

## **ELECTIVE (SSC5c) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

### **Elective Report:**

#### ***1. What are the common mental health problems in children in the UK and worldwide?***

Mental health problems are relatively common in children across the globe. About 20% of children worldwide are thought to suffer from mental health conditions <sup>1</sup>. The commonest mental health disorders amongst children in the UK are conduct disorders followed by emotional disorders, hyper-kinetic disorders as well as rarer conditions such as autistic, tic and eating disorders <sup>2</sup>. Emotional disorders encompass anxiety and depressive disorders <sup>2</sup>. The majority of children I encountered during my elective placement had a combination of these and almost all of them had more pronounced emotional disorders which impacted their daily lives. I also met children with autistic spectrum disorder and ADHD. Some of those did have elements of conduct disorder although I did not see any patients coming to CAMHS purely for the management of their conduct disorder.

In the developing world there is a similar prevalence of those conditions described above but what is different is the presentation of patients <sup>5</sup>. There are higher rates of somatisation of symptoms and as a whole less people seeking a diagnosis due to lack of knowledge about mental health and lack of services available to them <sup>5</sup>.

#### ***2. How is children mental healthcare provision structured in the UK and how does it compare to other countries worldwide?***

The mental healthcare provision for children in the UK is divided into tiers. The professionals in tier 1 include teachers, school nurses and GPs who manage less severe mental health conditions as well promote knowledge and recognition of those <sup>3</sup>. Tier 2 professionals are specialists in mental health such as psychologists and counsellors who provide help to patients in the community <sup>3</sup>. Tier 3 is usually help provided by CAMHS in an outpatient like setting. A multi-disciplinary team including professionals such as child and adolescent psychiatrists, clinical psychologists, psychiatric nurses, psychotherapists and others deal with children and adolescents with more complex mental health needs <sup>3</sup>. Tier 4 encompasses inpatient wards, intensive treatment services as well as specialised treatment of severe mental health conditions <sup>3</sup>. There are also other teams which were introduced by the NHS Plan in 2004 such as the assertive outreach teams, intervention teams and crisis resolution teams <sup>4</sup> which support families and young people in their moments of crisis and provide Tier 4 level of care. In Wandsworth a new service called "Access" was also introduced 18 months ago which allows children and their families to be triaged as soon as their initial referral is made by tier 2 and then assessed with a view to refer them to tier 3 services or other agencies available within the community. This aims to decrease the waiting times for tier 3 services and Wandsworth has been the first borough in London to introduce this.

In contrast to the UK, in the developing world there are fewer clinicians who are involved in child and adolescents mental health and those who are, are also providing help with learning disabilities, neurological and developmental conditions as well as educational and social issues <sup>5</sup>. There is also less communication between different child and adolescents mental healthcare professionals in contrast to the current multi-disciplinary approach in the UK <sup>5</sup>.

#### ***3. Learn about the management of common mental health problems in children?***

At the start of my elective I had very little knowledge of non-pharmacological management of mental health problems in adults as well as children. During my elective I spent time with clinicians in Access where I learned about the different services and therapies provided for children and young people who did not meet the criteria for Tier 3 CAMHS. I learned about various therapies such as art and play therapy available for children as well as counselling available for adolescents in their community. I also got an idea of the various charities and organisations in the borough that can provide support to children and their families who deal with mental health or developmental disorders. In addition to this Access also provides Family consultancy service and I had the opportunity to take part in some of these appointments. Family consultancy sees families with their children and encourages them to come up with helpful solutions on how to manage behavioural issues that they experience as well as provide them with a skill-set to promote their children's emotional and mental health.

In Tier 3 I learned more about the different therapies provided by members of the multidisciplinary team. I shadowed CBT sessions with a clinical psychologist and learned about its integral part in the treatment of anxiety and depression. I also attended appointments with a Systemic Therapist and got an idea about systemic therapy and its value in managing complex families with children experiencing mental health problems. In addition to this I learned about the medications used to treat psychosis in children, depression, sleep problems and ADHD. As part of my elective I attended a conference on ADHD and its treatment through transition, where I learned about the difficulties families and children face when taking medications for ADHD as well as the clinician's role in supporting families and monitoring medication.

What I enjoyed most from my elective was attending team around the child meetings, which highlighted to me the importance of communication between services involved in the care of children with mental health problems. I found this inspiring as it gave me the impression that child and adolescent mental health clinicians have a great impact on the lives of children and their families and can have a role in tackling issues outside of the realm of medicine.

#### ***4. Learn about the roles of different professionals who work in Child and Adolescence Mental Health Services and explore child and adolescence psychiatry as a future career option.***

As mentioned in the previous objective I was able to shadow different professionals within the multi-disciplinary team at CAMHS. I believe this was a unique opportunity for me which allowed me to develop my understanding of different therapies and their roles in managing mental health conditions.

I thoroughly enjoyed my experience in CAMHS Wandsworth. I have always enjoyed working with children and have been attracted to the psycho-social side of medicine. However in the past I have found aspects of adult psychiatry frustrating. Unlike adult psychiatry I found working with children and young people much more rewarding. I enjoyed seeing the children, young people with their families and taking the family's social and emotional support into consideration when coming up with management plans. I loved the ability to spend more than 10 or 20 minutes with patients and be able to get to know them as well as have that continuity of care. I did encounter challenges such as social funding and cuts to services which had an impact on the available help for patients. But the people who I met working in CAMHS were very motivated and keen on finding alternative help and support for their patients, which I found inspiring.

At the end of my elective I attended a fair in “Choosing a career in child and adolescent psychiatry” and I learned more about the training process and the requirements at each stage. This is certainly a speciality I can see myself working in the future as I find it to be a rewarding and challenging career option.

## **References:**

**1:** WHO. *Child and adolescent mental health.*

Available: [http://www.who.int/mental\\_health/maternal-child/child\\_adolescent/en/](http://www.who.int/mental_health/maternal-child/child_adolescent/en/)

Last accessed 21/05/15.

**2:** H. Meltzer, R. Gatward, R. Goodman and T. Ford (2000). *The mental health of children and adolescents in Great Britain.* London: Office for national statistics. Pages: 1-231.

**3:** Healthcare improvement Scotland. *CAMHS service tiers.*

Available:

[http://www.icptoolkit.org/child\\_and\\_adolescent\\_pathways/about\\_icps/camh\\_service\\_tiers.aspx](http://www.icptoolkit.org/child_and_adolescent_pathways/about_icps/camh_service_tiers.aspx)

Last accessed 21/05/2015.

**4:** S. Lawton-Smith and Dr A. McCulloch. *Starting Today - Background Paper 1: History of specialist mental health services.* Mental Health Foundation. Pages: 1-12.

**5.** A. Rahman, M. Mubbashar, R. Harrington and R. Gater (2000). *Developing child mental health services in developing countries.* *Journal of child psychology and psychiatry and allied disciplines.* 41 (5), Pages: 539-546.