Royal College
of Nursing

An RCN toolkit for nurses who are not mental health specialists

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This document aims to assist those nurses who are not mental health specialists who work with children and young people in community, hospital and other settings. It will help them in identifying the skills and knowledge they need to recognise and, if necessary, refer children who have problems affecting their mental health. It will also help those nurses who provide care in acute hospitals, while waiting for

The document is not aimed at nurses working in child and adolescent mental health services (CAMHS) who have specialist expertise. Nor does it replace the need for the inclusion of speci c training in children and young people's mental health, in either pre- or post-registration education

The skills and knowledge necessary for identifying potential mental health problems are described in document MH14 of competences developed by Skills for Health, the health sector's skills council (www.skillsforhealth.org.uk). In particular, they include the need for a working knowledge of:

s HOW TO ASSESS AND MANAGE THE RISKS (FOR EXAMPLE physical harm, but risks such as risk to a young person's educational prospects or their peer relationships should not be overlooked), to individuals, self and others

s THE RANGE OF DIFFERENT MENTAL HEALTH NEEDS AND their effects.

Mental health is everyone's business. As No health without

Any child can experience mental health problems, but some children and young people are at greater risk of developing mental health problems than others, whereas certain factors can act as protection.

These risks and protective factors can be related to the child's personality, family, socio-economic status and so on.

- s LEARNING DISABILITY
- s ABUSE
- s DOMESTIC VIOLENCE
- s PREMATURITY OR LOW BIRTH WEIG
- s DIFFICULT TEMPERAMENT
- s PHYSICAL ILLNESS
- s LOOKED AFTER CHILDREN
- s LACK OF ATTACHMENT TO CARER
- s ACADEMIC FAILURE
- s LOW SELF ESTEEM
- s SHY ANXIOUS OR DIFFICULT TEMI
- s YOUNG OFFENDERS
- s CHRONIC ILLNESS

(Department of Health, 2004a).

- s SCHOOL UNCLEAR DISCIPLINE FAI
  as individuals
- s BULLYING n INCLUDING CYBER BU
- s PEER REJECTION PEER PRESSURE
- s SCHOOL EXCLUSION INCLUDING SC

- s A GOOD START IN LIFE AND POSIT
- s BEING LOVED AND FEELING SECUR
- s LIVING IN A STABLE HOME ENVIRO
- s PARENTAL EMPLOYMENT
- s GOOD PARENTAL MENTAL HEALTH
- s ACTIVITIES AND INTERESTS
- s POSITIVE PEER RELATIONSHIPS
- s EMOTIONAL RESILIENCE AND POSI
- s SENSE OF HUMOUR
- s FULL ENGAGEMENT WITH EDUCATI

s SPECIFIC ACTIVITIES SUCH AS TACKLII
cyber bullying) and increasing awareness of mental
health issues

s PROMOTING LIFESTYLES THAT PROTEC
people from mental health problems.

"School nurses have an important role in the early
assessment and increasingly in delivering effective early
interventions for children and young people with mental
health problems" (DfES, 2001). Examples of interventions by
school nurses are given in this document.

"Social and emotional wellbeing creates the foundations for
healthy behaviours and educational attainment. It also helps
prevent behavioural problems (including substance misuse)
and mental health problems. That's why it is important to
focus on the social and emotional wellbeing of children and
young people" (NICE, 2013).

All children and young people, their parents or carers,
require access to information and supportive environments
to ensure that the child or young person's mental health is
promoted.

Parents whose children have never experienced worries,
fears, bullying, sadness, problems with friendships and
bereavement are in the minority.

"Two key skills are necessary for positive mental health:
learning to cope and even prosper in the face of adversity
and the ability to create feelings of happiness through
healthy, positive means… If children and young people have
pleasure, engagement and meaning in life, they are likely to
experience happiness, life satisfaction, wellbeing and lead
more ourishing lives" (Ward, 2008).

Parents whose child has mental health dif culties are often

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Good practice towards achieving this includes:

s THE ABILITY OF FRONTLINE STAFF TO ACCESS SUPPORT AND ADVICE
from specialist child and adolescent mental health
services (CAMHS) and other children's services to aid
the early identification and support of those with mental
health difficulties. These include social workers,
behaviour specialists, educational psychologists and
specialist support staff

s LOCAL PROTOCOLS FOR REFERRAL

s ENSURING THAT LOCAL NEEDS ASSESSMENTS IDENTIFY CHILDREN
in special circumstances – including those who are
homeless, seeking asylum, misusing substances, living
in young offender settings and those 'looked after', not
attending school – and that services are in place to meet
their needs

s AN EMPHASIS ON CHILDREN AND YOUNG PEOPLE WHO ARE
vulnerable to mental health problems and on providing
focused, structured, proactive programmes which target
risk factors, using a common assessment framework as
appropriate

Where a practitioner's initial assessment of a child or young PERSON OR THEIR INTERACTION WIT cause for concern, it is important to share information with another professional and to initiate further assessment. In some situations where the child or young person is at immediate risk, involvement of a specialist mental health practitioner may be needed urgently. Local safeguarding policies should clearly identify these situations and all nurses should be aware of these policies.

The common assessment framework (CAF) in England, the integrated assessment framework (IAF) in Scotland and the framework for the assessment of children in need and their families in Wales provide standardised approaches to conducting an assessment of a child's additional needs, before deciding how those needs should be met. For speci c mental health problems, other tools may be used to complement these frameworks. These are shown within the section, 'speci c problems'.

Here are some situations where a common assessment might be initiated:

- MISSING DEVELOPMENTAL MILESTO making slower progress than expected at school, regularly missing medical appointments and immunisations
- PRESENTING CHALLENGING OR AGG

There are some situations that can lead a child or young person to experience mental health problems. This section includes some examples that practitioners may encounter but is not intended to be definitive.

Bullying

While bullying is common, it should always be viewed as unacceptable as it can seriously affect a child or young person's mental health. Bullying can be physical or psychological. It can take various forms, such as teasing, name calling, hitting, kicking, telling nasty stories or social exclusion.

In a study of bullying in 120 schools in Northern Ireland, carried out in 2000, 40 per cent of primary pupils said that they had been recently bullied. Meanwhile 25 per cent admitted bullying another pupil.

There are some signs and symptoms that can indicate a child or young person is being bullied. These include:

s UNEXPLAINED SCRATCHES AND BRUISES

s CRYING THEMSELVES TO SLEEP

s NIGHTMARES

s DEPRESSION

s SELF HARM

s HEA

s EAR

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When secondary pupils were asked, 30 per cent said that they had been recently bullied, with 28 per cent saying they had bullied another pupil (Department of Education Northern Ireland, 2007).

Practitioners have an absolute duty to share any concerns they may have that concern possible abuse. Remember that referral is an obligation, not an option.

Children with long-term conditions are twice as likely to suffer from emotional problems or disturbed behaviour. This is especially true of physical illnesses that involve the brain, such as epilepsy and cerebral palsy (Royal College of Psychiatrists, 2004a).

Children with long-term conditions may show various emotional problems, such as rebellion or withdrawal from social settings. Other problems may include non-adherence to treatment, under-achievement in school and regressive behaviours such as bed-wetting and temper tantrums (Taylor, 1999).

As mental health problems may be overshadowed by the child or young person's chronic health problem, they can be overlooked (Vessey, 1999). Using a common assessment framework can help practitioners to identify problems.

It may be necessary to restrain a child or young person in order to prevent signi cant or greater harm to the child, practitioners or others. For example, this may happen when de-escalation techniques have been unsuccessful for a young person under the in uence of drugs or alcohol.

"If restrictive physical interventions are required the degree

"Behavioural disorders such as conduct disorder and oppositional de ant disorder entail more than a child being occasionally naughty, dif cult, stubborn or aggressive; the

- s (AVE YOU RECENTLY LOST MORE TH
  MONTH PERIOD
- s $O YOU BELIEVE YOURSELF TO BE
  TOO THIN
- s 7OULD YOU SAY THAT FOOD DOMIN

Score one point for every 'yes'. A score of two or more points
indicates a likely case of eating disorder.

Children and young people with an eating disorder will need
specialist care and should be referred to a child and
adolescent mental health service as soon as possible.
Continuing care may be -1.3 TD [-r16.3(o)6.3(-)-7.5(o)6.3(n a)

Local policies should give clear guidance to practitioners regarding referral and the support available to them.

Supporting children and young people with mental health problems is not the responsibility of specialist services alone (Every Child Matters, DfES, 2004a). However, the term child and adolescent mental health service (CAMHS) is sometimes used narrowly to refer only to specialist child and adolescent mental health services. There are local variations in the services provided and differences in referral procedures. The roles of the different CAMHS tiers in England are shown below. References for the other UK countries are given

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Services provided by practitioners in universal services

Some core elements of practice can assist in promoting the wellbeing of children and young people. It is important that practitioner's base their practice on the needs of children and young people and seek ways to ensure those needs are identi ed. Young people have described some of the barriers to their effective use of services:

- s SERVICES ARE NOT WELL KNOWN A child centred

- s PARTICULAR ISSUES OF ACCESS TO poverty, ethnicity, being in care (looked after) and sexual orientation.

The Nursing and Midwifery Council's (NMC) Code (2008) states: "You must be aware of the legislation regarding mental capacity, ensuring that people who lack capacity remain at the centre of decision-making and are fully safeguarded."

"Not only must young people under 18 suffer with a disorder they usually know little about, but also their parents must know about it for them to receive any professional treatment. If the parent and child have a poor relationship, the experience can be even harder for the child and in some cases treatment may be refused in order to keep the illness from their parents" (YoungMinds, 2005).

- s The Children Act 1989 – this allows for court involvement in individual treatment decisions and tends to be perceived as less stigmatising than the Mental Health Act 1983, but it does not specifically address

- s Children (Scotland) Act 1995 – this safeguards children and young people.

- s Mental Health (Care and Treatment) (Scotland) Act 2003 – this places a responsibility on health boards to provide for children and young people under the age of 18, who are detained under the Act, or admitted to hospital for treatment services accommodation sufficient to meet the particular needs'.

- s The Adults with Incapacity (Scotland) Act 2000 Part 5, Medical Treatment and Research.

- s The Mental Health (Care and Treatment) (Scotland) Act 2003 – these both provide for delivering health care to people who lack the ability to make treatment decisions for themselves.

- s The Age of Legal Capacity (Scotland) Act 1991 – this outlines that someone has the capacity to make decisions about consent from the age of 16. However, even under the age of 16, a young person may have the legal capacity to make a consent decision on a health care intervention, provided that they are capable of understanding its nature and possible consequences.

- s The Mental Health (Northern Ireland) Order 1986 currently provides the framework for mental health issues. There is no legislation pertaining to mental capacity.

- s The Bamford Review of Mental Health and Learning Disability (Northern Ireland) recommended the introduction of a comprehensive legislative framework to include capacity issues and the needs of children and young people; this legislation is being developed.

Concepts of mental illness and the understanding of the

The mental health of the child or young person in uences the adult they will grow up to be. Three quarters of adult mental health disorders are evident before the age of 21 years. Effective, early intervention can be essential in preventing the development of ill health and disability. (WWW RCPCH). By gaining knowledge on issues concerning the mental health of children and young people, practitioners can develop the skills needed for providing effective care and support. In addition, by being well-informed, practitioners can act in their professional and personal lives to break down the stigma that is so frequently associated with mental health problems.

We hope that this document will assist practitioners in achieving these goals.

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Childline
Providing a free and con dential telephone service for children.
www.childline.org.uk
Helpline: 0800 1111

Childnet International
International non-pro t organisation working with others to help make the internet a great and safe place for children.
www.childnet.com

Children's Commissioner for England
Championing children and young people in England.
www.childrenscommissioner.gov.uk

Children's Commissioner for Northern Ireland
Promoting the rights of children and young people.
www.niccy.org

The Children's Society
Works with children and young people who are struggling to cope with the pressures of everyday life.
www.childrenssociety.org.uk

Children in Scotland
National agency for voluntary, statutory and professional organisations and individuals working with children and their families in Scotland.
www.childreninscotland.org.uk

Children in Wales
National umbrella organisation for those working with children and young people in Wales.
www.childreninwales.org.uk

Contact a Family
Advice and support for families with disabled children.
www.cafamily.org.uk

Department for Education in England
Responsible for education and children's services in England.
www.education.gov.uk

Department of Education, Northern Ireland
Responsible for education and children's services in Northern Ireland.
www.deni.gov.uk

Research in Practice
Supporting evidence-informed practice with children and families.
www.rip.org.uk

Respect Me
Scotland's anti-bulling service.
www.respectme.org.uk

The Samaritans
A charity offering con dential, non-judgemental support, 24 hours a day.
www.samaritans.org

Scotland's Commissioner for Children and Young People
This site is for children and young people in Scotland, your parents and the adults who work with them.
www.sccyp.org.uk

Scottish Association for Mental Health
www.samh.org.uk

The Scottish Government
The responsibilities of the Scottish Government include health, education, justice, rural affairs, housing and transport.
www.scotland.gov.uk

Scottish Government Health and Social Care Directorates
Aiming to help people sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.
www.sehd.scot.nhs.uk

Scottish Intercollegiate Guidelines Network (SIGN)
SIGN develops evidence-based clinical practice guidelines for the NHS in Scotland. SIGN guidelines are derived from a systematic review of the scienti c literature and are designed

The Sector Skills Council for Health
Skills for Health in your Sector Skills Council, for all health employers; NHS; independent and third sector. Everything we do is driven by your skills and workforce needs.
www.skillsforhealth.org.uk

Self-Harm: Recovery, Advice and Support
Support for young people impacted by self-harm.
http://selfharm.co.uk/home

The Site.org
Your guide to the real world.
www.thesite.org/healthandwellbeing/mentalhealth

Triple P (Postive Parenting Program)
One of the most effective evidence-based parenting programs in the world, backed up by more than 30 years of ongoing research.
www.triplep.net

Young Minds
Committed to improving the emotional wellbeing and mental health of children and young people.
www.youngminds.org.uk

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