



HEALTH MATTERS FOR CARE-EXPERIENCED CHILDREN AND YOUNG PEOPLE

Who looks after their mental and emotional wellbeing?

Presented by Anne Wilson, Head of Development, Children's Health Scotland



**Children's
Health Scotland**

A close-up photograph of a person's hands writing on a white piece of paper. The left hand is flat on the paper, and the right hand holds a black pen, having just finished writing the word 'rules' and drawing a short horizontal line underneath it. The words 'Know the' are written above 'rules' in a cursive, handwritten style. The background is a blurred, metallic surface.

Know the
rules

HOUSEKEEPING AND GROUND RULES

HOUSEKEEPING

- Fire alarms
- Comfort breaks
- Mobile phones

GROUND RULES

- Confidentiality
- Listen to each other
- Respect others' views
- Take responsibility for yourself
- Use of I statements

- 1 Why are there often difficulties with mental/emotional health?
- 2 Help carers develop the knowledge and understanding of neuro-development/brain development.
- 3 Identify some of the challenges and behaviours associated with this area of health.
- 4 Explore some strategies which help and coping mechanisms.
- 5 Become aware of other resources of help.
- 6 Increase confidence in coping with and managing their mental health needs.

SESSION AIMS



A TWO YEAR OLD GOES TO HOSPITAL

James Robertson Films

MENTAL HEALTH AND WELLBEING

What comes into
your mind when you
hear the term
mental health?



WHAT'S IN A NUMBER?

1 in 10

1 in 4

6 in 10

9 in 10

35 million

• All cYP

PREVALENCE OF PSYCHIATRIC DISORDER IN LOOKED AFTER CHILDREN

The first study to identify the high level of diagnosable psychiatric disorder in looked after children was undertaken in Oxfordshire.

Incidence of mental disorders:

- 15% for a control group
- 67% for young people in foster care
- 96% for young people in residential care

Source: McCann, J. et al (1996) Prevalence of psychiatric disorders in young people in the care system. British Medical Journal 313 1529-30

SUBSEQUENT STUDIES

- Glasgow study assessing children at point of entry into care 1999
- ONS Study in England 2003
- ONS Study in Scotland 2004
- Residential health care project Lothian 2004.

All the studies found that the majority of looked after children have mental health problems compared to a rate of 10-15% in the general child population.



KEY AREAS OF MENTAL DEVELOPMENT

- Attachment.
- Trauma and neglect.
- Brain development.
- Resilience and emotional literacy.

CONNECTED

It is now accepted that a baby's emotional environment will influence the neurobiology that is the basis of mind..... the most vital part is the emotional connection with the care giver.





CONNECTED

The Still Face
Paradigm.

WHAT DOES AN EMOTIONALLY HEALTHY CHILD LOOK LIKE?



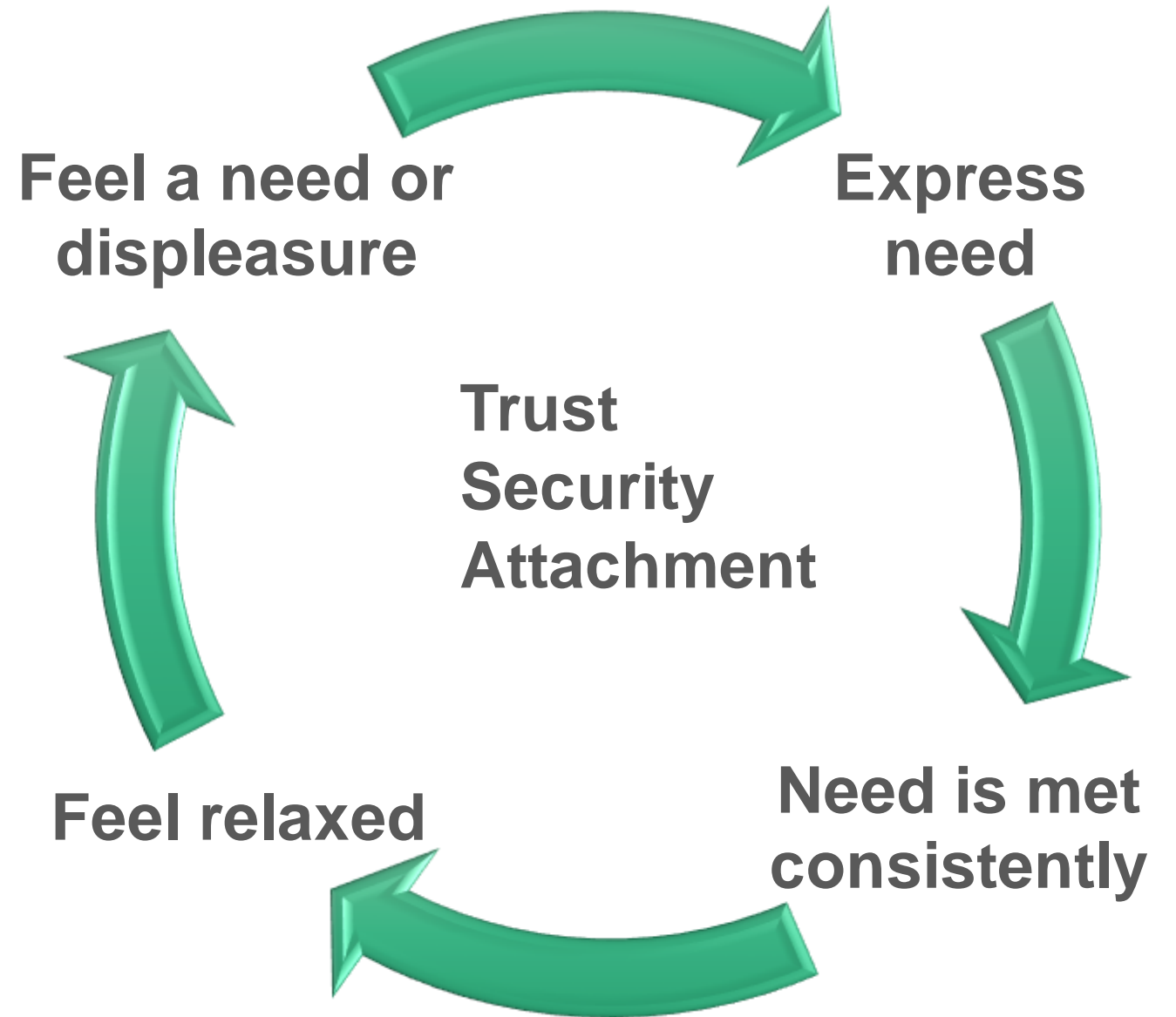
- 1 Trusted care giver.
- 2 Other adult relationship.
- 3 Community.
- 4 School/nursery.
- 5 Activities and physical activity.
- 6 Things they are good at.
- 7 Sense of personal achievement.

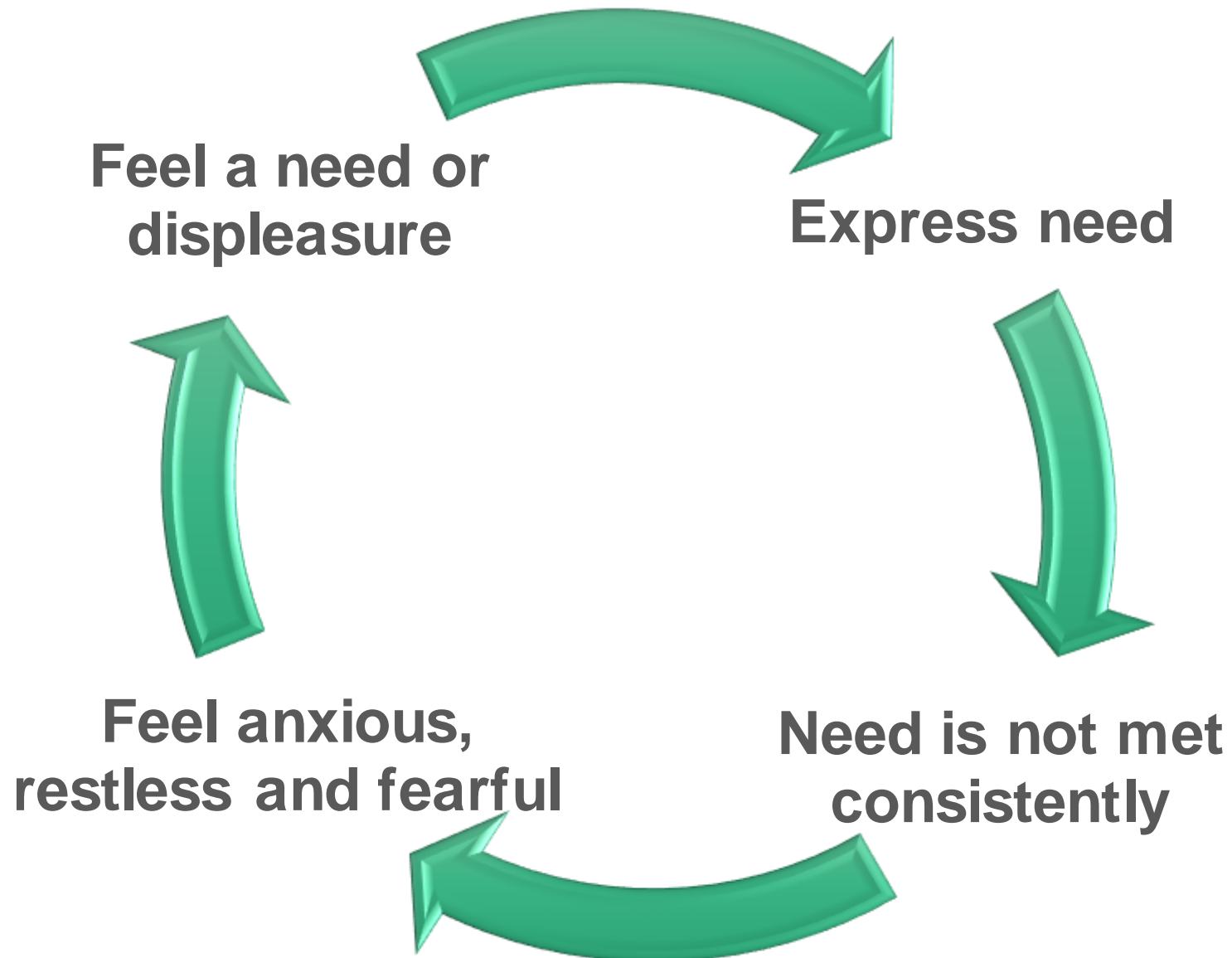


CORE MESSAGES

- Infants arrive already connected to others.
- Infants brains are shaped by the connectedness they feel/experience.
- Problems for society stem from the lack of connectedness in babies who go on to become adults.

CYCLE OF ATTACHMENT (SECURE)





CYCLE OF ATTACHMENT (INSECURE)

INTERNAL WORKING MODEL

The early emotional and social experiences that we have help us to construct an internal working model of relationships that affects the way we relate to the external world.





INTERNAL WORKING MODEL

Not all children will carry positive internal models in their minds and consequently may view the world as a hostile and threatening place.



WHAT CAN IMPEDE THE DEVELOPMENT OF SECURE ATTACHMENT?



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Health Scotland

Positive attachment

Relationships provide children with a secure base from which to explore their world.

Insecurely attached

Children have to concentrate on safety and survival and are less able to explore freely.

This has an impact on children's ability to learn.

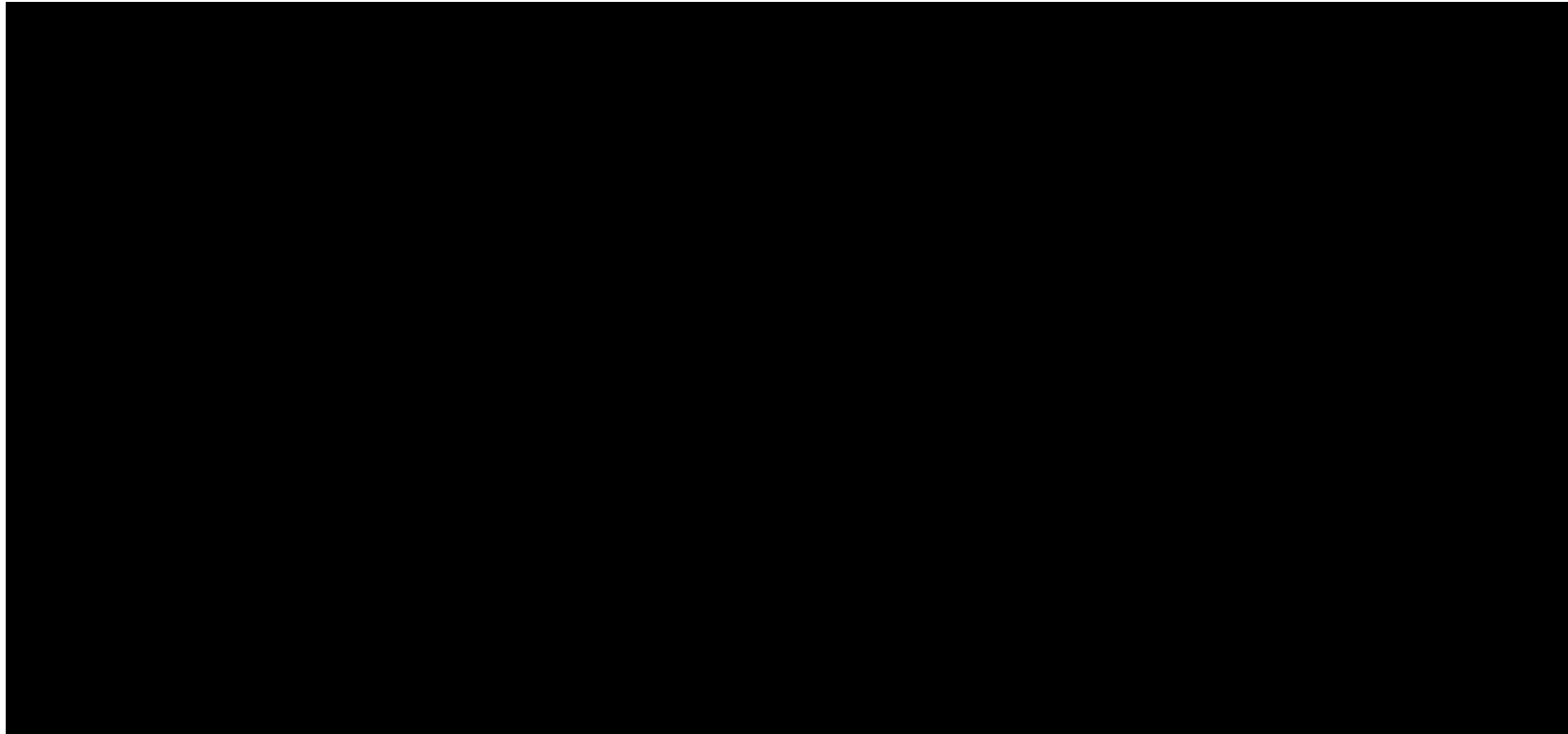
WHAT IS TRAUMA?

A trauma is a psychologically distressing event that is outside the range of usual human experience. Trauma often involves a sense of intense fear, terror, and helplessness.



TRAUMA MEMORIES?

CRAIG'S STORY: CLASSROOM



UNDERSTANDING TRAUMA

- A child or a young person can be traumatised by one overpowering event or many events over time.
- Children in vulnerable situations are commonly traumatised by living in chronically chaotic and violent households with few adult-child boundaries and neglectful parenting.
- In addition, they often suffer specific incidents of abuse from an early age. This type of traumatisation is different from reactions caused by single overpowering events though there are similarities in both the emotional and physiological response to threat.
- Children and young people (CYP) with poor attachments prior to traumatic experiences are more severely affected by trauma.
- CYP affected in this way, often have no understanding that experiences of chronic trauma, which have been commonplace to them, are out of the ordinary.
- They also often cannot remember the details. Seemingly benign events in the present (such as a perfume smell or a voice) can trigger trauma memories when the child experiences emotional and physiological responses similar to those experienced when the trauma first occurred, such as flashbacks or sudden panic attacks.



WHAT IS WORSE THAN AN INSECURE ATTACHMENT?

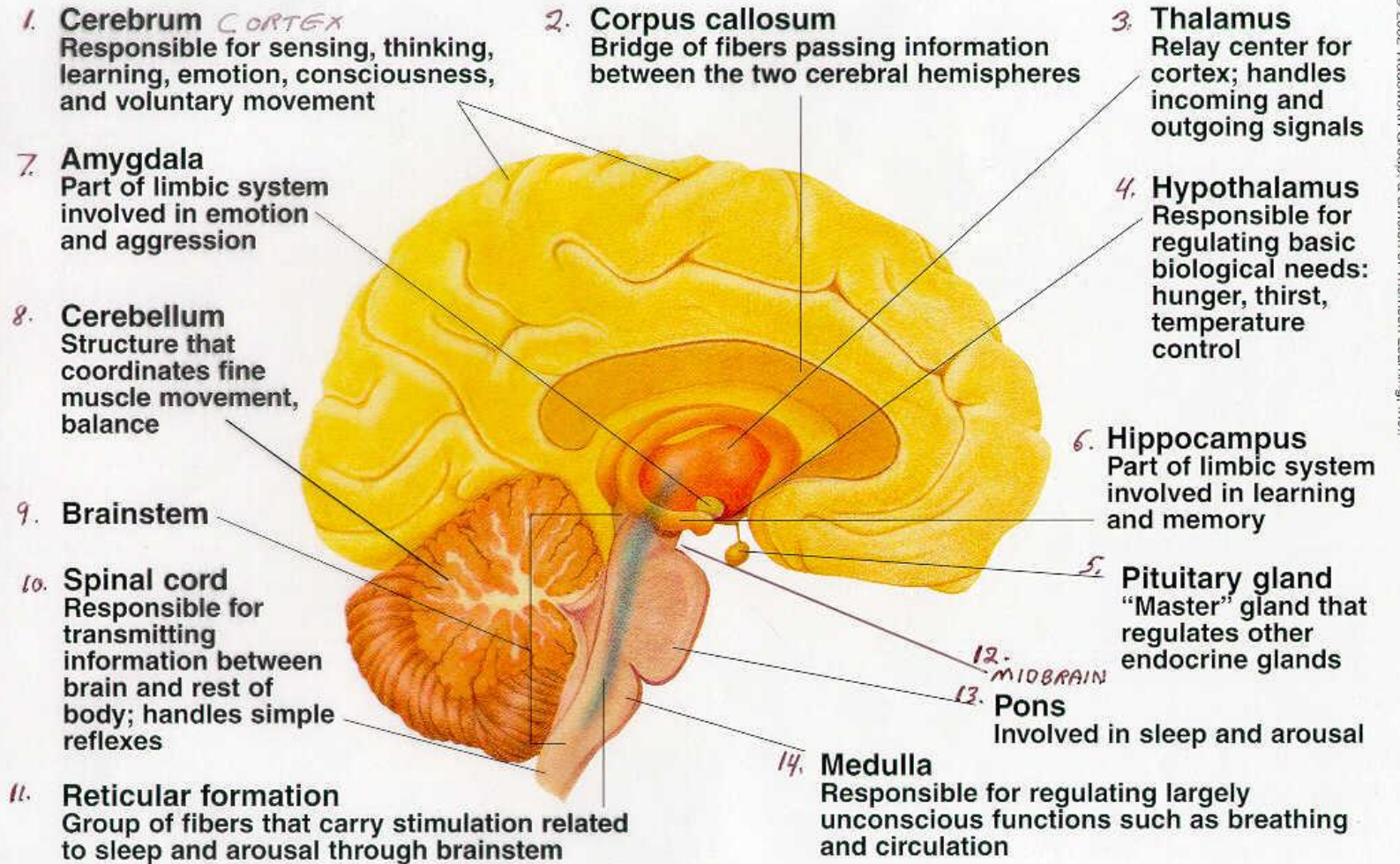
Remember a time when you have been very frightened. Talk to your partner about:

1. What responses occurred in your body?
2. What do you remember of your feelings at the time or shortly afterwards?

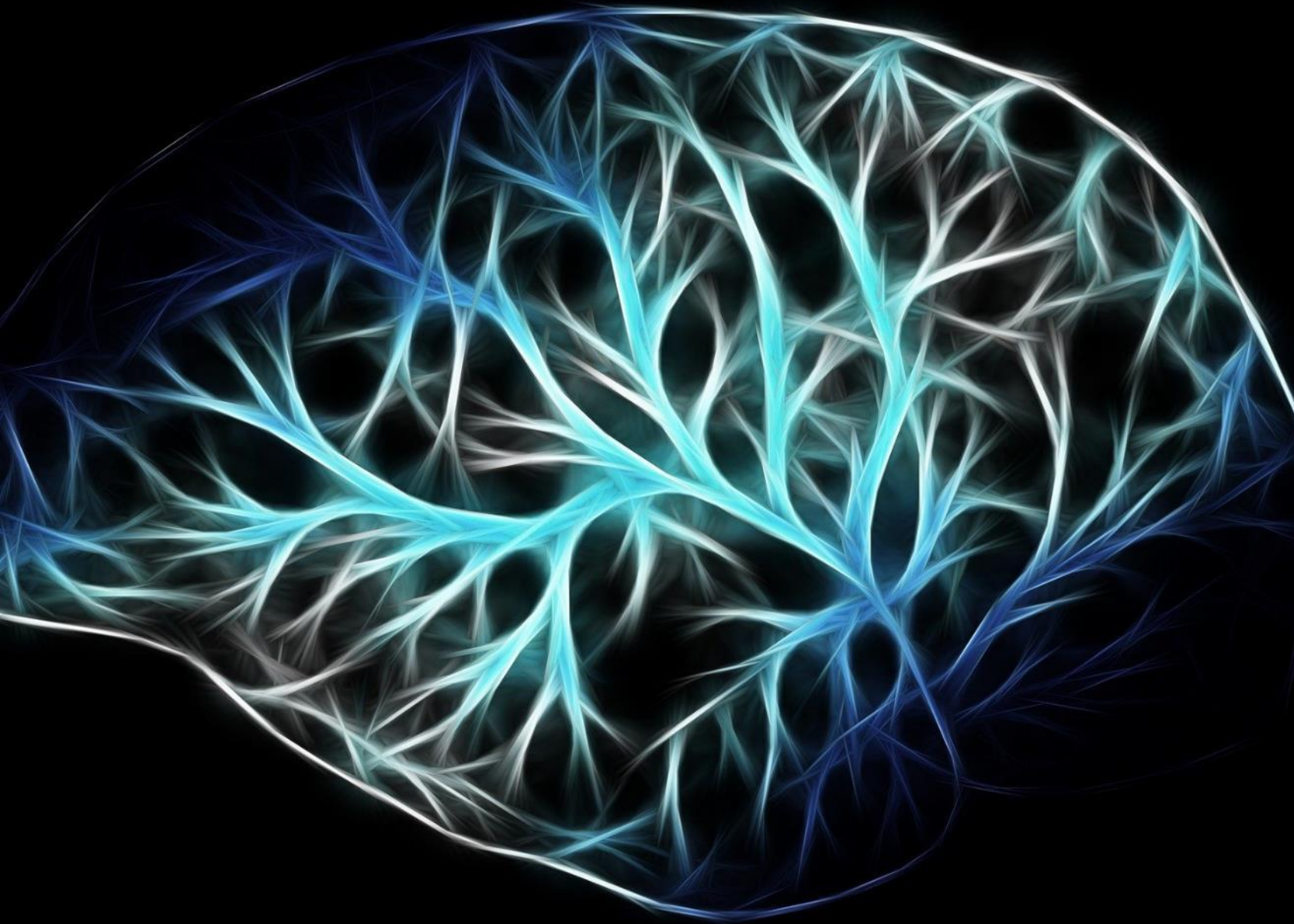


WHAT IS WORSE THAN AN INSECURE ATTACHMENT?

STRUCTURES AND AREAS IN THE HUMAN BRAIN



Structures and areas in the human brain



THE BRAIN

The most **immature** of the body's organs:

- Age 1 – 70% of its final mass
- Age 3 – 90% of its final mass.

All other organs are fully formed – small but all there.

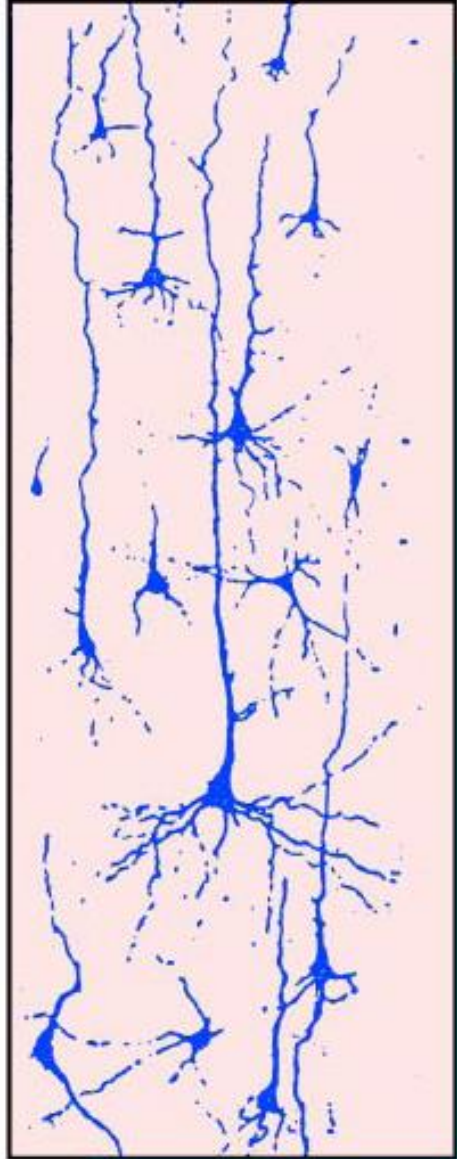
What does this mean for brain development?

A TRANSPORT SYSTEM

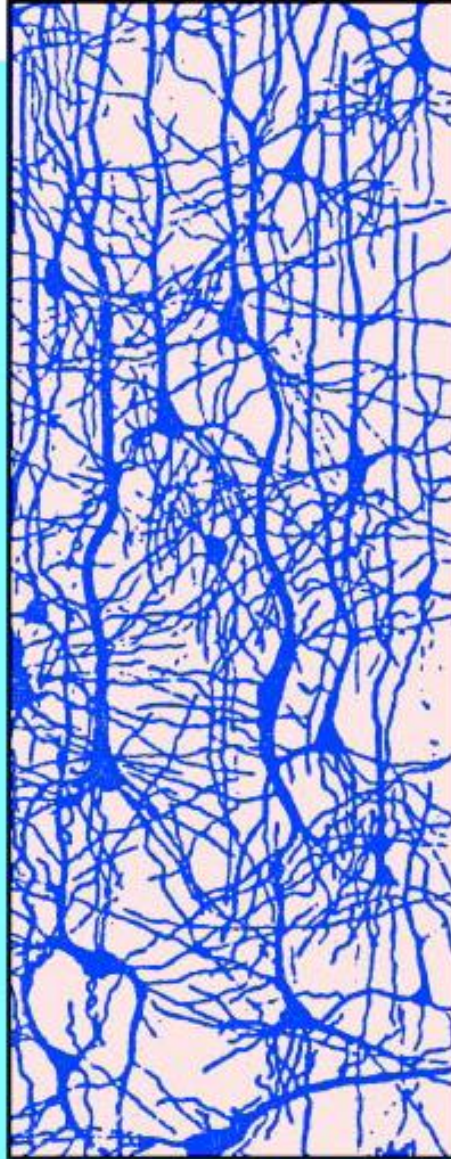
The brain is a transport/motorway system created in response to what you have found or experienced.



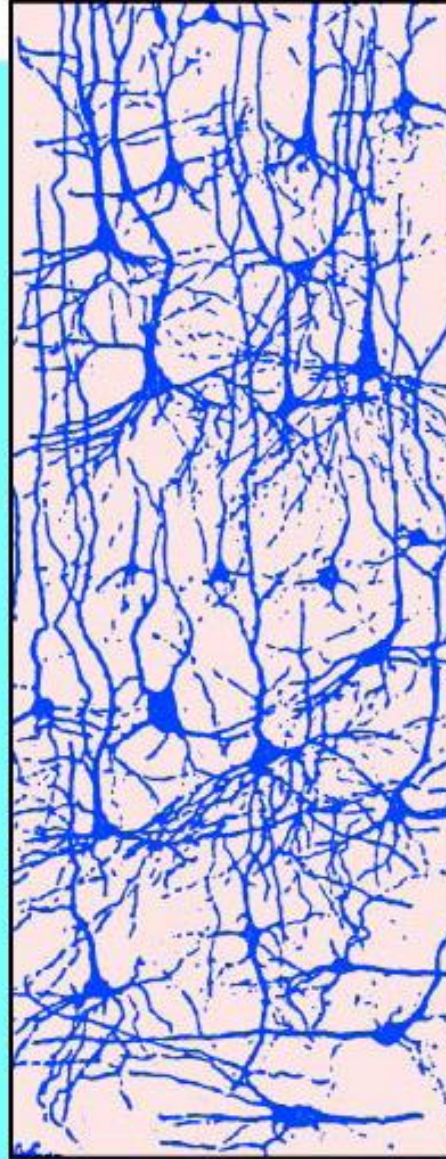
At Birth



6 Years Old



14 Years Old



PROLIFERATION AND DECLINE IN SYNAPTIC CONNECTIONS IN CHILDREN

Early Years

Brain development/transport system built for a particular weather system.

Primary School

Everything is developing superfast.

Adolescence

Window of opportunity (reconstruction, pruning and efficiency).

Adult phase

How to get off the tramlines you are on OR do not get on in the first place!

Elderly Phase

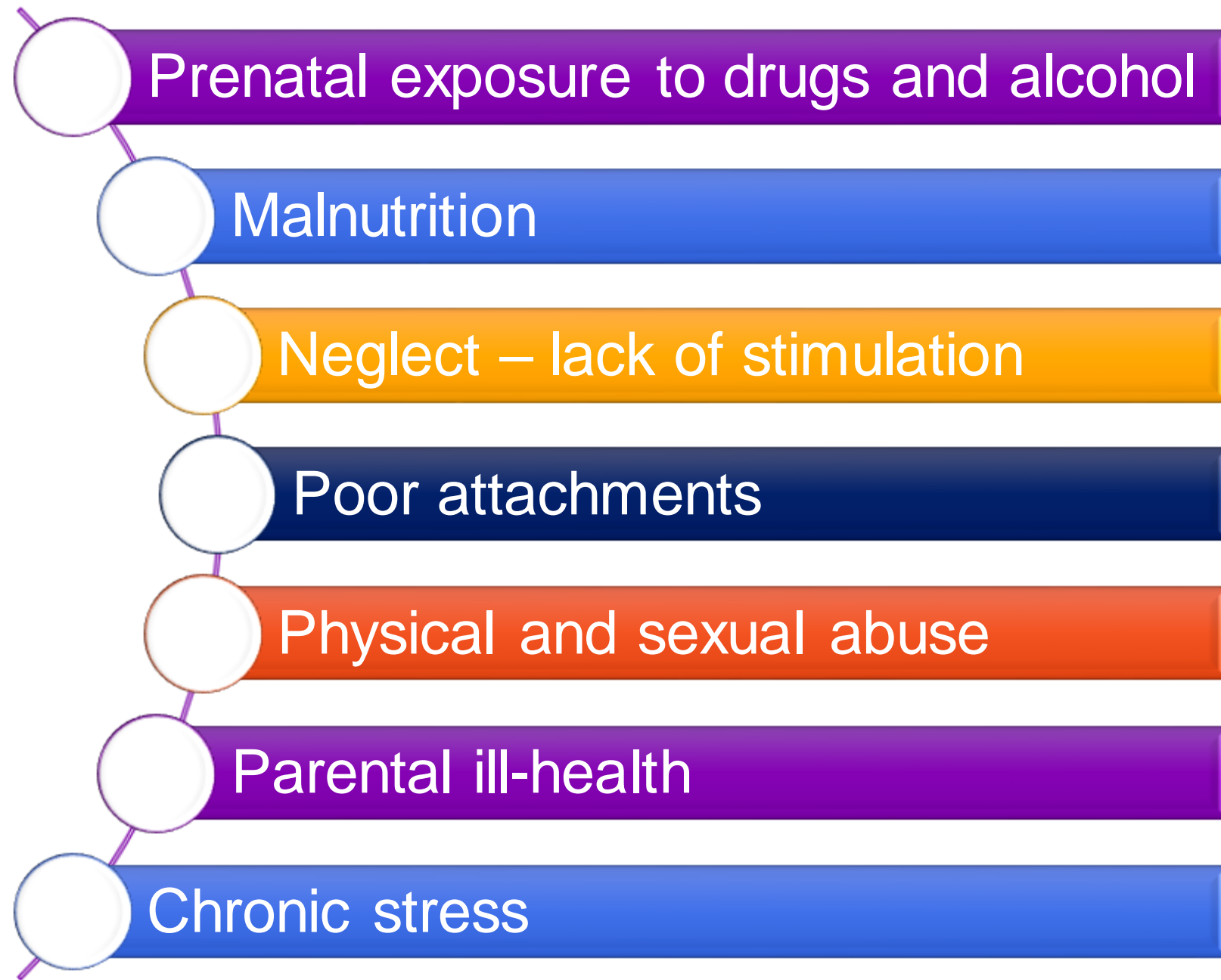
Regular upkeep and repair work keep it functioning.

BRAIN DEVELOPMENT

The way the child is stimulated and soothed shapes the brain's neurobiological structure.

What happens in the early years has a direct impact on the child's capacity for living, learning and relating as a social being.





WHAT PREVENTS NORMAL BRAIN DEVELOPMENT?

US Department of Health and Human Services

IMPACT OF UNREGULATED STRESS



All infants experience stress.

Most infants are helped to manage this by those adults who love and care for them.

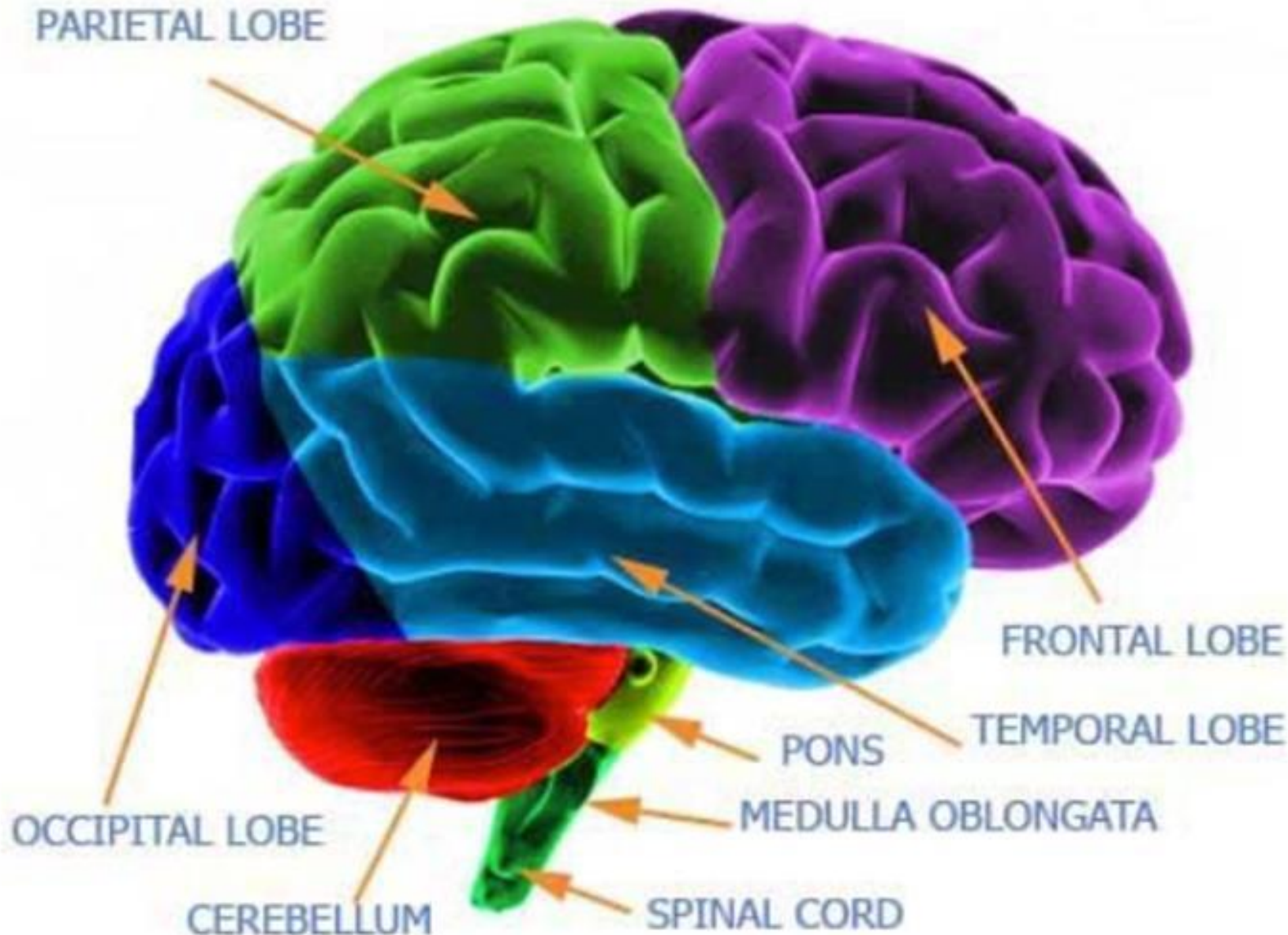
If an infants experience is predominantly of neglect or fear then they will be in a state of unregulated stress.

The neuronal pathways that are most used are those associated with stress, alarm and fear.

Pathways that are associated with trust, soothing and pleasure remain undeveloped.

LOBES OF THE BRAIN

The frontal lobe undergoes far more change during adolescence than at any other stage of life.

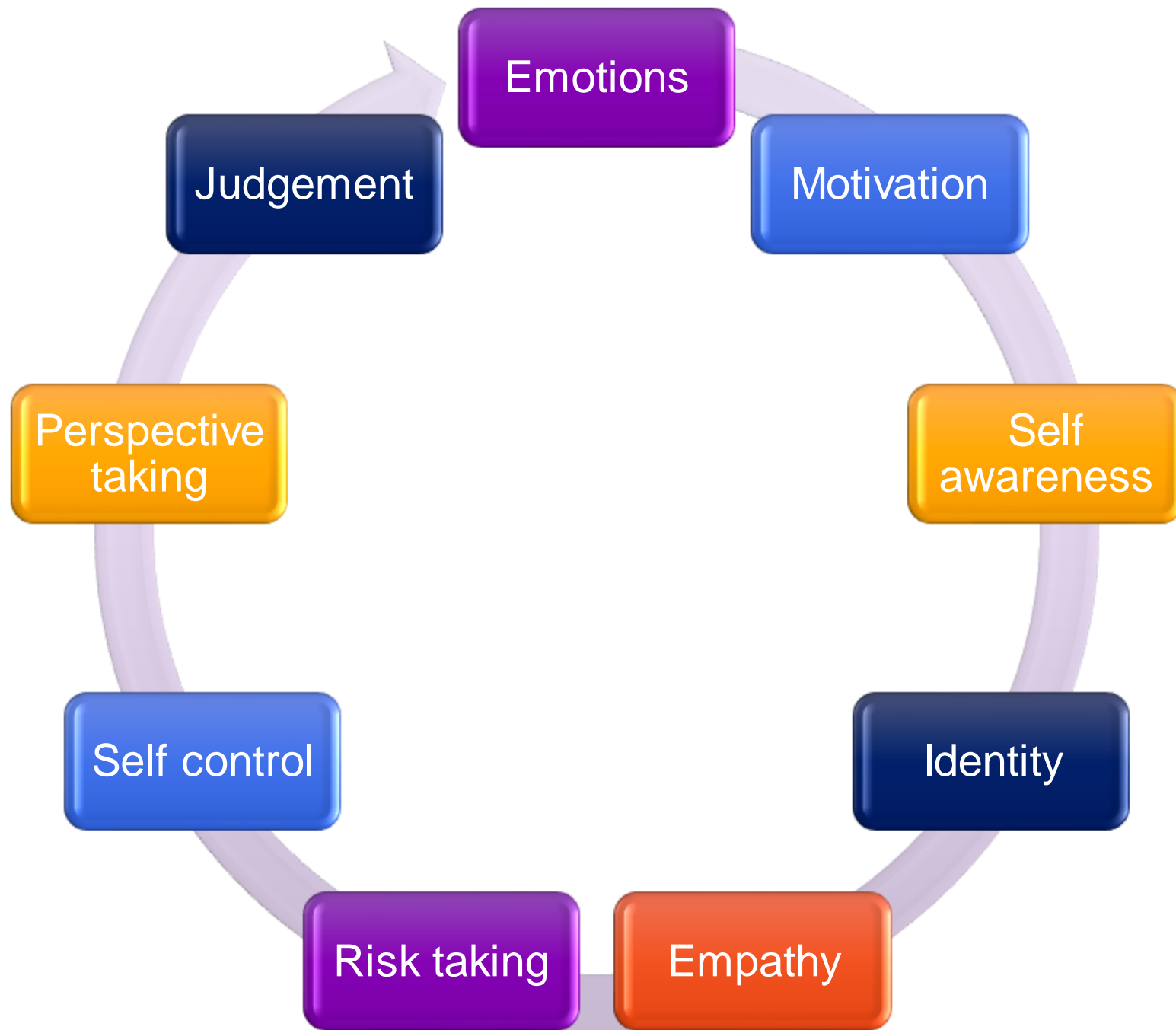


WHAT HAPPENS IN THE ADOLESCENT BRAIN?

- There is a significant remodelling of the brain in adolescence, particularly the **frontal lobes** and connections between these and the **limbic system**.
- **Myelination** – this is a process which insulates nerve fibres and enables neural pathways in the brain to become much more efficient at transmitting information.
- **Synaptic pruning** in the prefrontal cortex. This is the area of the brain responsible for “executive functions”.
- Brain development continues to at least the age of 25+.
- Some changes are triggered by puberty, others by increased experience.
- The frequency and intensity of experiences shapes this remodelling as the brain adapts to the environment in which it is functioning and becomes more efficient.

EMOTIONAL FUNCTIONING IN ADOLESCENCE

- Age of puberty has fallen by several years in the last century (9 years).
- Brain structures that are associated with **emotional experiences** change rapidly at the onset of **puberty**.
- The frontal brain structures that are associated with cognitive control (**executive or thinking**) mature much later than this.
- Some research suggests that there is a dip in children's ability to judge social situations during early adolescence.
- Therefore there is a **mismatch** in development of the emotional and cognitive regulatory modes in adolescence.
- The combination of **hormonal changes** which increase risk taking and ignite passion, with a reduced capacity to make effective social judgments can be explosive.



WHAT DO THE CHANGES AFFECT?

POSITIVE IMPLICATIONS

- Adolescent brains are still malleable and therefore potentially susceptible to learning new emotional, social, motor and cognitive patterns.
- Environmental factors may affect the nature of the synaptic pruning and therefore the development of preferred pathways.
- It is not too late!





THE BRAIN AS A DRUG BOX

When children and young people experience persistent stress they are likely to produce toxic amounts of cortisol which can have a detrimental effect on:

- Brain function
- All major body systems
- Social functioning

CORTISOL

Puts a **brake** on all body systems as the body thinks it is in crisis:

- Relaxation
- Immune system
- Learning





OXYTOCIN

Otherwise known as the love hormone:

- Receptive to others.
- Welcoming.
- Calmer physical system.

EFFECTS OF OVER PRODUCTION OF STRESS HORMONE ON CHILD DEVELOPMENT

These functions may be diminished or lost

Ability to learn language and to speak

Understanding feelings or having words to describe them

Connection between emotion and sensory experience

Empathy

Control of impulse

Regulation of mood

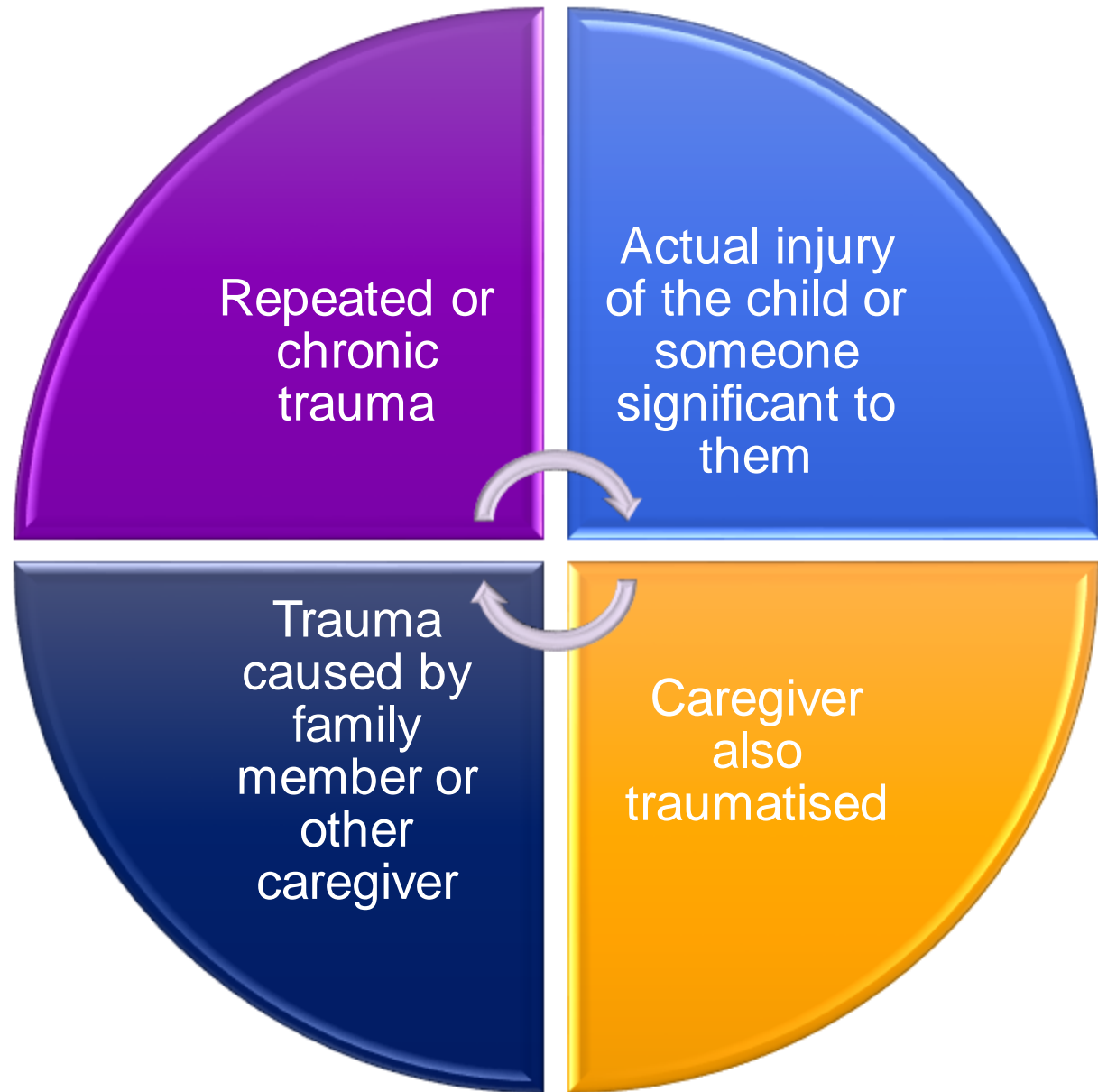
Short term memory

Enjoyment .



WHAT HELPS SPONTANEOUS RECOVERY FROM TRAUMA?

WHAT IMPEDES SPONTANEOUS RECOVERY FROM TRAUMA?





Let's
rethink

CHANGING THE FUNDAMENTAL QUESTION

Change:

*"What's wrong
with you?"*

to

*"What's happened
to you?"*

Sandra Bloom

THE RIGHT TO RECOVERY

- States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of:
 - any form of neglect, exploitation or abuse
 - torture or any other form of cruel, inhuman or degrading treatment or punishment
 - armed conflicts.
- Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.



illustration : alex leonard

If you have been treated badly, you should be helped to recover

U.N. Convention on the Rights of the Child: Article 39

**CHILDREN &
YOUNG PEOPLE'S**
Commissioner
Scotland

 **Children's
Health Scotland**

UNCRC ARTICLE 39

UNCRC ARTICLE 39



illustration : alex leonard

You should be helped to get better if you have
been hurt or neglected

U.N. Convention on the Rights of the Child: Article 39



Dental treatment
aversion



Food
guzzling/gorging

Refusal to pick
up can of juice



Time out can be
dangerous!

Acknowledge 2-
year-old
functioning and
7-year-old
chronologically



**UNDERSTANDING
HOW A CHILD
MIGHT BEHAVE
AND WHY?**

HOW A CHILD MIGHT BEHAVE AND WHY?

WHY IS.....?

- ❖ **Harrison** often taking other pupils' belongings e.g., food?
- ❖ **Jodie** often ignoring the teacher's instructions?
- ❖ **Katie** constantly turning round in class?
- ❖ **Wesley** refusing to be helped with new work?
- ❖ **Sara** constantly asking the teacher trivial questions about her work?

CASE STUDIES

1. Michael

Sudden deterioration in behaviour

2. Naomi

Baby photos and no life story

3. Sammie

Eating problems

4. Marcus

Handling criticism and anger issues

THE ROUTE TO RECOVERY

Check to do list:

- Build in time to think and reflect.
- Someone to talk to or mentor supervisor.
- Know the story and learn the child.
- Check out the history.
- Always check out the meaning of the behaviour – understanding Why? is KEY.
- Stages not ages.
- therapy with a small t – good enough normal home life is the therapy
- Therapy with a capital T – some instances require professional services



SUPPORT IN SCHOOLS

- Attachment/trauma aware schools
- Safe base teams – team Noah – attachment figures
- Separate playgrounds
- Nurture groups
- Mindfulness
- Calm the body first – before engaging
- Emotional Literacy - Feeling weather maps
- Case conferences
- Child Centred Planning
- Life story work – via other agencies
- Season for Growth Programme
- Place to be

OUR SERVICES



Children's Health and Wellbeing Services | Edinburgh, Tayside and Greater Glasgow & Clyde
Designed to make effective contributions to improving the health and wellbeing of children and young people in Scotland.



Children and Young People In and Leaving Care
Designed to support the best possible provision of healthcare services for Looked after Children and Young People at times of illness.



Hard to Reach Service
Designed to ensure that we are easier to reach and better placed to know the barriers which prevent 'hard to reach' families, children and young people achieving their child health rights.



Self-Management Service
Generic self-management services for children and young people with long-term health conditions.



Special Smiles Dental Play TM
Since November 2016 we have worked in partnership with National Health Education Scotland (NES) to deliver dental training, 'A Rights-based Approach to Dental Care – Let's Play'.

Our work is underpinned by the EACH Charter

OUR WORK



Local and national Committees.



Partnership working and Government groups.



Cross party groups and national networks.



National Surveys.










Training Courses for Universities and NHS Education Scotland.



E- learning modules.

Our work is underpinned by the EACH Charter

SUPPORT FOR FAMILIES

-  Information
-  Resources
-  Campaigns
-  Training
-  Join our Family Participation Group
-  Follow us on Social Media
-  Join our mailing list
-  Get in touch

HEALTH AND WELLBEING SERVICES

We operate health and wellbeing services for children and young people

THANK YOU

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