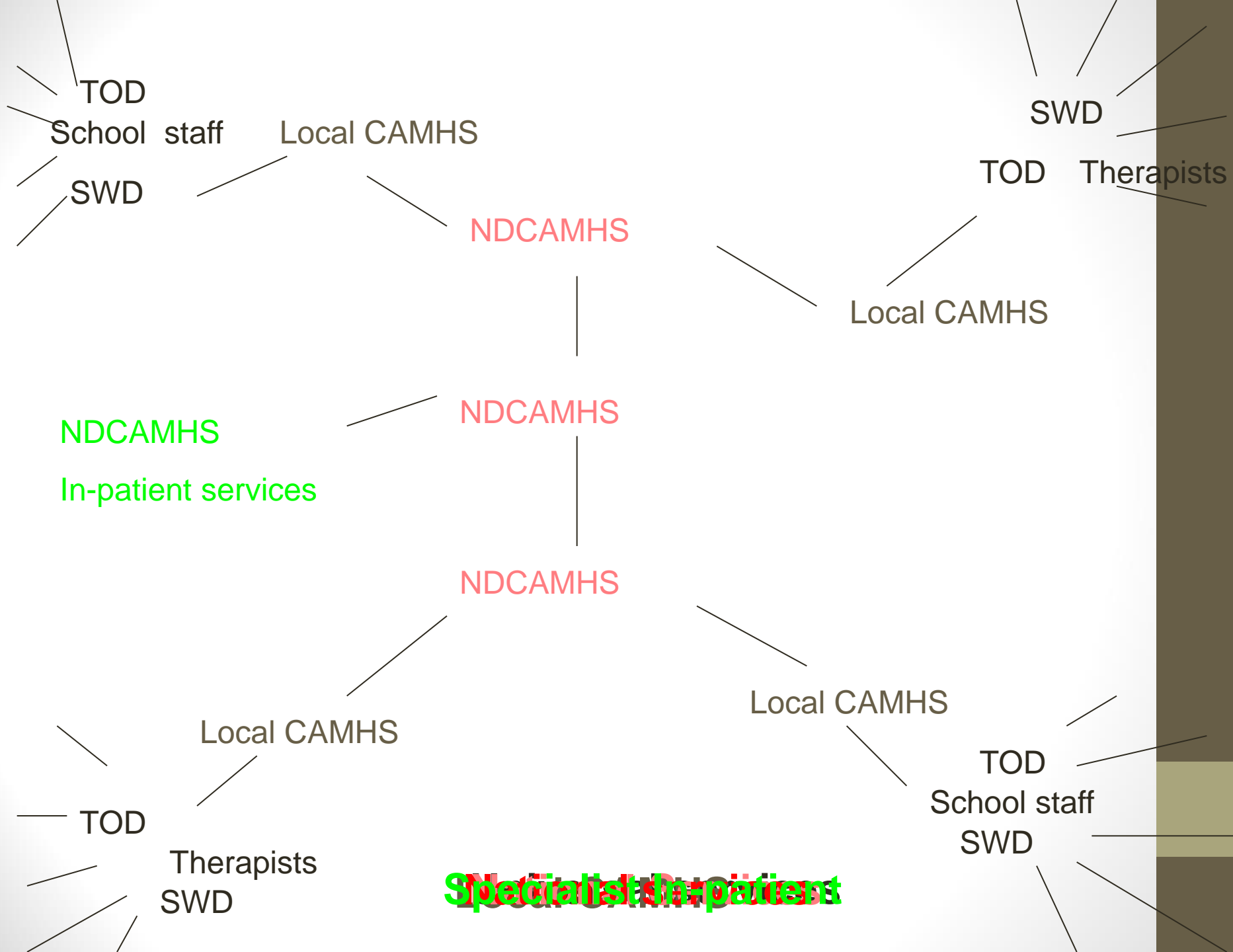


D/deaf children – How can we help when they struggle emotionally

Professor Barry Wright
Clinical Lead national Deaf CAMHS

NDCAMHS

- Who to refer to CAMHS?
- What can schools do for those not reaching service thresholds?
- How can deaf children in mainstream schools be supported in terms of positive mental health?



National Service

- 4 specialist centres

London

Dudley

York

Taunton

with 6 outreach centres in geographically spread locations

Maidstone

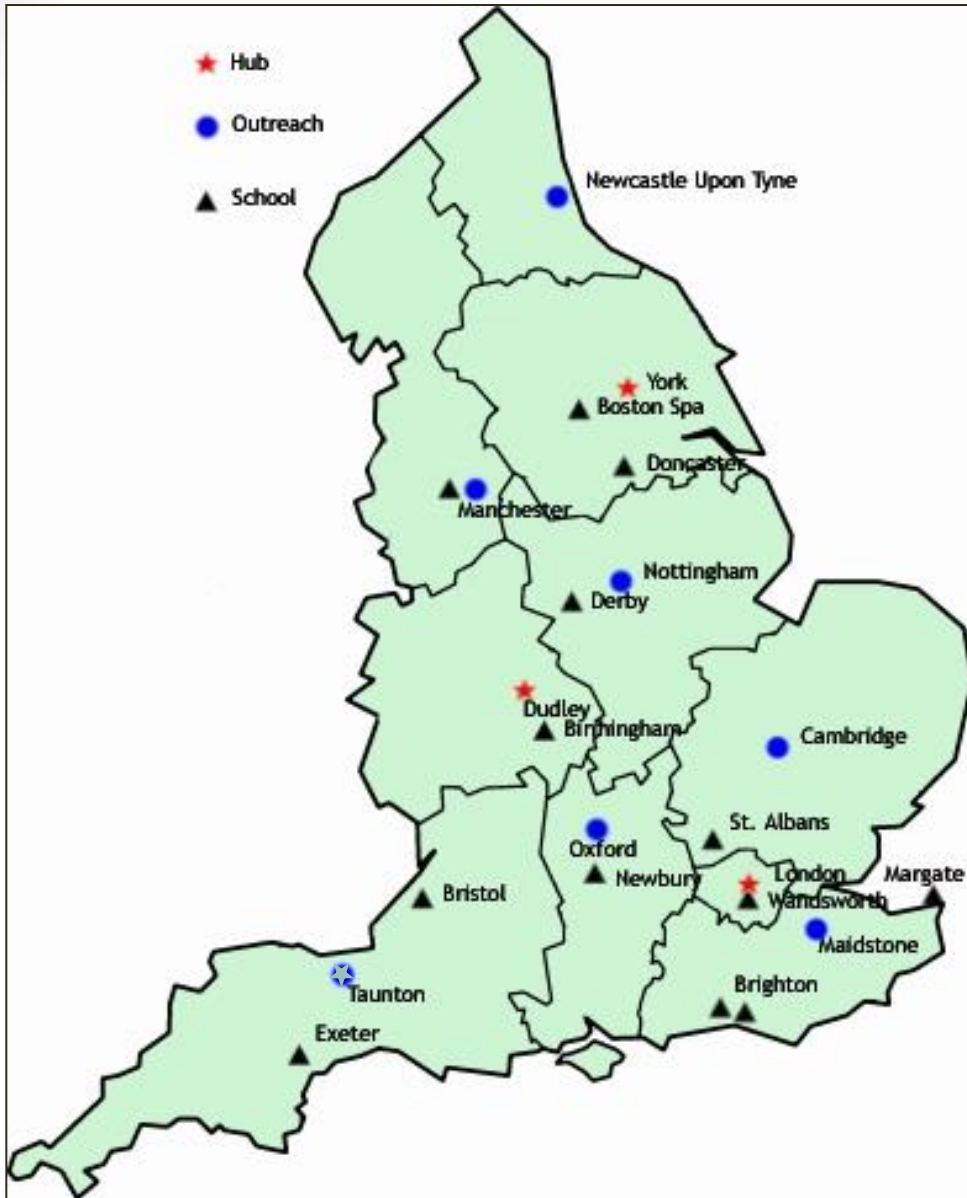
Cambridge

Nottingham

Oxford

Manchester,

Newcastle



Team

- Child Psychiatrists (0.6)
- Clinical Psychologists (1)
- CAMHS practitioners and/or Mental health Nurses (1)

- Family Support Workers (0.5)
- Specialist Deaf Outreach Workers (0.5)
- Deaf advisors

- Therapists (varies across the country)
 - Language therapists,
 - Family therapists,
 - Occupational therapists,
 - Creative therapists,
 - Psychotherapists
- Social Work Practitioners
- Managers
- Admin Support
- Interpreters
- Teachers of the Deaf

How do we organise our services?

- School
- Home
- Clinic

- Team Around the Child

- Working with
 - Child
 - Parents/carers/Family
 - Groups
 - Staff
 - Other professionals

Who to refer?

- 0-18th birthday - Severe or complex problems with...
- Deaf children (usually severe to profoundly deaf) or hearing children of deaf parents

- Depression
- Anxiety
 - Generalised anxiety
 - Panic attacks
 - Obsessive compulsive disorder
 - Severe phobia
- Developmental problems
 - Autism Spectrum Disorders (for diagnosis, and if significant emotional behavioural problems)
- Psychosis
- Post-traumatic stress (e.g. history of abuse)
- ADHD
- Tourettes
- Very severe behaviour problems

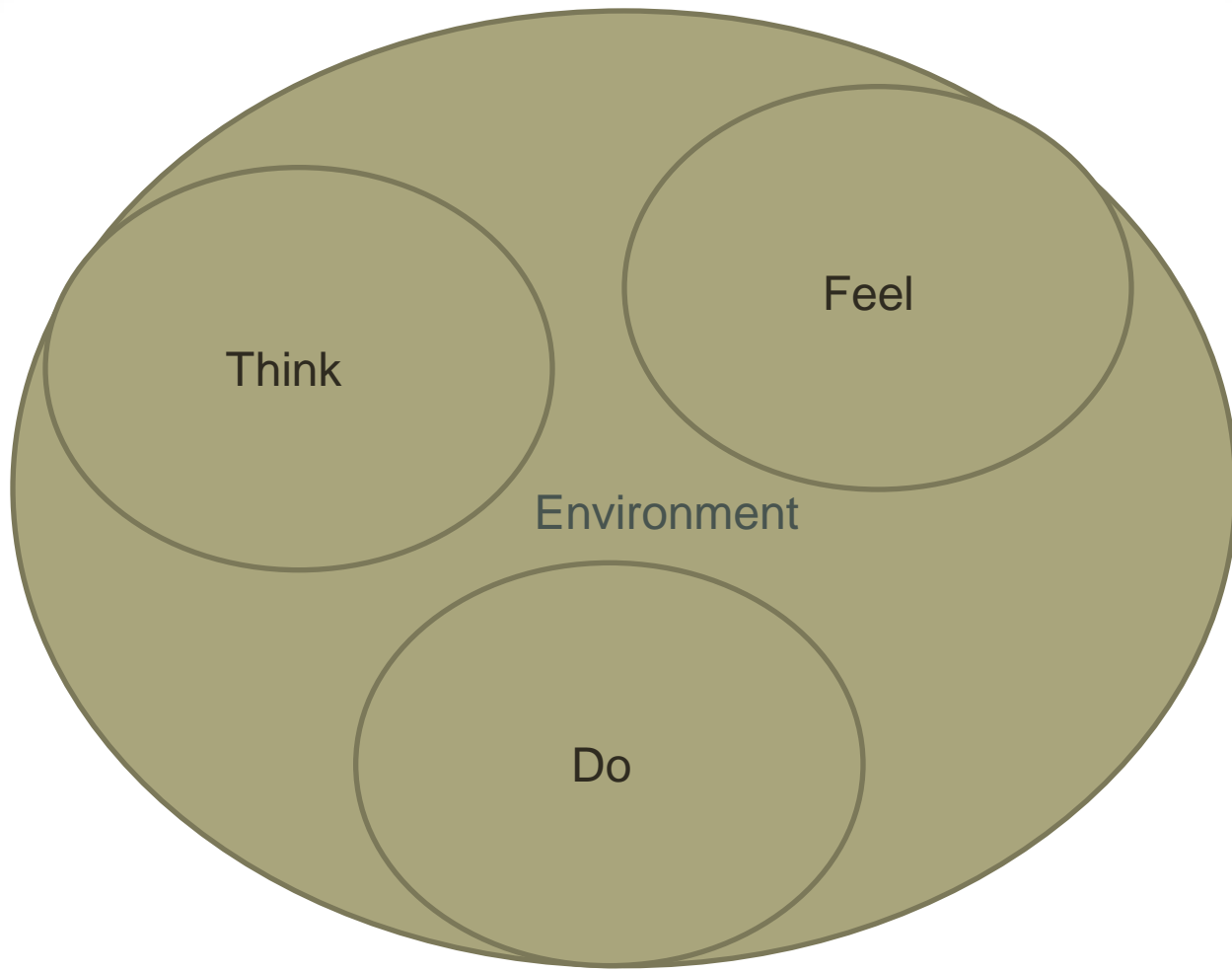
- Communication
- Family communication or dynamics problems
- Identity difficulties with distress

Themes

- Complex cases
- Developmental trajectories
 - Neurodevelopmental disorders
 - Socio-emotional developmental delay
- Significant Family problems
- Teenage Issues, coping, resilience, isolation
- Cultural, multicultural
- Safeguarding
- COMMUNICATION

Mental illness – what is it?

- Affects 1 person in 4
- Problem with how people
 - Think
 - Feel
 - Behave
 - Are supported by their environment
- Affects
 - Relationships
 - School/work
 - Quality of life



Bio-psycho-social model

What do services provide?

- Talking therapies
 - Insight
 - Resilience
 - Positive well-being
 - Example of therapies
 - Counselling – Helps us **think things through** (by non-judgemental listening)
 - Cognitive Behaviour Therapy – Changes the way we **think**

 - Social problem solving – Change how we **cope**
 - Behavioural Activation/Activity Scheduling – Changes what we **do**

 - Psychotherapy – Changes how we **feel** by helping us understanding where negative feelings and patterns come from

 - Environmental changes – creates positive helpful **environmental support** (e.g. school)
 - Family therapy – creates positive **family support**
- ... none of them are rocket science
 - Medication
 - Not so effective in young people

SYMPTOMS OF DEPRESSION

Lethargy/lack of energy and motivation

Inability to enjoy anything

Low Mood

Poor concentration
Withdrawn/isolated

Absent

Tearful

Low confidence

Disturbed sleep

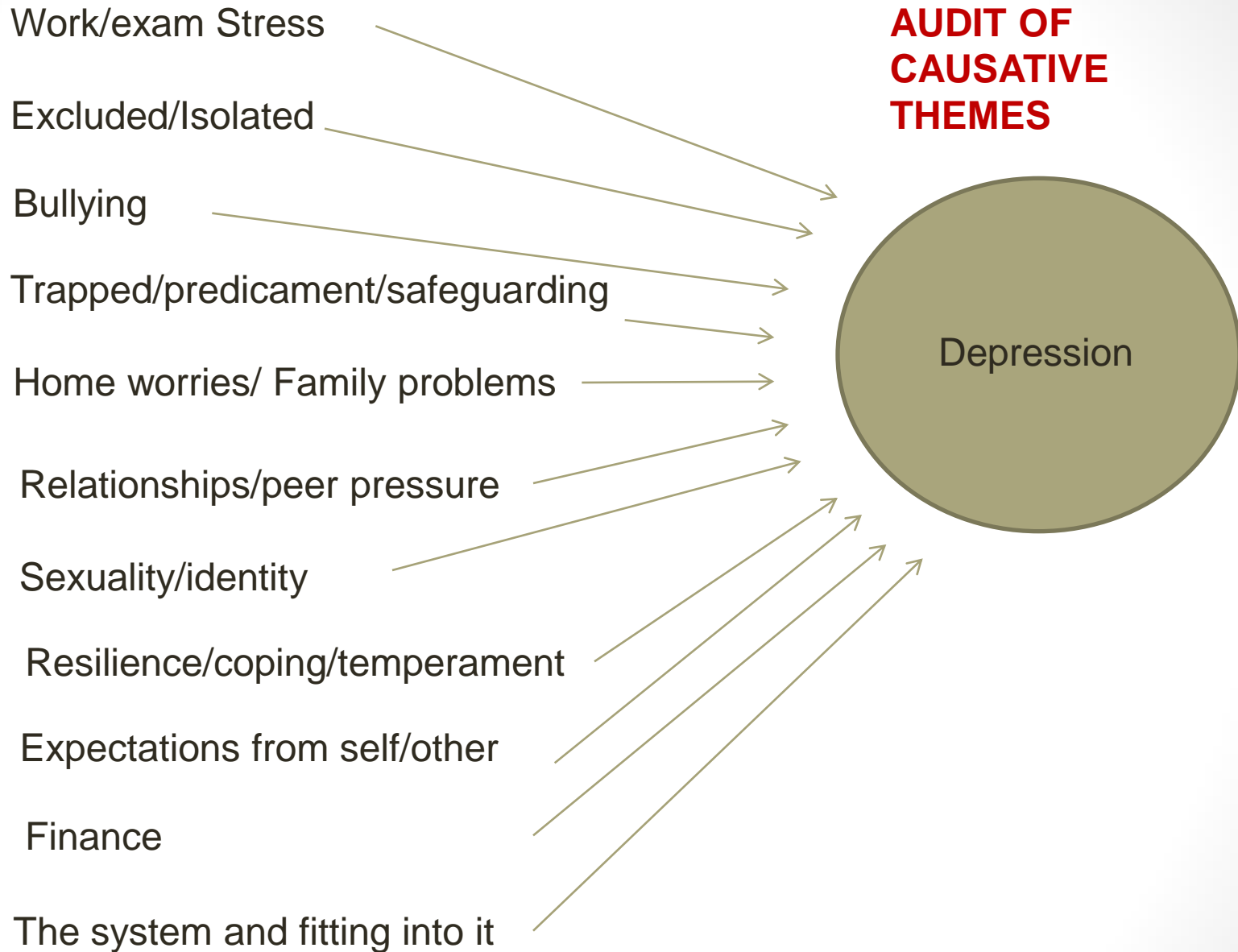
Disturbed eating

Thoughts of self harm or death

Very occasionally psychotic symptoms –
paranoia/hallucinations



**AUDIT OF
CAUSATIVE
THEMES**

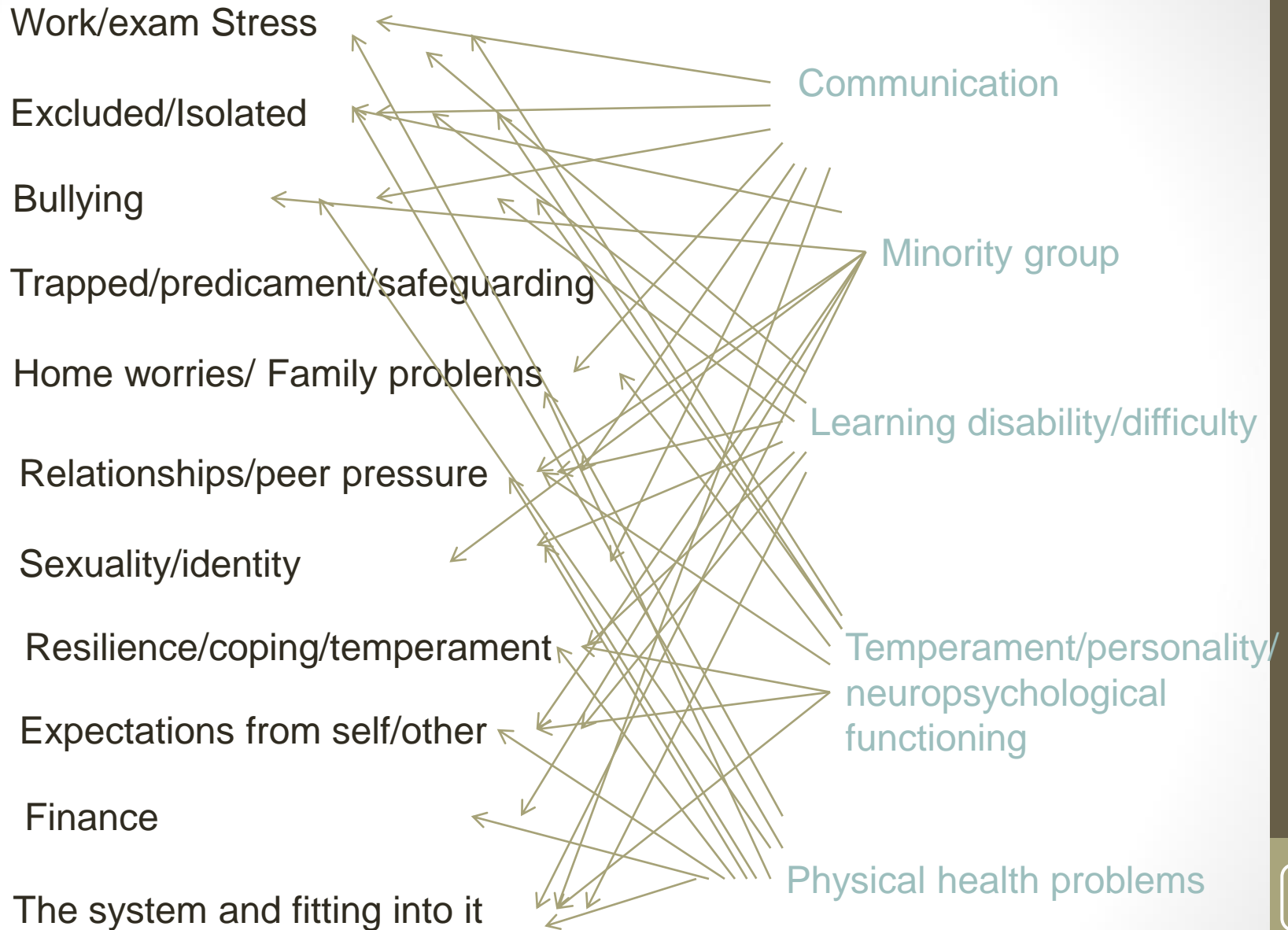


What can schools do?

Work/exam Stress	→	School, Family or Advocate
Excluded/Isolated	→	School, Family or Voluntary
Bullying	→	School, Advocate
Trapped/predicament/safeguarding	→	Social Care, School
Home worries/ Family problems	→	Family or CAMHS, School
Relationships/peer pressure	→	School, Family or Voluntary
Sexuality/identity	→	School, Family, Advocate or psychotherapy
Resilience/coping/temperament	→	School or CAMHS - CBT
Expectations from self/other	→	Family, school or CAMHS - CBT
Finance	→	Family or Local Authority, School
The system and fitting into it	→	Local Authority alternatives, School

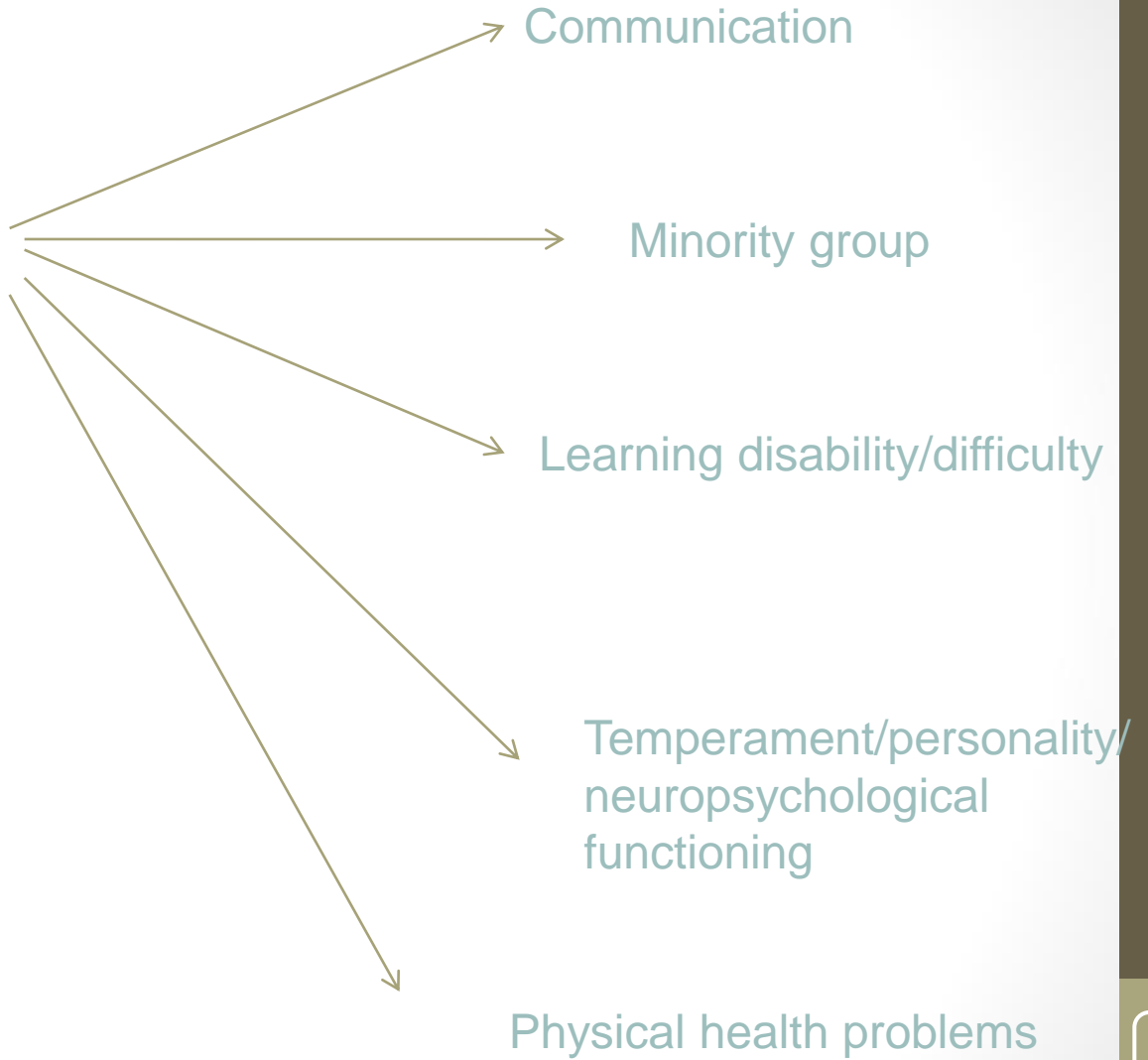
- Work/exam Stress → Restructured programme/
extra support
- Excluded/Isolated → Schedule activities with support
- Bullying → Culture/action/policy/avoid
desensitisation
- Trapped/predicament/safeguarding → Be available/ procedures
- Home worries/ Family problems → Family discussion/support to child
- Relationships/peer pressure → Pastoral/Mentor/parent/peer support
- Sexuality/identity → PHSE/Pastoral/Mentor/parent/peer
support
- Resilience/coping/temperament → PHSE/coping strategies/CBT
- Expectations from self/other → Pastoral /Mentor/parent/peer support
- Finance → Pastoral /Mentor/parent/peer support
- The system and fitting into it → Pastoral /Mentor/parent/peer support

Some risk factors



A meta risk factor

Deaf children



Research

- Deaf people's experiences:
 - Immature socially and emotionally when young (miss lots of what is going on in classroom and at home)
 - Deaf children need more social and emotional information
 - Deaf teenagers needing more active parenting than hearing peers
 - Fear of growing up and moving into hearing world
 - Think visually and rely on visual cues ++
 - Family communication issues
 - Many report very poor experiences in school when they reach adulthood
 - Poor learning despite being bright
 - Poorer educational and workplace outcomes

How to improve child mental health in deaf children

- All of us have a role
 - National deaf CAMHS
 - Other generic child and adolescent mental health services (CAMHS)
 - Schools and local authorities
 - residential provision,
 - hearing impaired units in mainstream,
 - Mainstream with support
 - Teachers of the deaf, social workers for the deaf, sensory support teams
 - All professionals working with children
 - Interpreters and communication support workers
 - Parents, family and carers
- We are all advocates

Advocacy

- Great job that professionals do to support deaf children
- Constantly looking to improve children's lives

Research into Autism

- Improving autism assessments for deaf children
- Does it present differently in deaf children?

- Medical Research Council research up and running:
 - NEED:
 - 65 deaf children with autism
 - 65 deaf children without autism
 - 65 hearing children with autism
 - Barry.wright1@nhs.net
 - Helenphillips4@nhs.net

- Please help us if you can

Questions?

Some examples

Anxiety Disorders

- Phobic anxiety disorders
 - Specific phobia –dogs/balloons etc
 - Social anxiety disorder
 - Agoraphobia
- Panic disorder
- Generalised anxiety disorder

Phobias

- Can be common and transient and normal
 - Animals, dark, noises, death, disasters
- But can cause more avoidance and distress
- Often triggered by traumatic event and leads to avoidance which parents reinforce
- Can be fear of social situations or going out at all - agoraphobia

Symptoms of panic:

- Feel - Caused by release of adrenalin
 - Heart pounding – chest tight/pain
 - Breathe more quickly – tingly fingers
 - Feel faint/dizzy
 - Feel sick
 - Sweaty/muscles tight
- Think:
 - I am going to die
 - I am going to collapse
 - I am going mad

Panic disorders

- Panic attacks
 - Happen at any time
 - Last 30 – 40 minutes
 - Lead to a **state of anticipatory anxiety**
 - Leads to **avoidance of situation**

Generalised anxiety

- Constant irrational worry
- Uncontrollable and distressing
- Every day for months
- Feel on edge, irritable, can't concentrate, can't sleep, always expect the worst, muscles very tense

Treatment of anxiety disorders

- Education about cause of symptoms
- Teach them how to recognise early signs of worry
- Teach how to relax
- Teach to challenge irrational thoughts
- For phobia's – desensitise to fear
 - Talk about it
 - Look at pictures/videos of it
 - Experience it directly

Obsessive Compulsive Disorder

- Needing to do things in a certain way is common
- But if it affects everyday life or is upsetting then it might be OCD
- Affects 0.05% children
- Tends to run in families, and can happen after certain illnesses

OCD

- Obsessions:
- Intrusive and unwelcome thoughts
 - Fear of dirt, dirt will make me ill, I might die
 - “I must count to 20 or something bad will happen”
- Compulsions:
- Needing to need to do repetitive actions
 - Need to wash hands for 2 hours a day
 - Counting, checking, ordering, hoarding

OCD- Treatment

- Depends on the age of the child
- Younger ones
 - Work with parents to stop responding to need for rituals
 - Teach basic anxiety management
- Older ones
 - Behaviour therapy, taking back control
 - Exposure and response prevention
 - Medication if nothing works

Psychosis – what is it?

- An illness when people don't know what is real
 - Hear/see/feel things that are not there – hallucinations
 - Believe things that are not true – delusions
 - Thinking very muddled– thought disorder
- 3 in 100 develop in their lifetime, 30% only have one episode
- Different causes
 - Schizophrenia, drugs, mania, depression, physical illness, very high stress, sleep deprivation

Eating Disorders

- Eating problems in children are common
- But teenagers can develop more serious problems
- 1-2 % of girls suffer from an eating disorder at any one time
- It is one of the most serious mental health problems in teenagers
- Girls 10 x as likely to have it as boys

Anorexia Nervosa

- Very low body weight by
 - Avoidance of food
 - Over exercise or vomit
- Fear of fatness
- Distorted body image
- Periods stop
- Mortality high (10% or higher)

Bulimia Nervosa

- Binge eat – large amounts of food
- Make themselves sick, take laxatives
- Obsession with calories
- Low self esteem, feel out of control
- But maybe normal weight
- High rates of physical complications

Eating disorder - causes

- Genetics
- Psychological
 - Low self esteem
 - Perfectionist, high achievers
 - Need to control
 - A way of avoiding growing up
- Family
 - Avoiding conflict, absent father and overinvolved mother
- Society
 - Thin as attractive

Eating Disorder - treatment

- Specialist eating disorder teams
- Monitor and assess physical state
- Psychological therapy
 - Motivational interviewing, CBT
- Family therapy
- Inpatient treatment
 - May involve tube feeding

Eating disorders in deaf children

- Autism
 - Families of deaf children who would be willing to help us

Self harm

- A behaviour
 - On the increase
- Why?
 - Depression
 - Emotional regulation/emotion literacy
 - Expression of negative self view
 - Lack of ability to process emotions
 - Maladaptive coping strategy for stress
 - Care seeking and care giving (attachment)
 - To exit from a predicament
 - OCD
 - Sub-cultural
 - Other

Self harm

- Treatment involves addressing the stressor

Questions?