

What are  
Child and  
Adolescent  
Mental Health  
Services?

## What this leaflet covers...

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- What do we mean by child mental health?
- What are child mental health problems?
- What are Child and Adolescent Mental Health Services (CAMHS)?
- How can different professionals in CAMHS help?
- Questions parents and carers ask
- Glossary
- Helpful organisations

If you have been asking any of these questions then this leaflet is for you. It sets out what we understand by children's mental health, explains what CAMHS do and how they are organised and describes the work of different professionals who work in CAMHS.

There is a list of useful organisations and a glossary which gives the meanings of terms you may be unsure of at the end of the leaflet.

## What is child mental health?

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It is important first of all to think about what we mean by mental health. Health means feeling well, getting on well, feeling strong, able and lively. We know what we feel like when we think about our physical health, so how do we feel about our mental health, and how does it feel for our children?

When it comes to our children, what matters above all else is how well and confident they are and how ready and willing they are to learn and develop. Too often, when we use the term 'mental', we tend to think about 'illness' – but that's too narrow a view, too negative.

What most of us want for our children is that they can live a full and creative life, give and take in friendships and, when the going gets tough, keep going and master the difficulties

and frustrations they face. We're not talking about wanting our children to be little saints or models of perfection – but just loveable and loving enough, ordinary children making the most of their talents and opportunities. That is what we mean by children's mental health.

What are child mental health problems?

All children have their ups and downs and go through all kinds of thoughts and feelings as they grow up. They all have their difficulties. But, with the back-up of those around them, most cope well enough. Some, however, don't do so well. Things get on top of them so that they feel overwhelmed by their misery, anger or fear.

- They may feel depressed, not knowing how best to cope
- They may withdraw and isolate themselves from their friends
- They may become overly worried about their bodies and eating habits
- They may become preoccupied with thoughts and ideas on their minds that won't go away
- They may misuse drugs or alcohol to make themselves feel better
- They may become unhappy at school and find it difficult to concentrate and not want to attend
- Others may be more outgoing, more irritable, tough, aggressive, disruptive or antisocial

There are in fact many different kinds of children's problems that mount up to such a pitch that we can reasonably call them child mental health problems. These problems simply get in the way of children's mentally healthy lives, i.e. growing up with enjoyment and confidence. Another term that is used to describe these problems in school is 'emotional and behavioural' problems. These problems

vary a great deal in how serious they can be. Some children suffer more distress than others and cause all of those who care for them a great deal of worry. Their everyday lives are more affected. Sometimes their problems pass with time, but often they don't. They go on too long and need extra help over and above what can ordinarily be provided by their families, relatives and friends.

## What are Mental Disorders?

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These are more severe and complex mental health problems that cause a great deal of unhappiness to all concerned. Children with problems of this kind have difficulty making sense of what is happening in their lives. They find themselves at odds with other people in their family, at school, and in the community. Often they behave destructively – both to themselves (eg. self harming) and to others. When these problems persist and become extreme or distressing in this way, child mental health specialists (eg. psychiatrists, psychologists, psychotherapists, nurses) use the term 'mental disorder' to describe the seriousness of the problem, as well as the extent to which the lives of children and their families are disturbed ("out of order") over a long period of time.

The two most common forms of mental disorders are emotional disorders and conduct disorders.

***Emotional Disorders:*** Children with emotional disorders tend to be more sensitive and fearful than others. Some may become very depressed or overly fussy, worried about food, cleanliness or frightened to go out or go to school. Others may become so anxious that they feel physically ill, e.g. headaches or stomach pains.

**Conduct Disorders:** Children with conduct disorders are generally more aggressive and disruptive; they tend to steal, have behavioural problems at school and at home and get in trouble with the law.

There are other kinds of serious problems and disorders, not so common as the above, but nevertheless worrying. Many of these have to do with delays in development, such as language and speech difficulties, which may well have an impact on children's emotional well-being. Some young people have great difficulty with their eating. Either they eat too little at a cost to their emotional and physical well-being – the most disturbed suffer from anorexia nervosa – or they eat too much. Often they binge and they vomit, again not in the best interests of their mental or physical health – the most disturbed suffer from bulimia nervosa.

## What is Mental Illness?

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A relatively small group of children have a mental disorder that is so severe that it causes extreme upset, confusion and interference with their everyday functioning. The term 'mental illness' is more appropriately used for these children and young people, many of whom have a significant biological basis to their difficulties and whose relationship to reality is precarious (i.e. it is difficult for them to distinguish between what is real and imaginary). Psychotic disorders, chronic depressive illness and the more extreme cases of anorexia nervosa are examples of mental illness in children and young people.

## What are Child and Adolescent Mental Health Services?

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Most children's mental health problems can be prevented from getting out of hand. More serious problems, disorders and illnesses too can be helped and improved. In any community or neighbourhood there will be some services in place that are available to treat and help these children and young people and their families. They need the help of trained specialist child psychiatrists, psychologists, psychotherapists, social workers and mental health nurses. These professionals often work in multi disciplinary teams, so that they can bring together all their skills to understand and help children and families in difficulties. These teams work in Child and Family Consultation Services (CFCS) and in hospitals.

It is important to remember, however, that the mental health of children generally is everybody's business. It is as much the concern of parents, teachers, GPs, youth workers, school nurses as it is of the specialist professionals. All of these people can make a great deal of difference in supporting children and families in their daily lives and in schools. They can improve the general quality of children's lives in their community – to promote the mental health of children. They can also help to prevent mental health problems developing and deal with the less serious problems than those treated by the specialist professionals.

In other words, everyone plays a part – in differing ways, at different levels (working in different agencies, health, education, social services, voluntary sector, private) – all working in what can be called a comprehensive Child and Adolescent Mental Health Service.

There are many different professions who work with children and young people and their families.

Here is a list of those who play a major part:

*Art therapists*

*Behavioural support staff*

*Child and adolescent psychiatrists*

*Child psychotherapists*

*Clinical psychologists*

*Community psychiatric nurses*

*Counsellors*

*Drama therapists*

*Education therapists*

*Educational psychologists*

*Educational social workers*

*Family therapists*

*GPs*

*Health visitors*

*Juvenile justice workers*

*Learning mentors*

*Music therapists*

*Nursery workers*

*Nurses*

*Occupational therapists*

*Paediatricians*

*Personal advisors*

*Primary mental health workers*

*School nurses*

*Social workers*

*Special educational needs coordinators*

*Special educational needs teachers*

*Speech and language therapists*

*Teachers*

*Youth offending workers*

Some of these professionals are based in health service settings, such as Child and Family Consultation Services, in-patient and out-patient departments of hospitals and in GP surgeries and Health Centres. Others work mainly in the education field and in the community, e.g. in schools, youth centres, nurseries, walk-in centres for teenagers, drop-in

drug advice and counselling centres.

All play a part in helping to prevent children and young people from developing mental health problems, and to deal with and treat those who have developed mental health problems and disorders. All have been trained to understand and work with children and have developed specialist skills and areas of interest.

Some are more extensively trained and better equipped than others to help children with severe mental health problems and mental disorders, for example, child and adolescent mental health specialists.

Others are more able to encourage children to learn and to cope better with problems that can get out of hand if not properly cared for at the right time. **GPs, health visitors, learning mentors** and **Connexions personal advisors**, for example, play a key role in this way. They also link up with other services that can provide more appropriate and specialist help.

All of these professions are concerned to relieve the distress that children and families feel and to remove, or help them cope better with, their symptoms and problems. They all work in one way or another to help children and families to build their confidence and strengths and to develop new skills to deal with their difficulties and social relationships.

The ways in which they go about this vary a great deal and a lot depends on how different professions understand and assess children's problems and the different skills and approaches they use to deal with them.

Some believe that it is most important to help children think constructively and rationally about their difficulties and so they focus their work on helping children clarify the causes and consequences of their actions and their beliefs



and to find new ways of thinking about them. This is the basis of cognitive therapy, a therapy that is practised in particular by **clinical psychologists**, but also by other practitioners who find the approach helpful.

Others believe it is important that children have the opportunity to express their feelings and emotions and to make sense of the effect of these on their relationships and behaviour. This is the basis of child psychodynamic psychotherapy. Some **psychotherapists** focus particularly on various ways of communicating with children through, for example, art, music or drama.

Still, others believe that it is important to concentrate on the actual behaviour of the child, whether at home or at school, and to find ways of changing or improving problematic behaviour, so that the child feels better able to deal with difficult situations to get along with other people and to learn at school. This forms the basis of the work of **behaviour therapists**.

Practitioners, in all of the various professional groups, take on these viewpoints to different degrees. Some bring them together and practise according to how they assess the needs of particular children. Others follow one line of approach more thoroughly. Most concentrate on assessing, observing and helping the individual child, taking into account the child's relationships in his/her school and family. Some place a great deal of importance on what goes on in a child's family and work with members of the family together to mobilise their resources to help the child. This is particularly the approach of **family therapists**.

Some professional groups have specialist skills in working with different aspects of children's mental health problems.

Medically trained professionals such as **child**

**psychiatrists** are trained to diagnose and treat a wide range of psychiatric disorders and illnesses in children and young people.

**Paediatricians** specialise in child health and assess whether problems are due to physical or emotional causes. **Psychiatric nurses**, in hospital and in community settings, and **health visitors** (qualified **nurses**) are trained to work with the physical and emotional aspects of children's problems. **Speech and language therapists and occupational therapists** focus on developing specific skills and communication and physical abilities and coordination. **Psychologists** – clinical and educational – are qualified to carry out psychological tests to assess children's capabilities and personalities.

In the education field, a range of professions, including **educational psychologists** and **educational social workers, special educational needs co-ordinators** and **teachers, school nurses** and **behavioural support workers**, as well as **classroom teachers** contribute in various ways to the emotional, social and intellectual development of children, in addition to identifying and helping children with learning difficulties and problems.

In the field of social work, different kinds of **social workers** focus on particular aspects of child and family life. Some social workers in Child and Family Departments of Social Services have a primary function to support children and families – especially children who are being abused or in danger of being abused or children in need. **Duty social workers** are available for parents to contact in a crisis, when there is a child at risk. **Psychiatric social workers** in Child and Family Consultation Services focus on family social circumstances affecting the child's development. **Approved social workers** are

specifically trained to assess whether or not someone needs to be admitted to a hospital under a section of the Mental Health Act.

## Questions parents and carers ask...

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*How can I access Child and Adolescent Mental Health Services?*

There are many points of access to help. You can talk to any of the following:

- GP
- Teacher, headteacher, or head of year
- Health visitor
- School nurse
- Social worker
- Youth counselling service

If your child's problems seem serious, you should seek more specialist help for your child. Any of the above professionals may be able to refer you to a Child and Family Consultation Services (CFCS), but in some areas it is necessary to be referred through your GP. Young people up to the age of 16 can be referred to CFCS and those age 16 – 18 who are in full time education may also be seen, depending on your area. Some CFCS have arrangements in place to see young people who refer themselves, in some areas there are specialist adolescent teams who provide this service.

*What if my child won't go to an appointment at a Child and Family Consultation Centre?*

To reassure yourself and your child, ask the secretary of the service to send you some information about how it works before your first visit. If there is no written information available, it may be possible to get some information over the phone. With this information, explain to

your child what will happen and what help might be available. If your child is reluctant to attend, contact the service and explain the situation. In some circumstances, it may be possible to arrange a home visit, or it may be worth attending by yourself in order to get advice on what to do next.

If a crisis develops, contact your GP or local social services department.

*What should I do whilst my child is on the waiting list of the Child and Family Consultation Service?*

This can be a very difficult period. Some children find it helpful to know that their problems are being taken seriously and that they will be seen, even though they may have to wait a long time. Depending on the age of the child, you might want to discuss with them who they would like to know about their difficulties, e.g. teachers, so that they can be supported by them as well. You might also want to consider contacting us or one of the helplines listed overleaf for further advice on how to help yourself and your child during this time.

In some areas services are very stretched. If you feel the waiting time is particularly long, you should consider contacting your Patients Advisory Liaison Service (PALS). You can find details in the phone book or through a Citizens Advice Bureau. You can also contact your local MP.

*How can I make the most of the appointment at the Child and Family Consultation Centre?*

Make a note before the appointment of the problems your child has been experiencing and make sure that he or she has the chance to put his or her point of view. It would be helpful to think about:

- When the problems started

- Is there a pattern to the behaviour? (keeping a log book will help you do this)
- Any difficulties in school
- Any difficulties with friends
- Any general health problems, either now or in the child's early years
- Any significant events within the family such as divorce or death
- Contact with other services

Write out a list of questions that you might want to ask. They might include:

- What's the matter with my child?
- Is there a diagnosis?
- What kind of help is available?
- Is there a special treatment?
- How does the suggested treatment work?
- What can I do to help?

As a parent you may find it hard to talk about some of the thoughts and concerns you have in front of your child. Your child might be embarrassed. If this is the case, it is worth asking if you could have an appointment to be seen on your own.

## **What can I do if the help or therapy my child is getting doesn't seem to be working?**

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It may take some time for the help and therapy a child is receiving to take effect. Sometimes the child's behaviour or problems may seem to get worse before getting better. In some cases, if a child has been prescribed medication, it might take some time to find the right medication and dose.

If you are concerned that the help and therapy is not working as well as you had hoped, you might want to talk to the people who are

providing the therapy about your concerns. The therapist will normally welcome an opportunity to discuss your queries. If a therapist is working with your child individually, he or she will be able to tell you how the treatment is progressing, whilst respecting the child's confidentiality. In some cases, the therapist may arrange for a colleague to meet with you to discuss your child's progress.

If you are still not happy you should discuss the possibility of a second opinion. It may be appropriate for a second opinion to come from another professional with the CFCS team, or a more specialist opinion may be required. If you are still not happy, talk to your GP and ask about other help that may be available.

If you are refused a second opinion, it is important to discuss this in the first instance with the therapist involved. You can ask for the diagnosis or the treatment plan to be reviewed.

## **Useful organisations**

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*Advisory Centre for Education (ACE)*

1c Aberdeen Studios

22 Highbury Grove

London N5 2DQ

0808 800 5793 General Helpline 2pm-5pm  
weekdays

020 7704 9822 Exclusions Information Line  
(24hrs)

[ace-ed@easynet.co.uk](mailto:ace-ed@easynet.co.uk)

[www.ace-ed.org.uk](http://www.ace-ed.org.uk)

ACE is an independent national advice centre for parents of children in state schools

### *Carers UK*

20-25 Glasshouse Yard  
London EC1A 4JT

0808 808 7777 Carers Line Mon-Fri 10am-  
12pm, 2pm - 4pm

[info@ukcarers.org](mailto:info@ukcarers.org)

[www.carersonline.org.uk](http://www.carersonline.org.uk)

The charity providing advice and information for people who care for partners, relatives or friends (will call young carers back).

### *Children's Legal Centre*

University of Essex  
Wivenhoe Park  
Colchester C04 3SQ

01206 873 820 Helpline 10.00 am - 12.30pm,  
2.00pm - 4.30pm

01206 874 807 Education Helpline 9.30am -  
5.00pm

[clc@essex.ac.uk](mailto:clc@essex.ac.uk)

Free legal advice, information and referrals on any aspect of the law in relation to children and young people.

### *ChildLine*

FREEPOST 1111  
London N1 0BR

0800 1111 (24 hours a day)

0800 400 222 (textphone)

[www.childline.org.uk](http://www.childline.org.uk)

For help with any problem if you are 18 or under. If you write to ChildLine they will always write back.

### *Youth Access*

1-2 Taylor's Yard  
67 Alderbrook Road  
London SW12 8AD

020 8772 9900 9am - 5pm  
admin@youthaccess.org.uk

Provides details of local free and confidential counselling for young people aged 14-25 throughout the UK.

### *YoungMinds*

102 -108 Clerkenwell Road  
London EC1M 5SA

020 7336 8445

0800 018 2138 Parents' Information Service  
Mon & Fri 10am - 1pm; Tue - Thurs 1pm - 4pm  
www.youngminds.org.uk

YoungMinds is the national charity committed to improving the mental health of all children and young people. Services include the Parents' Information Service, a free confidential telephone service providing information and advice for any adult with concerns about the mental health or emotional well-being of a child or young person.

## **Glossary**

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**Adolescent Unit:** This is an in-patient unit in a hospital in which young people with serious mental health problems and disorders, normally aged 12 – 18, live and take part in a variety of activities that are designed to help them understand their mental health problems and find better ways of coping with them. A consultant child and adolescent psychiatrist has medical responsibility and may prescribe medication. The length of time an adolescent stays in a unit varies according to the progress that he or she is making, on average 3 – 6 months.

**Attention Deficit Hyperactivity Disorder:** Some children and young people suffer from an



inability to focus their attention and control their impulsive behaviour. In the majority of cases, both biological and environmental factors play a part in bringing about the disorder. It is important that parents, teachers and specialist mental health practitioners work in collaboration in assessing and developing ways of managing the behaviour. Medication, most commonly Ritalin, can have a positive effect in improving the behaviour of such children. Such medication is not a "cure" for the condition, and is generally not recommended as the first or only treatment.

***Behavioural Problems:*** These are problems that arise from the aggressive, impulsive or unusual ways that some children behave. They cause distress and disruption to the children and young people themselves and to those who care for them at home or at school.

***Behaviour Therapy:*** This is a form of therapy that focuses on changing or improving the behaviour of children and young people that is proving a problem to themselves, their parents and/or their teachers. Behaviour therapists carefully analyse the details of what a child and young person actually does in different situations. They work individually with children and also set out plans for those who care for the children and young people, whether parents or teachers, to better manage the behaviour. Positive behaviour is rewarded in different ways and unacceptable behaviour is discouraged.

***Bipolar Affective Disorder:*** Some people (mostly adults, but also some adolescents) experience very extreme moods that affect the way they behave and think. Sometimes they feel overly excited, very high, talking a lot, full of big, "grandiose" ideas. At such times, they are in "manic" states. In contrast, they can become very depressed – lacking energy,

having poor appetite and difficulty in concentrating and often full of despair, self-critical and suicidal. It is the swing between these two extremes (the "poles") of manic and depressive episodes that causes a great deal of confusion and disturbance to those who suffer this disorder and those who care for them.

***Child and Family Consultation Service (CFCS)*** – formerly known as the ***Child Guidance Unit*** – is provided by specialist mental health professionals, including child psychiatrists, psychologists, psychotherapists, social workers, community psychiatric nurses, working together in a multi-disciplinary team to help children, young people and parents understand and deal with their mental health problems and their disorders. The value of the multi-agency, multi-disciplinary teams is that each speciality brings its different knowledge and experience to understand better the reasons (in the child, in the family and in the community) that have led to the child's problems and to help more effectively.

***Child Development Centres:*** These are centres where teams of professionals, such as child psychologists, paediatricians, speech and language therapists, social workers, occupational therapists, audiologists, and physiotherapists are involved in the early detection and treatment of developmental problems in children under 5.

***Cognitive psychotherapy:*** This is the form of therapy that is based on the view that many children and young people's mental health problems are brought about by their difficulties in thinking in a constructive and rational way. Cognitive therapists help children and young people to clarify the ideas and beliefs that they have about themselves and their relationships, and develop new ways of thinking about the

causes and consequences of what they do and how they relate to other people.

**Conduct disorder:** This is a term that covers a wide range of behaviour which is generally aggressive and anti-social. This behaviour (conduct) repetitively and persistently interferes with the lives of other people as well as the child's own emotional, social and intellectual development. It includes bullying, initiating fighting, stealing, destroying property, running away and truanting. It is the most commonly referred mental health problem and, if left untreated, it can persist into major behavioural and personality problems during adolescence and in adult life. Over 90% of juvenile offenders who repeatedly commit crime have had a conduct disorder as a child.

**Day Unit:** This is a non-residential unit, based in the community, where young people as well as adults can attend on a daily basis to take part in a range of activities and therapies designed to help them function more effectively in their everyday lives. The range of therapies is similar to those in an in-patient unit and a consultant psychiatrist has medical responsibility for those using the centre.

**Developmental problems:** These are problems that emerge during childhood and arise as a result of particular difficulties or delays in development, for example, in speech and language development.

**Depression:** Many children and young people feel depressed from time to time in response to disappointments and losses of different kinds in their lives. Clinical depression or depressive illness are terms used to refer to extreme feelings of depression that persist over time, seemingly often unrelated to any particular current experience. The most common symptoms are low mood, feelings of

worthlessness, loss of appetite, inability to sleep, social withdrawal and loss of interest in study, work or relationships.

***Drug-induced psychosis:*** This is a psychosis brought about by excessive and persistent use of various substances, including amphetamines, alcohol, cocaine, cannabis and inhalants. Withdrawal from these substances can lead to strong feelings of paranoia, with delusions and visual hallucinations (see psychosis).

***Eating problems:*** These are problems that many children and especially teenagers have in taking in and digesting food and drink. Some young people persistently refuse to eat to the point where their physical growth and health are seriously damaged. These young people suffer from anorexia nervosa. Others binge and then vomit with similar damage to their health; these suffer from bulimia nervosa.

***Emotional problems and disorders:*** All children and young people experience a wide range of feelings and emotions during the course of their development. Anger, fear, jealousy, rivalry, love, hatred are but a few. It is through experiencing these emotions that children learn about themselves and their relationships. Emotional experiences can be both joyful and painful; this is all part of normal growing up. It is when children become overwhelmed by the intensity and the persistence of the feelings that disturb them, that they begin to experience problems and disorders. They interfere with their ability to enjoy life and function well at home and at school. Some emotional problems can become particularly severe and interfere significantly with everyday life. Typical emotional problems and disorders can include fears and phobias (of school, of spiders, being trapped in confined places), panic reactions, anxiety about

separating from parents and obsessive-compulsive behaviour.

**Family Therapy:** This is a form of therapy that is based on the view that many children's problems arise out of the difficulties and tensions that exist within families. Family therapists meet with members of the family together (including relatives and sometimes friends) to think about how the child's problems affect the whole family and how the family might be contributing to the child's problems.

**Forensic child and adolescent mental health:** This refers to the mental health of young people who are involved with the law, both civil and criminal. This includes children involved in family law – for example, children involved in custody issues, contact and child protection, and – in the juvenile justice system – children and young people who commit crime.

**Hypochondria:** This is a term that relates to the excessive worrying about illness without any physical cause. It is a form of psychosomatic disorder.

**Mental Disorder:** This is a term that is used to refer to severe and complex mental health problems that persist over time and cause a great deal of distress to children and young people and to their families. They interfere significantly with the child's everyday life and general development. The major mental disorders include conduct disorders, emotional disorders and attention deficit hyperactivity disorder.

**Mental Illness:** This is a term that is used to refer to severe forms of mental disorder. Children and young people who are mentally ill are very confused in how they think and perceive things and how they communicate. They have great difficulty in distinguishing between what is real and imaginary and dealing

with reality. Many of these children have a significant biological basis to their difficulties. Psychotic disorders, chronic depressive illness and the more extreme cases of anorexia nervosa are examples of mental illness in young people.

***Obsessive-compulsive disorder:*** This is a severe state of anxiety that leads children and young people to become overly preoccupied in repetitive behaviour and rituals, eg. repetitive handwashing. They become overwhelmed by ideas and feelings that get stuck in their minds – ideas that they do not want, but which persist and cause a great deal of distress and confusion. They interfere with children getting on with their everyday life at school and in the community.

***Phobia:*** This is an intense and persistent fear which is irrational, not based on sound judgement and interferes with everyday life, e.g. agoraphobia - the fear of open spaces; claustrophobia - the fear of closed spaces; arachnophobia - the fear of spiders.

***Play therapy:*** This is a form of therapy that recognises the importance of play in children's lives. Child psychotherapists, play therapists, as well as others who are interested in working with children, encourage children to express themselves through their play in order to understand what is on their minds and find ways of communicating with them

***Primary Care:*** This is a term that is used to describe the care and help that is given as a first port of call to people in their own communities, for example, by their GPs or health visitors in the health service; by social workers in social service departments and by teachers and youth workers in the education service.

***Psychosomatic disorder:*** This is a disorder

that has both physical and mental sides to it. The relationship of the body and the mind is a very close and complicated one. It is often difficult to know how far physical symptoms are brought about by mental stress or how far mental stress can lead to physical symptoms. There is a wide range of symptoms, headaches, stomach aches, tiredness – symptoms that may be caused or aggravated by mental and emotional factors. (See hypochondria)

**Psychometric tests:** These refer to a range of tests that psychologists are qualified to give to children and young people. Some are designed to measure the level of intellectual intelligence in a child; others to ascertain children's capabilities, e.g. in science, art, music, crafts etc., and aspects of their personality, e.g. whether or not they are outgoing, fearful, aggressive etc..

**Psychosis:** This is a seriously disturbed state of mind in which there is serious loss of contact with reality and thinking and feelings are very disturbed. It rarely occurs in childhood, but begins in some young people in their mid teenage years (over 14). There are different forms of psychosis, including bipolar affective disorder and schizophrenia.

**Schizophrenia:** Young people may become very confused in their thinking – being illogical and incoherent, not making sense. They may develop beliefs that seem odd and not based on anything that is happening in reality. Some become very suspicious and paranoid and believe that other people are against them or ganging up on them. Others believe that they can see things in people or hear voices and sounds that in reality do not exist. Largely because of these false beliefs (delusions) and perceptions (hallucinations), their behaviour is often strange, bizarre and inappropriate.

**Statement of Special Educational Need:**

Children who need extra support in schools are given a statement of special educational needs. This is a formal report drawn up by an educational psychologist based on reports by teachers, parents and other relevant practitioners. Its purpose is to assess the child's educational needs and to formulate and put into action remedial plans. All schools have a special educational needs co-ordinator (SENCO) and a special educational needs policy, which parents have a right to see. A SENCO devises a child's individual education plan (IEP) with the child's teachers.

**Systemic therapy:** This is a form of therapy that takes into account the wide range of experiences that occur in a child's life, in the family, in school and community. All of these experiences may affect the child's view of him or herself and his/her behaviour. Systemic therapy is most often used by family and group therapists who work to relieve the child's problems by understanding better how the child interacts with all those around him or her. For example, a child's disruptive behaviour may be brought about by a combination of parental arguments and academic pressure at school; equally it may make worse the parents' arguments and undermine any wish the child may have to do well in his studies.

### *YoungMinds*

102-108 Clerkenwell Road, London EC1M 5SA

Tel: 020 7336 8445; Fax: 020 7336 8446

Email: [enquiries@youngminds.org.uk](mailto:enquiries@youngminds.org.uk)

Website: [www.youngminds.org.uk](http://www.youngminds.org.uk)

Parents' Information Service: 0800 018 2138

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