Meeting the Mental Health Needs of Children

ChildHope Child Protection Seminar Series
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Outline

- Child mental health and mental illness
- Children of adults with mental illness
  - Adults with mental illness are also vulnerable

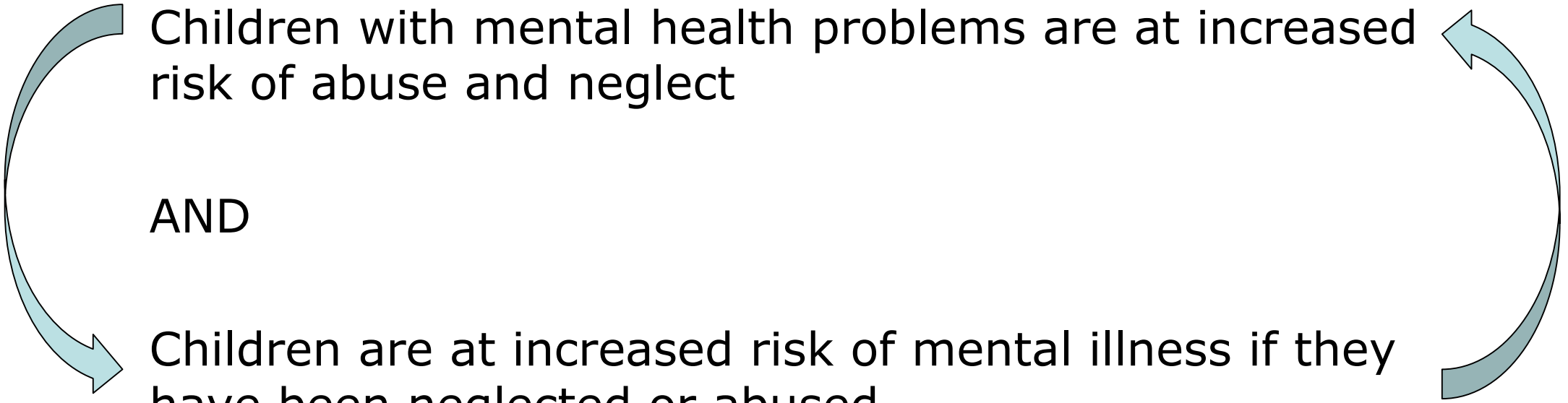
Children with mental health problems are at increased risk of abuse and neglect

AND

Children are at increased risk of mental illness if they have been neglected or abused

Outline

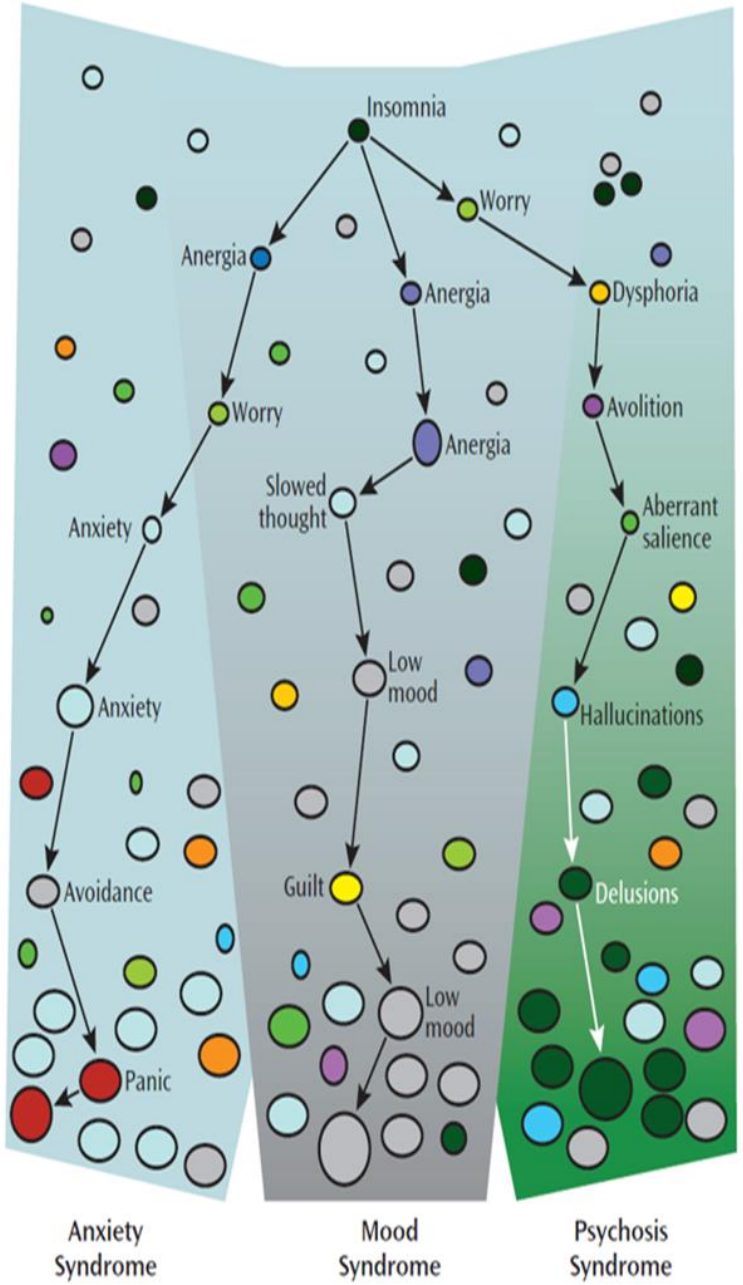
- Child mental health and mental illness
- Children of adults with mental illness



Child mental health

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

- Mental health issues in young people tend to be less clearly defined ('syndromal'),
- Usually significantly linked to social and family environment (though genetic factors play a role)
- Much less of a role for medication



- 1 in 10 children affected (higher in stressful environments)
- Most do not receive any specific support (70% in UK)
  - Very poor access to services, extremely few experts in LAMICs
- 50% of all adult mental illness found to have started by age 14
- Natural period of change (and insecurity associated with this)
- Need to take into account developmental processes – ie a life-course approach
- Emerging into new roles and responsibilities, particularly challenging with social change
- Has become an increasingly stressful time, eg education, social media, expectations

- **Depression** becoming more common.
  - Teenagers are more likely to experience depression than young children
- **Self-harm** also increasingly common
  - ? Mechanism to manage intense emotional pain
  - May not wish to take their own life, but increases risk
- **Anxiety**
  - spectrum including GAD, panic, social phobia, and Post-traumatic stress disorder (PTSD) following physical or sexual abuse, witnessing something traumatising, being the victim of violence, severe bullying or disasters
- **Hyperactivity, impulsivity, inattention** may be attention deficit hyperactivity disorder (ADHD) or related
- **Developmental disorders** (autism spectrum, and specific)
- **Eating disorders** in high income countries
- **Psychosis** less common in children, though occurs in adolescence, especially in relation to **substance use**

Risk factors for being a victim of neglect or abuse[1]
individual child level

- Risk factors include young child age, and particular needs that may increase caregiver burden, like;
  - developmental and intellectual disabilities,
  - mental health issues,
  - physical disability, and
  - chronic physical illnesses

1. Centers for Disease Control and Prevention. (2015). Child maltreatment: Risk and protective factors. http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotective factors.html

Risk factors

family/ environment level

- Young parental age, single parenthood,
- Large number of dependent children, low parental income,
- Parental substance abuse, parental mental health issues, parenting stress
- Parental history of abuse or neglect, intimate partner violence
- Social isolation, family disorganization, poor parent-child relationships

Risk factors

community / environment level

- Community violence
- Concentrated neighbourhood disadvantage
  - high poverty
  - residential instability,
  - high unemployment rates
  - low social capital

Adverse Childhood Experiences (ACEs)[1]

- Childhood trauma is **common:** 2/3 had 1 ACE; 28% physical abuse; 21% sexual abuse.
- **Concentrated** in some people (40% with 2 or more, 12.5% 4 or more)
- Disadvantage starts early and **accumulates** through life
- ACEs have a **dose–response relationship** with many health, social and behavioural problems, including mental health and substance use disorders
- Many problems related to ACEs tend to be **comorbid**, or co-occurring

1. Vincent Felitti (Kaiser Permanente) and Robert Anda (CDC), based on sample of 17,000 people recruited into a cohort in 1995 (to date)

Adverse Childhood Experiences (ACEs) cont'd

Childhood Trauma (derived from literature search)

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

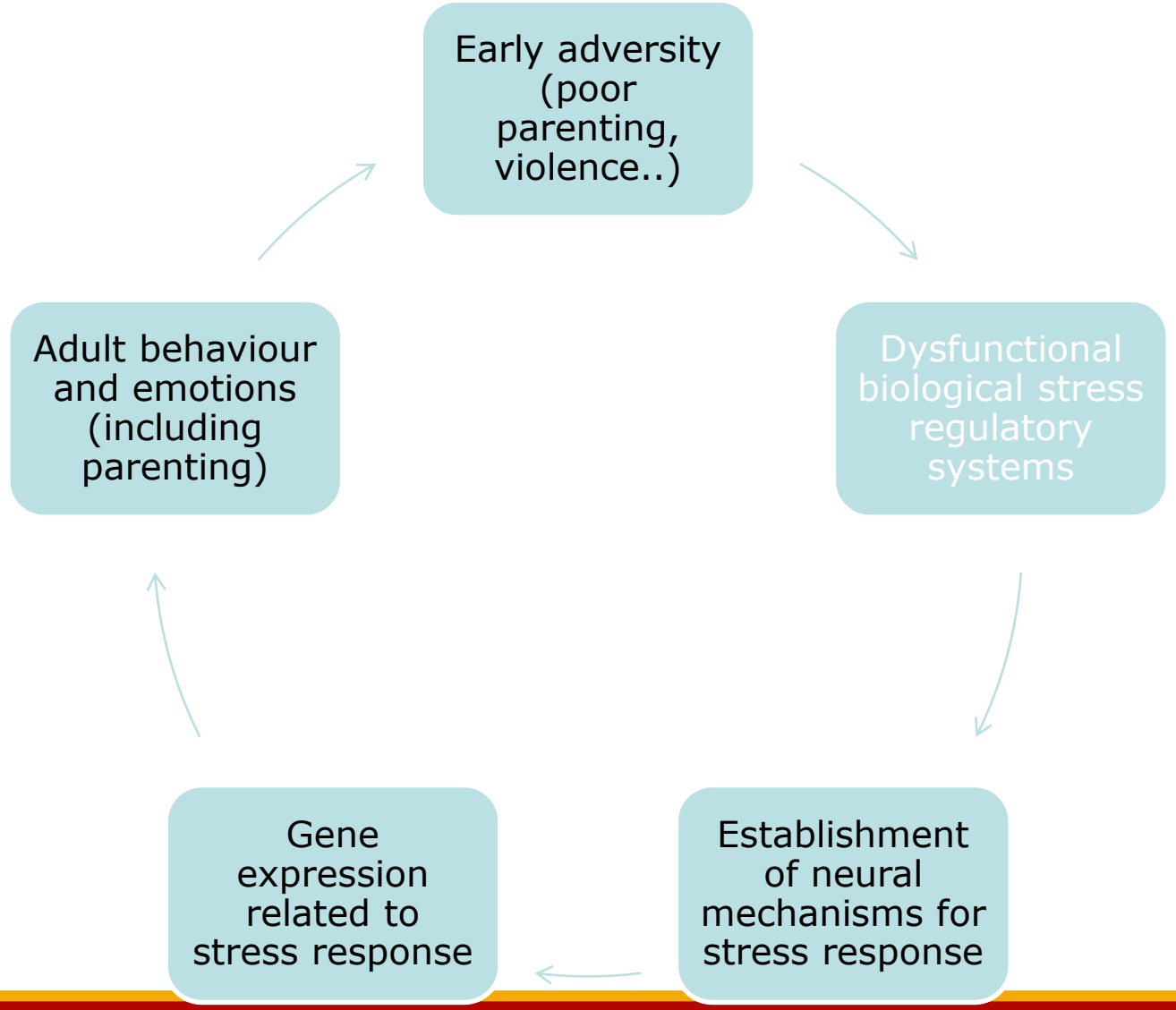
Bio-psycho-social effects of abuse

- Physical effects on body (eg violent shaking, inadequate nutrition, lack of adequate motor stimulation, or withholding medical treatments).
- Maltreatment during infancy and early childhood has been shown to negatively affect early brain development
- The immediate emotional effects of abuse and neglect (understimulation) -isolation, fear, and an inability to trust- can translate into lifelong consequences including low self-esteem, depression, and relationship difficulties.

Interaction between social and biological factors

- Strong evidence that many disorders emerging later in life are influenced by early life experiences
- Physical and emotional experiences result in establishment of patterns of psychological coping and physical reactions

- Result in cross-generational effects



Social Determinants of mental health (After Marmot et al)

- Certain groups are at higher risk due to combination of social and structural factors, often reinforcing
- Disadvantage starts early and accumulates through life
- Inequality in society has a negative impact on all in society
- Most impact can be had by not only targeting most vulnerable but having universal standards to which all are entitled ('proportionate universalism')
- Best evidence for maximal impact is early intervention in childhood

Positive, protective buffers

- Loving, responsive, stable relationships
- Good attachment

Interventions to reduce exposure, vulnerability, or impact of life events and circumstances

Negative, damaging experiences

- Violence, abuse, insecurity, trauma
- Poverty, neglect, malnutrition, low stimulation

How to protect children's mental health

Positive environmental factors

- Being in good physical health, eating a balanced diet and getting regular exercise
- Getting adequate sleep
- Having time and the freedom to play, indoors and outdoors
- Being part of a family that gets along well most of the time
- Going to a school that looks after the wellbeing of all its pupils
- Having friends and taking part in activities with other young people

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And being protected from trauma, adverse experiences, stress

How to protect children's mental health

Personal factors (building resilience)

Resilience: Having the strength to cope when faced with stressors, and the ability to solve problems

- Feeling loved, trusted, understood, valued and safe
- Being hopeful and optimistic
- Being able to learn and having opportunities to succeed
- Accepting who they are and recognising what they are good at
- Having a sense of belonging in their family, school and community
- Feeling they have some control over their own life

Protective factors

- Supportive family environments and social networks
- Parental employment, adequate housing, and access to health care and social services

Hence:

- Prevention of abuse is possible, as is improvement in mental health
- Both rely on addressing multiple risk factors at different levels, ie comprehensive programming

Individual level

- Identify mental health needs
  - Mental health problems of children
  - Level of frustration of parent/s
  - Degree of social support of parent/s
  - Parent’s mental health problems or unhealthy behaviours

- Provide appropriate treatment for parents and children
  - Many related to inter-personal relationships and social environment
  - Access to mental health care is limited in many countries

Typical situation in LAMI countries

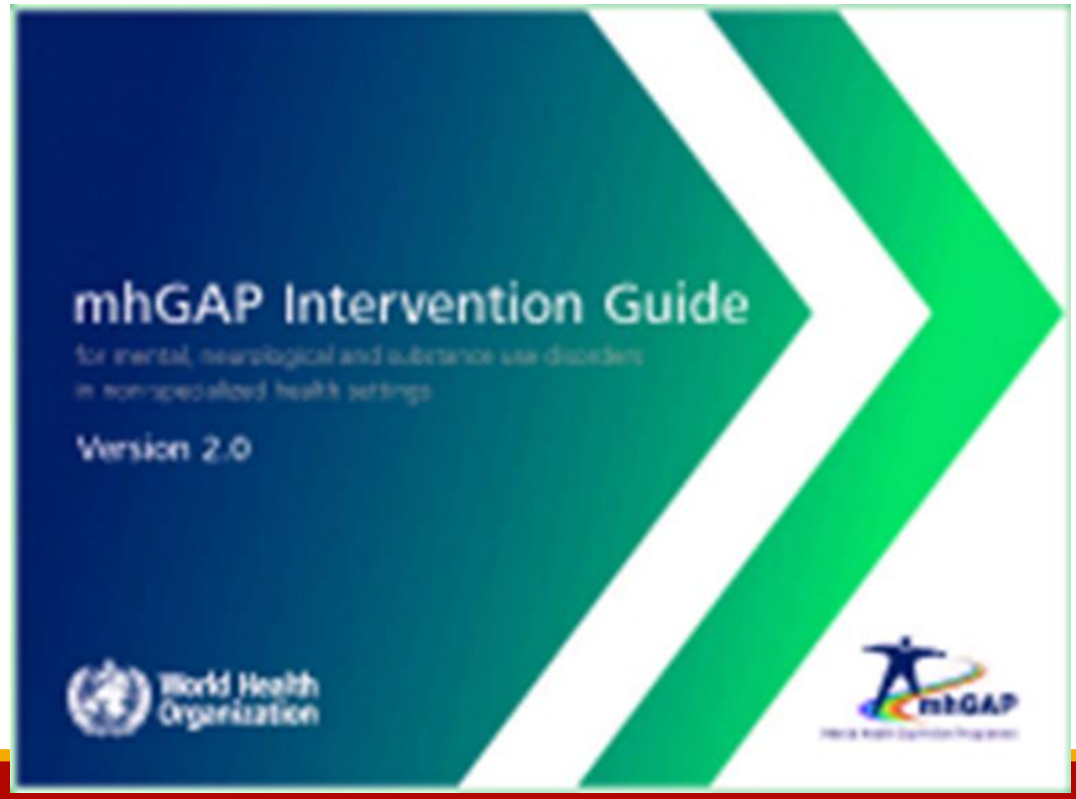
- **Low funding** (<1% of government health budget)
- Services based on **large institutions**, some of which have very poor standards or are abusive
  - Children with different disabilities may be in same institution
- **Incarceration** in prisons for people with severe mental illness, and young people
- **Stigma and discrimination** often institutionalised into law, medical practice, and all aspects of life
- Persons with mental disabilities have little voice, especially children

Notice outside Temple, Bali

Resources

- mhGAP CHW training
- Psychological First Aid
- mhGAP, including module on child and adolescent mental health
- QualityRights Toolkit
- Measurement, evaluation tools

QualityRights



Eg: Strengths and difficulties questionnaire

For screening, measuring change, stimulating discussion

All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales:

1) emotional symptoms (5 items)
2) conduct problems (5 items)
3) hyperactivity/inattention (5 items)
4) peer relationship problems (5 items)

1) to 4) added together to generate a total difficulties score (based on 20 items)

5) prosocial behaviour (5 items)

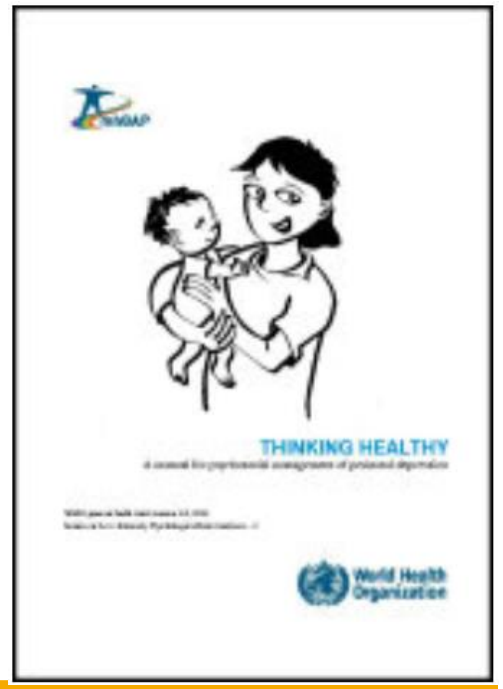
Also; impact supplement, follow up questions etc

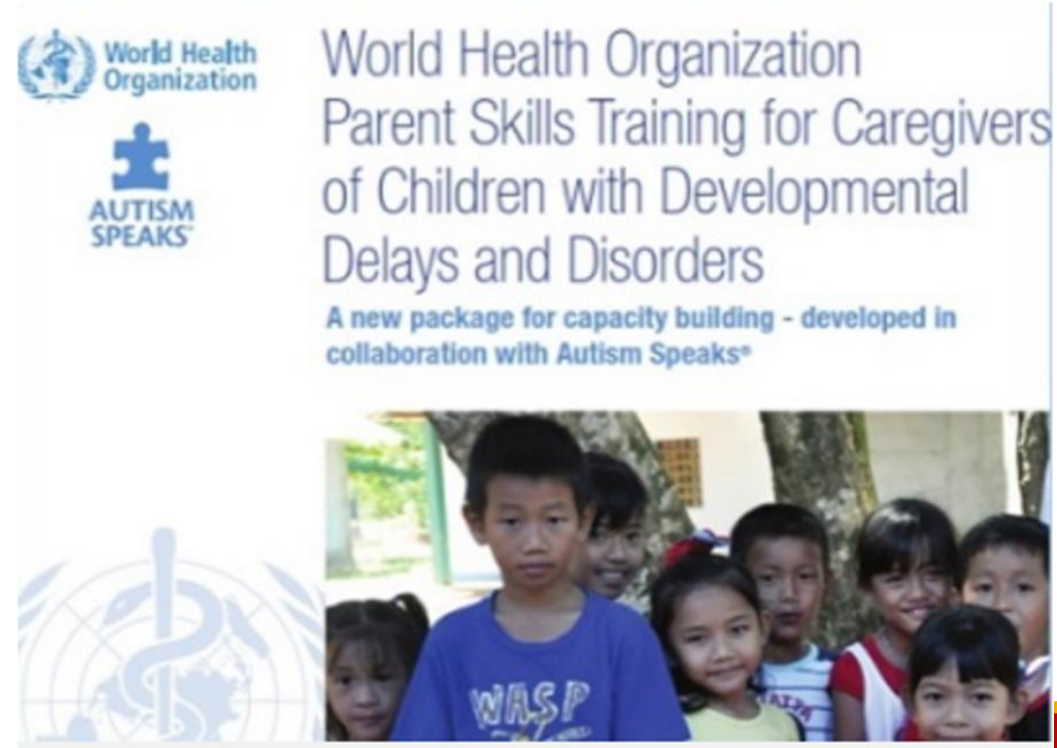
Family and inter-personal level

- Parental relationship and child-parent relationship
  - Early stimulation
  - Thinking Healthy Programme

- Parent Skills Training
  - Groups
  - Expert mums

- Family deprivation





Social

- Social deprivation, poverty, and inequity are potent risk factors for mental ill health
- Linking families to livelihood opportunities (eg child support), education, welfare
- School-based programmes for mental health literacy, reduction in suicide etc

Group Work

- Case studies
  - Engaging with own staff in relation to human rights
- Discussions
- Framework, practice examples
- Skills

? Questions

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Group Work

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Culture

- Feeling like you belong to, and are engaged in a culture is important for identity, clarifying roles and supporting transition

- Some elements of culture can be overly normative, and punish difference
  - Low status of children and young people, very strong status hierarchy
  - Punishment in the context of power imbalances, including in institutions and schools
  - Female cutting, prescriptive gender roles, sexuality
  - Understanding of causes of mental illness, blame
    - eg child witches in W and Central Africa, also in UK

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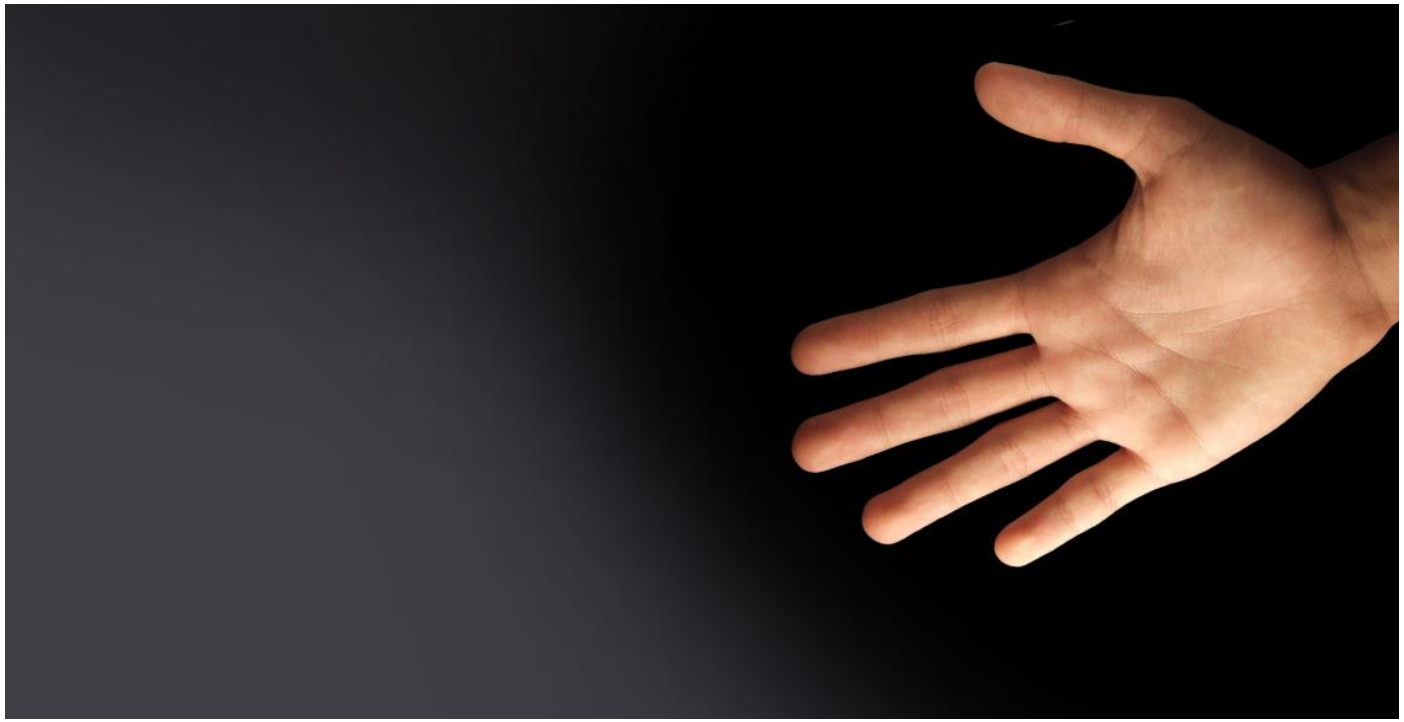
Any experiences to share?

Smacking

Spanking is a form of “legalized violence against children” according to the United Nations Committee on the Rights of the Child

Still widely practiced and Strongly defended in many countries



Meta-analysis of smacking[1]

- The more people are smacked as children, the more likely they were to exhibit anti-social behaviour and to experience mental health problems
- In a study of 160,000 people, 13 out of 17 outcomes showed a significant effect, all detrimental
- Results were not qualitatively different from more severe abuse, but to a lesser extent

Spanking and child outcomes: Old controversies and new meta-analyses. Elizabeth Gershoff, Andrew Grogan-Kaylor. Journal of Family Psychology 2016; 30(4):453-469.

Group work 1:
Case study - Smacking

- You are in a workshop with colleagues and implementation partners (Civil Society and Faith-Based organisations) in a sub-Saharan country
- Following training in human rights and child welfare, there is a very strong reaction among attendees against the idea of preventing smacking/corporal punishment in projects, and in advice to parents

  - How do you engage with those who disagree?
  - How do you manage policy change in this context?

  15 minutes to discuss, 5 minutes to feed back

Group work 2:
Considering mental health in organisations

- Consider your organisation's capacity to
    1. **Promote** good child mental health
    2. **Protect** children from harm that might lead to mental ill health
    3. **Identify, and respond to** needs of children in your organisation
- Document 2-3 ideas for each element
    - Consider individual, family, organisational and social interventions

Brainstorm

- Organisational culture change