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Children & Young People's Mental Health (CAMHS)

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Aims and Content of Presentation

Prescribing in CAMHS

- What is CAMHS?
- Overview of diagnosis and presentations
- Tools/interventions used
- Medications used
- Working with complex cases/co-morbidity

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What is CAMHS?

- CAMHS is an umbrella term encompassing all mental health services for children and adolescents aged 0-18. This is potentially to change to 25 in line with other children/young people services for example, LAC and learning disability services.

- Configured as:
  Tier 1: Universal services e.g. GP, teacher, social worker
  Tier 2: Targeted services for mild to moderate MH difficulties e.g. schools, uni-disciplinary services,
  Tier 3: Specialist services for moderate to severe e.g. multi-disciplinary community CAMHS services,
  Tier 4: Inpatient adolescent or eating disorder units

- More commonly now being replaced with the acronym CYPMHS – Children and Young People's Mental Health Services (DH, 2014; NHS, 2019)

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The Multidisciplinary team

- Psychiatry
- Child psychotherapy
- Clinical psychology
- Nursing
- Family therapy
- Counselling psychology
- Service user involvement
- Administration

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External Agencies

- Schools (Nurses, teachers, SENCO)
- Social Services (Safeguarding)
- Young people drug and alcohol services
- School Nurses
- Paediatricians
- Inpatient services (hospital, A and E, crisis)
- Children community services (OT, SALT, Dietician)
- GP
- Housing
- Local council/commissioning

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Mental Health is shown by a child's capacity to….

- Develop psychologically, emotionally, creatively, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Use and enjoy solitude
- Become aware of others and empathise with them
- Play and learn
- Develop a sense of right and wrong
- Resolve problems and setbacks and learn from them

The Mental Health Foundation (1999) cited by Dogra & Leighton (2009) / Young Minds

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Prevalence Rates and Statistics

- One in Eight **(12.8%)** children and young people aged 5-19 had a mental health disorder in 2017
- One in Twenty **(5%)** of children and young people met the criteria for diagnosis of two or more mental health disorders at the time of interview
- This is an overall increase of approximately 2% since 1999
- **50%** of mental health problems are established by age 14 and **75%** by age 24.

(Sadler et al, 2018; Mental Health Foundation, 2015)

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Factors affecting CYP mental health and well-being

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Biological Factors

- **Abnormal balance of neurotransmitters:** If not working properly symptoms of mental illness can develop
- **Genetics:** A vulnerability or susceptibility to the illness with other mitigating factors can trigger symptoms of mental illness
- **Brain injury:** Cause may be prenatal, birth trauma, exposure to toxins or acquired brain injury.
- **Infections:** can be linked to brain damage and the development of symptoms or the worsening of symptoms.

N.B. Can also cause confusional states that can be wrongly mistaken for symptoms of mental illness

Psychological Factors

- Severe psychological trauma, for example sexual, emotional or physical abuse
- A significant early loss e.g. of a parent or a sibling
- Emotional or physical neglect
- Poor ability to relate to others

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Environmental Factors

- Family dysfunction
- Physical or mental illness or disability
- Poverty
- Homelessness
- Discrimination
- Times of transition e.g. change of job or school
- Social or cultural expectations
- Substance use and / or alcohol dependency issues by an individual or their parents

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Overview of presentations, clinical conditions and diagnosis

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Systems of Classification and Diagnostic Manuals

- Identification and Classification of Mental and Behavioural Disorders (ICD) 11 – published by World Health Organisation (WHO) in 2020
- Diagnostic and Statistical Manual (DSM) V – published by the American Psychiatric Association (APA) – this version was published in 2013

Clinical conditions

- ADHD – Attention Deficit Hyperactivity Disorder
- Anxiety
- Autism
- Bipolar Disorder
- Depression
- Eating Disorders
- OCD – Obsessive Compulsive Disorder
- Psychosis
- Schizophrenia
- Self-harm

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Correlation of Mental & Physical Health & Education

- 71.7% of those with a MH disorder had a physical health condition or developmental disorder, for example, epilepsy was five times more common in those with a disorder than those without
- 25.9% of those with a MH disorder had a limiting long-term condition
- 35.6% of children with MH disorder had special educational needs as compared to 6.1% of children without a diagnosis

(Sadler et al, 2018)

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Tools and interventions used in CAMHS

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Clinical interventions

- Assessment, case formulation, risk assessment and care plan
- Safeguarding
- Reason for Referral / Background for the referral
- Who referred? To whom/ which service
- Reason for referral - What is the goal of the assessment

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Mental health assessment

- History of present Complaint
- Open question
- onset, duration, severity, current stressors, precipitating factors, alleviators, response to interventions
- Past Psychiatric History
- Past Medical History and Medications
- Family History including Family psychiatric history
- CAMHS: Developmental History
- Personal History: Birth and early life, School and qualifications, Higher / further education Employment, Psychosexual history
- Substance misuse
- Forensic History
- Premorbid personality
- History of Traumatic Events - Assessments of ACEs
- Mental state examination

Communication and Engagement

- Establishing a rapport
- Empathy and mentalizing
- Every clinical encounter – an opportunity for intervention
- Could be life changing
- Reminding about hope – always a way to help
- The best way to learn – clinical assessments and listening to patients

Psychological Interventions

The Psychological Therapy pathway is able to offer therapeutic interventions based on a range of approaches including:

- Compassion Focussed Therapy
- Cognitive Behavioural Therapy
- Cognitive Analytic Therapy
- Art Therapy
- Dialectical Behaviour Therapy
- Family Therapy and Child Psychotherapy

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Specific Interventions

Depressive Conditions:

- Systematic therapy
- Psychodynamic therapy
- CBT
- IPT-A (interpersonal therapy)

Anxiety and Trauma:

- CBT
- Individual/Group

Eating Disorders:

- Systemic therapy

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Specific interventions

ADHD, ODD:

- Parent training
- Problem solving
- Social Skills training

Autism:

- Interventions for Social Communication
- Education and Skills
- Positive behavioural support

Conduct disorder:

- Functional family therapy
- Multi systemic therapy

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Medications used in CAMHS

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Psychotropic medications

There are five major categories of psychotropic medications:

- anti-anxiety or anxiolytics (lorazepam, diazepam)
- antidepressants (sertraline, fluoxetine)
- antipsychotics (risperidone, olanzapine)
- mood stabilisers (lamotrigine)
- stimulants (methylphenidate, amphetamine)

Psychotropic Medication use in CYP

- Approximately 1 in 50 children and young people aged between 5 and 19 years old are taking medication for a mental health related problem
- One in six (16.4%) CYP with an identified MH disorder were taking psychotropic medication: behavioural (15%), emotional (14.8%) and up to 45.9% with a hyperactivity disorder
- 5 – 16 year olds with a disorder are more likely to be prescribed stimulants and melatonin (reflecting the higher rate of hyperactivity in this age group)
- 17 -19 year olds with a disorder are more likely to be prescribed anti-depressant medication

(Sadler et al, 2018)

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General principles in psychiatry of prescribing for children and young people

- Target symptoms not diagnosis – diagnosis can be difficult and co-morbidity is common. It may take some time for the illness to fully evolve
- Begin with less, go slow and be prepared to end with more
- Multiple medications are often required – child onset of an illness can be more severe and may need more that one medication
- Allow time for an adequate trial of treatment – 8-12 weeks for some major conditions
- Change one drug at a time
- Patient and family medication education is essential

Taylor et al (2018)

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Considerations when prescribing for CYP

- CYP are not mini-adults
- Adverse Drug Reaction (ADR) profile may differ from those seen in adults
- Prescribed regimes should be tailored to the child's daily routine and treatment goals set in collaboration with the child where possible
- Recognition of the unique implications and developmental context of the anatomical and physiological differences between children and young people and those of adults

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Licensed vs. unlicensed medication

- Limited number of licensed medications for mental health disorders in children and young people
- Small amount of clinical trials carried out on this population
- Ethical issues
- Very important that information and a full explanation is given to support the quality, efficacy, safety and intended use of a drug before prescribing it as well as any potential side effects due to off label medication
- Informed consent is sought from the child, young person and / or their family

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Considerations when prescribing for CYP ctd.

- Recognition of responsibility in prescribing unlicensed drugs, ensuring that adequate information has been given to the young person and their parents/carer, to enable informed consent to treatment.

- Concordance in children is influenced by formulation, taste, appearance, ease of administration of preparation and importantly parent / carer belief in treatment and or illness

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Complex cases and co-morbidity

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Case 1

- 12 year old boy diagnosis of ADHD,ASD, Non –Verbal, Challenging behaviours, LD, severe obesity and poor sleep and going through puberty.
- Known to CAMHS for the 5 years
- Services involved:- School, GP, Social services, Dietician and obesity clinic, Local council, housing,OT,SLT
- Lives with both parents and two younger siblings
- Self care – unable to care for himself (Toileting, washing, dressing)
- Presentation – presents with hitting himself and others, punches walls and shouting.
- What is my role?
- Medication – Aripiprazole 10 mgs daily, Melatonin 8 mgs daily, Guanfacine 6mgs daily
- To review medication, currently seeing every four weeks, physical health checks
- Ensure concordance – this can be difficult due to sensory issues
- Ensure communication is open with all professionals
- Social services package – weekend residential
- Family support – PBS interventions to understand his needs and triggers for behaviour
- Ensure attendance at school

- Main issue is housing – YP living in 4th floor in social housing, used to able to manage before living in a ground floor with garden, ongoing support to help this family

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Difficulties

- Several medications have been trialled.
- ADHD medication can cause irritability, depression and social withdrawal with Autism
- Beginning around puberty, CYP with ADHD are more likely to experience shorter sleep time, problems falling asleep and staying asleep, and a heightened risk of developing a sleep disorder. Nightmares are also common in children with ADHD.
- Sleep problems are very common, reportedly as high as 80% in children with ASD

Case 2

- 17 year old female presenting with childhood trauma of sexual, physical, emotional, verbal abuse by her own biological mother. Given alcohol as a child to sleep, sexually exploited by different men till the age of 11 years in the presence of mother.
- Suicidal, self harming, first episode of psychosis, recent overdose with intention, experiences dissociation where she forgets what happens.
- Sexually exploited herself at this age for money to fund drug habit
- Known to social services, young people drug and alcohol services and CAMHS
- Protective factors – good relationship with father whom she now lives with and attending college
- Poor sleep and diet
- Auditory hallucinations saying food is poison

Current care plan:

- Psychotherapy for childhood trauma (seen weekly)
- Medication – Risperidone 0.5 mgs daily

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Difficulties

- Safety netting with YP
- Very high risk due to recent intentional overdose and current suicidal thoughts
- Drug use and first episode psychosis
- Substance abuse, which includes alcohol and street drugs, is common among first-episode psychosis (FEP) patients (Archie et al,2017)
- Does not wish to report child abuse as she was not listened to as a child
- Medication concordance

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Take home messages

- Psychotropic medication should not be given unless the level of need is very high
- Therapeutic options and support should always be available
- Think outside the box
- Safeguarding is everybody business

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References and further reading

American Psychiatric Association (APA) (2013) *Diagnostic & Statistical Manual (DSM)V* USA: APA

Archie, S., Rush, B. R., Akhtar-Danesh, N., Norman, R., Malla, A., Roy, P., & Zipursky, R. B. (2007) Substance use and abuse in first-episode psychosis: prevalence before and after early intervention, *Schizophrenia bulletin*, *33*(6), 1354–1363

Department of Health (2014) *Future in Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing* NHS England

Mental Health Foundation (2015) *Fundamental Facts about Mental Health 2015 London*: Mental Health Foundation

NHS (2019) https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/children-and-young-peoples-mental-health-services-cypmhs/ [accessed 15 June 2023]

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References and further reading

Sadler, K., Vizard, T., Ford, T., Marcheselli, F, Pearce, N., Mandalia, D., Davis, J., Brodie, E., Forbes, N., Goodman, A., Goodman, R. & McManus, S. (2018) *Mental Health of Children and Young People 2017: Key Findings* London : NHS Digital available at: https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf

Taylor, D.M., Burns, T.R.E. & Young, A.H. (2018) *The Maudsley Prescribing Guidelines* 13th Edition Chichester: John Wiley & Sons

World Health Organisation (WHO) (2020) *Identification and Classification of Mental and Behavioural Disorders (ICD)11* Geneva: WHO

www.rcpsych.ac.uk
www.time-to-change.org.uk
www.youngminds.org.uk

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