eating disorder is in a general group Think about how you can foster their sense of belonging, core self, coping mechanisms and learning
What resources will help?	

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https://www.b-eat.co.uk/

www.minded.org.uk

http://www.themix.org.uk/mental-health/eating-disorders/eating-disorders-explained-5879.html

https://youngminds.org.uk/search-results/?terms=eating+disorders

- Encourage them to get medical help
- Work with the young person and the team around them so that the plan can be consistently and successfully implemented
- Encourage them to take up activities that build their self-esteem
- Encourage them to be part of group activities, just don't make a big deal of their eating patterns
- Be thoughtful about what you say "anything that indicates we are heavier or healthier will be misinterpreted"

Immediate Medical Attention?	Referral?
Involve the GP as soon as it's obvious	Yes. Recovery takes many months or
there is an issue	years and early access to support is
	important



Self-Harm

What do you see?

There may be **no** signs at all, or

- Withdrawal or isolation from everyday life.
- Signs of depression
- Changes in mood, activity levels, eating/sleeping habits.
- Talking about self-harming or suicide.
- Expressing feelings of failure, uselessness or loss of hope.
- Risk taking behaviour (substance misuse, unprotected sexual acts).
- Signs of low self-esteem such as blaming themselves for any problems or saying they are not good enough.
- Unexplained cuts, bruises or marks.
- Covering up all the time, when in hot weather.
- Being quieter than usual.
- Lacking energy

How do you respond?

- Acknowledge how difficult it might be to talk about their self-harm but don't focus on, or encourage them to tell you details about specific injuries or behaviours. Instead talk about how they are feeling and what they are going through.
- Think about how you can foster their sense of belonging, core self, coping mechanisms and learning
- Reassure them that you are there for them and that there are lots of sources of support available to them.
- Offer them help in seeking professional support and provide information on ways to do this.
- Be positive and let them know that recovery is possible
- Allow yourself to treat the person exactly the same as usual

What resources will help?

www.Childline.org.uk

www.minded.org.uk

www.papyrus-uk.org

www.samaritans.org

www.selfharm.co.uk

https://youngminds.org.uk/ucommerce/self-harm/c-23/p-177

- Help them to identify what triggers their self-harming behaviour, and to plan distractions
- Help the young person to plan how to stay safe e.g. how they could restrict access to pills, substances etc.
- Support them to develop strategies to cope e.g. talking, meditation / mindfulness, exercise, listening to music
- Encourage them to develop a "self-soothe box"
- Remain ALERT: ASK how they are feeling, Listen, Empathise, Reassure that there is a positive future, Try to give practical support

Immediate Medical Attention?	Referral?
Depending on injuries, first aid or A&E	All young people who attend A&E
may be needed	should have a mental health
	assessment before discharge