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Elective report:
Child and adolescent mental health in east London

James Sturgess

In Child and adolescent mental health, how do the disorders and issues differ from adult mental health

I went into child and adolescent mental health knowing that there would be differences when compared to mental health issues that adults suffer with.

I knew that with child mental health there were issues not only with the mood of a person or the mental state of the individual concerned, but also there is a large part of child psychiatry which focuses more on the development of the child.

With children there are a number of disorders that could bring them to the attention of the child and adolescent mental health team, autism, autistic spectrum disorder, learning difficulties, behavioural or mood disorders, and a wide range of other problems that might have benefited from specialist treatment or therapy.

This is one of the main differences between child and adult mental health. An adult having been newly diagnosed with one of the above disorders is highly unlikely. Mostly because nowadays there is a greater awareness of these disorders (*by both parents and teachers*) from either the media or from specialist training (*teachers for example have to be able to spot abnormalities in children's behaviour*). This has happened because it has been shown that trying to treat the disorders above have a much greater effectiveness in childhood rather than as an adult.

These children can be brought to the attention of CAMHS (*child and adolescent mental health service*), in a number of ways either the parents bring forth their concerns to a GP who refers on or it can be referred from the child's school who can sometimes see things that a parent would not. Again differing from the adult mental health in a way when a lot of people with mental health issues where they can either refer themselves (*being able to recognise a problem*), are brought to the attention of the service by concerned friends or family (*like children*), or are brought in by the police.

There are still similarities in child and adult mental health. For example depression is present in both children and adults although it may present differentially, and for different reasons. One case I saw was a 12 year old child who, sadly took an overdose due to the bully received at school. This mostly differs from adults' triggers of depression in which it can be due to social factors or it can be spontaneous. Admittedly this can also happen in children, but additional factors need to be taken in when dealing with children.

How are children with mental health issues approached and treated

In child psychiatry there are many differences between the treatment of mental disorders.

This is not only because there are differences in the types of disorders that children face. It is also because treating children in the same way we treat adults could in the long run be detrimental to the child's well being.

For example the use of drugs in adult psychiatry is one of the first line treatments, its effectiveness has been shown to improve the adults mental health. However, in children drugs are something to be avoided as a first line therapy and are usually only used when other therapies have failed, or when the situation has become serious enough that it warrants the use of drugs to correct the disorder. In children the therapies used first line are behavioural techniques such as CBT with a trained psychologist. Again these techniques are used in adults however the ratio between the use of drugs and the use of therapy is massively different.

The reasons for this is that the psychotropic drugs that are used to combat mental health problems have a wide range of side effects that in children could result in long term morbidity issues, and children are generally thought to be more responsive to CBT rather than drugs. Another issue is that the parents of the child are generally adverse to introducing drugs into their child's body.

In treating children the mental health team not only need to deal with the child, the parents of said child also need to be part of the treatment plan as well. This is because that the home environment of a child plays as massive part in the treatment of the child. As such the parent needs to be educated on the child's condition and the best way to manage it at home. For example a child on the autistic spectrum needs to have a ordered regime to help the child cope as best they can.

Another responsibility of CAMHS is the managing of the community in reference to child mental health issues. Psychologists and other health professionals often go out to the surrounding areas schools in order to train the teachers in mental health and address the issues of bullying and other problems in schools that can be detrimental to a child's mental well being.

Overall I feel that the differences in the approach and treatment of child and adult mental health are very different, but they still follow roughly in the same line. The end result being the improvement of the patients quality of life.

How do I feel that my elective has made me into a better future doctor

In my time in medical school I don't think there has been a time when I have been made to feel so welcome. Everyone there was more than willing to help me learn even without me asking, the working environment was really friendly one, which I have rarely seen in a health care setting. This has made me think on my behaviour in a medical ward, and while I believe that I have a good conduct and manner it has shown me that there is room for improvement.

In terms of the actual medicine involved, I found it really interesting. Child psychiatry was not something I had studied in great detail during my time in medical school. As such seeing the disorders that children face and the way in which children are diagnosed and treated was completely different from how adult psychiatry is approached.

I found that I enjoyed the approach taken by the team, particularly the way in which children are assessed for autism which is a assessment through play with the child. It was

completely different from anything I had previously seen in medicine which is rare, broadening my horizons of the possible methods of treatments for my future patients.

While some parts of the elective were a bit depressing, such as the lengths a child will go to due to either bullying or family pressure. I already knew that these things occurred, however I don't think I understood the difficulties or thought about it much (*to my shame*) until I saw the problems first hand. As such I feel that I will be more aware of the problems children face and be in a better position to act in the way a good doctor should.

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Subject: Child and Adolescent Mental Health

Was it what you expected?

I had expected there to be more of the typical mental health issues that I had grown used to over my time in medical school, e.g. depression, schizophrenia, bipolar disorder etc. There was some of the typical issues as above, however I failed to realise the other developmental issues that can occur in childhood, such as autism, mood disorders, and ADHD.

Clinical experience?

I gained a useful insight into how to communicate with children in a way in which would get them to open up to you as a doctor. I also saw first hand the way in which the health professionals talked to the parents of the child who were often worried, stressed or both.

I feel that my communication skills have improved as a result of my placement.

What did you learn about the people and the country?

In east London I have always known there has been certain elements in which the male member of the family has precedence, but I have never really seen the consequences that can occur as a result of that. This was highlighted for me in several cases in which young girls with mental issues were at risk from the controlling presence of their families.

What did you learn about the health care professionals you worked with?

I found the health care professionals I worked with to be some of the most friendly I had met though out my time in medical school. Not only that they had a really good working atmosphere which I had seldom seem before on medical wards.

They were also experts in communicating with people, both children and adults in a calm and compassionate way.

What did you learn about the health care system in that country?

My elective was in east London, in which I have spent the past 5 years. However I did learn that the system is not always aware of the feeling of the health care professionals as a whole. This was demonstrated by the move the team would have to make soon to a new premises, in which none of the team was happy about.

What were the best bits?

Working with children was really fun and stimulating. I found that I was able to communicate well with the children in the clinic.

Not having to pay a massive amount of money for travel and living expenses

What were bits you least enjoyed?

Not going abroad to see a foreign country and it's health care system.

Were there any shortcomings?

No

Would you recommend it to another student?

Yes

Would you do anything differently?

No

What did you learn about yourself?

That I still need some experience talking to patient's before I have fully mastered communication skills.

I really enjoy working with children.

Where there any deviations from the risk assessment?

No

How was your accommodation?

I lived in my own rented flat.

How were your travel arrangements?

No travel arrangements needed.

Other experiences and information useful to future students:

You do not need to travel abroad or go far away in order to have a useful and stimulating elective.

Staying in the country is lot cheaper, and less hassle. Especially if you are concerned about having to resit your final exams.