



Royal College
of Nursing

Children and young people's mental health – every nurse's business

RCN guidance for nursing staff





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Introduction

This publication is aimed at all nurses who are involved in child and adolescent mental health service provision, and those who influence pre- and post-registration nursing education. It is vital for nurses and other health care professionals to have the right skills to recognise the symptoms of mental ill health in childhood and adolescence and provide appropriate support.

We have increasing evidence that mental ill health in childhood and adolescence is very common. In Scotland around ten per cent of young people under the age of 19 have mental health problems to the extent that it interferes in their day-to-day lives (Public Health Institute for Scotland 2003). Other research has found that looked-after children have a much higher rate of mental health problems than is seen in children living with their families (Ford et al, 2007). The overall conclusion of studies undertaken before 2009 (Sempik, 2013) is that around 45 per cent of looked-after children in the UK have a diagnosable mental health disorder and that 70 to 80 per cent have recognisable problems.

Nurses, health visitors and midwives work across a range of settings, and are one of the largest groups of health care professionals who come into contact with children and young people. There is increasing expectation that nurses will assess the needs as well as the presenting concerns of children and young people (the term children and young people relates to children and young people up to the eve of their 18th birthday). They are in the right place to promote the psychological and emotional well-being of children and families and to prevent the development of mental health problems by being aware of the factors that can put children and young people at risk (DH, 2003a; DfES, 2003). Identifying potential problems as early as possible, and referring young people for appropriate support and treatment, can substantially reduce the likelihood of long-term psychological difficulties.

The scale of the problem

Recent studies indicate that up to 20 per cent of children and young people experience psychological problems (Mental Health Foundation 2005; Green et al, 2005; World Federation for Mental Health 2003). Research from UK National Statistics found that:

- 10 per cent of 5- to 15-year olds had a mental disorder
- 5 per cent of 5- to 15-year olds had clinically significant conduct disorder, 4 per cent had emotional disorders (anxiety and depression) and 1 per cent were hyperactive
- 10 per cent of 5- to 10-year-old boys and 6 per cent of 5- to 10-year-old girls had a mental disorder
- 13 per cent of 11- to 15 year-old boys and 10 per cent of 11- to 15-year-old girls had a mental disorder.

This publication can be used alongside the RCN's *Mental health in children and young people: an RCN toolkit for nurses who are not mental health specialists* (RCN, 2014).

1

Children and young people's services

It is crucial that wherever services are provided for children and young people, the environment must be appropriate to meet their holistic needs. Children and young people should not be cared for in an adult environment, and care settings should be made confidential and child/young person-friendly. Individual nurses, midwives and health visitors have a responsibility to ensure that the child and young person is only admitted where necessary, and if required, to an area that is conducive to meeting their specific needs. Services should be combined to provide integrated provision across all health care sectors, and should include local provision and initiatives to give rural communities access to services.

In particular we need to give greater attention to how 16 to 18-year-olds make the transition to adult services. There is emerging evidence that providing youth mental health services increases positive health outcomes significantly (Rickwood et al, 2013). It is therefore important to ensure developments of such services are given serious consideration.

Department of Health (DH) (England) policy places the mental health needs of children, young people and their families as an integral part of any children's service (DH, 2003a and b). The DH states that all staff should have an understanding of how to assess and address the emotional wellbeing of children, be able to identify significant mental health problems, and liaise with the appropriate services. The hospital standard in the Children's National Service Framework (DH, 2003a and b) states that all hospitals treating children and young people should have policies and services in place to deal with:

- management of overdoses and deliberate self harm
- acute psychiatric crisis
- direct clinical work
- complex cases
- child protection cases
- long term and life-limiting illness
- the death of a child.

Since the Department for Education's *Working Together to Safeguard Children* in 2010, young people's emotional and mental health has made up a significant element of Serious Case Reviews (Ofsted, 2011). Research from the Mental Health Foundation (Leon, 2001) highlights the need to develop specialist services to tackle the mental health needs of young people who misuse drugs or alcohol, as well as those who self harm or have an eating disorder. Children and young people from minority ethnic communities, looked-after children, and young people with attention deficit hyperactivity disorder also need specialist care.

Tier one services provide a vital function in identifying and signposting mental health needs. As services are restructured, it is important that commissioners ensure that the pathways for tier one services both refer to, and receive, professional support and advice. The entry gateway must be broadened for children's nurses, school nurses and health visitors who wish to work in this specialist area. This is crucial because only ten per cent of children with emotional and mental health difficulties are seen at any one time in tiers two and three child and adolescent mental health services. The majority of children with difficulties either go undetected, or are cared for in primary care settings (Kramer and Gerralda, 2000) by nurses who do not always have appropriate training. It is therefore vital to develop the capabilities of all nurses in identifying and addressing child and adolescent mental health issues (Griffiths, 2001). New innovative ways of training such as that provided by MindEd (online) will assist in this. However, it is important to ensure that non-specialist nurses are also able to access those professionals in specialist Children and Adolescent Mental Health Services (CAMHS) for education and supervision.

2

Involving young people in shaping service provision

Health care has changed in recent years. There is an expectation that patients will participate in the development and construction of the services that they use. It is intrinsic to the Operating Framework of the NHS across the UK (DH, 2012). It requires creative engagement with children and young people and it may be an opportunity to work across other disciplines such as art, music and play, which can be useful tools in engaging children and young people's views. Organisations such as Young Minds and the Mental Health Foundation have substantial experience in this area and can be a good source of information and advice.

Children are often happy to express their views but need to be informed and prepared before formal consultations. They need to know that their views will be taken on board, and understand any limits to their participation such as restrictions because of health and safety, clinical safety, or costs. They bring their expert view as the patient in a clinical process. Parents, siblings and carers also bring a unique contribution from their experience as well as being a representative of the child's view.

Using technology usually allows children to engage through communication channels that are familiar to them, can be made fun and can allow a degree of privacy to their feedback or evaluation of services.

3

Integrated working across and between services

Services for children and young people are provided by a variety of health care professionals and agencies.

The Framework for Promotion, Prevention and Care (Scottish Executive, 2005) derived from the *Snap Report*, recommends an integrated model to address the growing incidence of child and adolescent mental health problems. The development of a framework of mental health indicators for children and young people in Scotland has also been developed (Parkinson J, 2012).

The CAMHS tiered model outlines the different levels at which services working with children and young people operate and contribute towards the promotion of mental illness prevention and care of this population.

The GIRFEC model (Scottish Government, 2008a) is an approach to working with and supporting children and young people which emphasises the responsibility of all services working together to ensure all children get appropriate support, by providing a set of indicators of wellbeing.

Universal services such as health and education are often the main and first point of contact and often work with a preventative approach, which national policy is driving forward, such as with the Early Years Framework (Scottish Government, 2008b) and the Parenting Strategy (Scottish Government, 2012) in Scotland. When a mental health problem is identified, referrals are then made into services such as child and adolescent mental health services or voluntary services.

4

Nursing education and training

All those working with children and young people need appropriate education and training, albeit at different levels, in the following areas, and according to the country they practise in:

- child protection (local policy as well as national)
- education on mental health
- the Children's Act
- mental health legislation
- other legal frameworks such as the Education Act.

Clear referral pathways are vital in ensuring that services work seamlessly to offer support to children and young people. Supervision and joint working contribute to the level of care given and enable nurses to deliver the appropriate intervention at the right time and to share knowledge and skills. Supervision and consultation may be offered by those in tiers two to four to those at tier one. Policy partners and service leads need to work together across services to ensure that early intervention is a core part of services and that when needed there is access to tiers two to four services.

Mental health is every nurse's business. Therefore, all staff working with children need to be trained in how to recognise significant mental health problems and understand how to manage any connected emotional health needs.

Pre-registration nurses receive comprehensive training within a variety of settings with a diverse range of needs including mental health. The NMC set out learning outcome standards which should be obtained by every entry level nurse. It specifically requires nurses to be able to identify risks and needs in relation to psychological health, and to be able to implement a plan of care in partnership with clients. To enable this, it sets out further standards as supported in Directive 2005/36/EC of the European Parliament. They specifically state that "Theory and practice learning outcomes must take account of the essential physical and mental health needs of all people, including babies, children and young people, pregnant and postnatal women, adults and older people. This includes people with acute and long-term conditions, people requiring end of life care, people with learning disabilities and people with mental health problems." (NMC, 2010).

To build on this, and to support post-registration nurses, there is a continued need for targeted education and training in order to:

- ensure evidence-based best practice
- continue to promote mental health pre-registration placements
- develop the skills and knowledge of non-specialist child and adolescent workers
- enable post-registration nurses working at tier 1 and 2 the opportunity for reflective practice and clinical supervision
- enhance the knowledge and skills of specialist child and adolescent mental health workers
- ensure that all nurses working within specialist child and adolescent mental health services have access to clinical supervision
- provide both general and specialist child and adolescent mental health workers with a flexible framework of learning for progression and professional development.

5

Leadership in child and adolescent mental health nursing

There is a continued lack of UK-wide leadership in child and adolescent mental health nursing. Children's champions are necessary, to act as effective advocates for the needs of children and young people at all levels of service provision. They would also influence health policy and service developments.

However, it is the responsibility of every nurse that works with children and young people to promote and inform policy.

To ensure effective leadership in child and adolescent mental health services, the RCN would like to see the following:

- the continued development of specialist nurses to influence practice and strategic level service developments
- the continued development of specialist nurses to promote integrated working and succession planning across all professional groups
- CAMHS nursing representation in the local service planning and delivery of mental health services for children and young people
- CAMHS representation to ensure that accessible and appropriate education provision is contracted during pre-registration and post-registration to meet the current and future needs of local service providers
- areas of excellence identified and processes put in place to share and disseminate good practice
- further investment made in the research field of child and adolescent mental health.

6

Conclusion

The Royal College of Nursing believes:

- there is a continued need to provide services that are of a high quality and meet the current mental health demands of children and young people
- it is important that all children and young people are able to access appropriate mental health services
- the career framework for child and adolescent mental health nurses should be revisited in order to attract and retain staff
- the involvement of young people in the design, delivery and evaluation of services is imperative, as are mechanisms to enable nurses to develop the knowledge and skills to facilitate their involvement.

The RCN believes that the key to making improvements is by integrating services for children and young people and developing a workforce that is focused on, and educated in, their needs.

Specialist child and adolescent mental health nurses should be seen as important partners within specialist care delivery teams. However, nurses have a crucial role in the promotion of child and adolescent psychological and emotional wellbeing, which is a role that should be acknowledged.

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Useful contacts

CAMHS training resource

The Essential CAMHS training resource was developed after the New to CAMHS package which was initially developed at Napier University. It can be accessed on the NHS Education for Scotland website with agreement from a manager.

Essential CAMHS is an online educational/training resource designed to support staff through the transition into working in a Specialist CAMHS environment.

nes.scot.nhs.uk

MindEd

The MindEd Core Content programme is an interactive, evidence-based e-learning resource, providing educational advice and training to improve mental health outcomes for children and young people.

www.MindEd.org.uk

National Youth Agency

The National Youth Agency supports those involved in young people's personal and social development and works to enable all young people to fulfil their potential within a just society.

www.nya.org.uk

YoungMinds

YoungMinds is a national charity committed to improving the mental health of all babies, children and young people.

www.youngminds.org.uk



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