**WEST ESSEX GP MANAGEMENT of EMOTIONAL DISTRESS in CHILDREN & YOUNG PEOPLE (CYP)**

Dr Alison Cowan: Updated August 2023

* **Mental Health** = on a continuum with emotional distress at one end.
* **Emotional Distress** = describes negative emotion triggered by stressful event or underlying mental health issue.

***Is it a mental health problem or is it normal adolescent angst??***

**T** *transient*

**R** *reactive*

**A** *appropriate*

**M** *manageable*

* Depends on ***impact on functioning (TRAM tool)***

**GENERAL APPROACH**

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| **History Taking** |
| 1. **Presenting Symptoms**  * Psychological *(consider screening tools)* * Physical   + Sleep, appetite, energy, concentration   + CVS effects of anxiety * Functional impact: allows assessment of severity  1. **Risk Assessment**   ***Significant risk of physical harm?***   * Manifestations of significant distress   + Self-harm/suicide ) ways of coping with   + Eating disorder\* ) intolerable feelings * Safeguarding concern * Protective factors   \**see additional document for pathway*   1. **PMHx of mental health issues and medication** 2. **FHx of mental health issues** 3. **HEADSSS tool includes alcohol and recreational drugs** 4. **General physical health** 5. **Identifiable Triggers** Helps to:  * explore patient’s perceptions of issues * identify their priorities * *What is worrying you most? Why did you make an appointment?* * *What do you think is contributing to the way you are feeling?* |
| **Mental State Examination** |
| 1. **Appearance and behaviour** 2. **Speech** 3. **Moods** 4. **Thoughts or formal thought disorders** 5. **Perception** 6. **Insight and capacity:** *If no capacity may need to consider Mental Health Act* |
| **Risk Formulation** |
| * **Enhancing risk factors**   + **Feelings:** hopelessness   + **Thoughts** about the future; suicidal ideation   + **Behaviours:** self-harm; suicidal plans   + Predisposing factors   + Precipitating factors: internal and external triggers   + Perpetuating factors: patterns of presentation * **Protective risk factors**   + Internal resources   + External support |
| **General Management** | |
| **Stage 1 - Initial Management** | |
| * **Listen:**  non-judgmentally and recap * **Validate:** acknowledge distress * **Explain:** with reference to triggers identified above by pts | |
| **Stage 1 - Ongoing Management** | |
| **CYP Mental Health Support**   * **GP Hotline: 0300 300 1996***Mon-Thurs 10-12pm* * **CYP/parents/carers:**    + **CAMHS via SPA: 0800 953 0222***24/7*   + **YCT: 5-25yrs**Counselling and therapeutic support charity [www.yctsupport.com/](http://www.yctsupport.com/)     - **01279 414090** email [**admin@yctsupport.com**](mailto:admin@yctsupport.com)   **+/- Safeguarding referral via**[**https://eycp.essex.gov.uk/safeguarding/**](https://eycp.essex.gov.uk/safeguarding/) | |
| **Stage 1 - Ongoing Management** | |
| ***Low Level need*** (Emotional issue, mild mental health issue)  ***1.Simple Behavioural Strategies***   1. **Address specific problem:** goal setting 2. **General behavioural measures \***    * + - Timetable more valued enjoyable activities  * Better work-life balance * Take up a relaxing hobby   + - * Gratitude diary       * Relaxation (mindfulness/ meditation)       * Health behaviours:  1. Regular Exercise 2. Good Sleep: ***HEAL***  * (***H****ealth;* ***E****nvironment;* ***A****ttitude;* ***L****ifestyle)*  1. Well-balanced diet 2. Five ways to wellbeing logoReduce smoking/vaping, drugs, alcohol 3. Good digital hygiene    * + - ‘5 steps to wellbeing’   2. ***Signpost to Every Mind Matters*** [https://www.nhs.uk/every-mind-matter*s/*](https://www.nhs.uk/every-mind-matters/) | |
| **Stage 2**  *(depending on level of comfort)* | |
| 1. ***ASK PATIENT TO GIVE SPECIFIC EXAMPLE and use CBT model to help identify vicious cycle*** 2. ***Discuss early solution-focused management to break vicious cycle***    1. ***Behavioural strategies*** - as above \*       1. Encouraging positive behaviours       2. Targeted to specific examples: recognise the behaviour in relation to the feelings    2. ***Cognitive strategies***        1. Challenging negative beliefs – *‘what would other people say?’* 3. ***Homework and follow up***    1. 1 general change to reduce emotional distress    2. 1 specific strategy to impact on how he/she feels: Behavioural or Cognitive 4. ***Review and recap:*** *‘let’s review what we have just discussed, your priorities and action plan’* | |

**Additional West Essex Mental Health Support Options**

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| **SET CAMHS NELFT**  ***Single Point of Access (including professional consultation line)***  Essex House,  200 The Crescent,  Colchester Business  Park, Colchester, CO4 9YQ  Tel: **0800 953 0222** option 2  Urgent help or out of hours **0800 995 1000** |  |
| **N.O.W is the time for change**  [www.nowsthetimeforchange.com](http://www.nowsthetimeforchange.com)  Tel: 0345 366 9755 | Online Wellbeing Community  Advice, Tips, Strategies to support CYP and their family:   * Creating a positive mindset * Building resilience * Improving self esteem and confidence * Eating for health and happiness * Manage low level behaviours * Reduce stress and anxiety with ways to calm * Meditation, Yoga, Pilates and Tai Chi |
| **Mental Health Support Teams West Essex (MHST)**  <https://www.mindinwestessex.org.uk/services/mhst/>  [talking@mindinwestessex.org.uk](mailto:talking@mindinwestessex.org.uk) | Our West Essex, Children and Young People Mental Health Support Team (MHST) is here to support education settings in Harlow, Epping Forest and Uttlesford.  We help to promote positive mental health within primary, secondary and higher education settings within these areas. |
| **MHST Special Schools**  <https://www.hct.nhs.uk/service-details-/service/positive-behaviour-autism-learning-disability-and-mental-health-service-palms-50/>  Contact us: Email: [hct.mhst@nhs.net](mailto:hct.mhst@nhs.net) Phone: 01727 582122 | School staff are able to refer your child to the MHST for 1:1 support. The following members of staff at your child’s school can make a referral   * Mental health lead (MHL) * SENCo * Family support officer (FSO) * Pastoral support * Teaching staff (including head of year / head of department / key workers and teaching assistants)   The referral will be considered by the team. If the MHST is not the most suitable team to support CYP needs, we will signpost to the most appropriate resources.  Please note that the MHST can only work with a limited number of children at a given time therefore referrals may be added to a waitlist.  Information regarding parent groups and workshops will be shared via school.  A young person would need to meet the following criteria:   * Attend a Hertfordshire or West Essex SEN school which is part of the MHST * Young person (if appropriate) and parent consent to the intervention * Difficulty is mild-moderate * For 1:1 work with a young person there needs to be some ability to identify and communicate their thoughts and feelings |
| **Kooth** | [Home - Kooth](https://www.kooth.com/) |
| **Beat** | [The UK's Eating Disorder Charity - Beat (beateatingdisorders.org.uk)](https://www.beateatingdisorders.org.uk/) |
| **YCT Counselling**  Tel:01279 414090  Txt: 07956 887921  Email: admin@yctsupport.com  Website: [www.yctsupport.com](http://www.yctsupport.com) | YCT is a counselling and therapeutic charity working with 5 – 25-year-olds offering counselling, group support, drama/art therapy, play therapy/theraplay, group programmes (relationships, risky behaviours, exam stress, self-esteem, aspirations etc.) the Forest School programme, workshops, training, and family work. In addition, we offer training, consultancy, clinical supervision, and counselling to those working with children and young people.  YCT works in the community with many different organisations, and in education settings including primary/secondary schools, academies, colleges, specialist schools and alternative education settings. |
| **Other useful contacts** |  |

**ANXIETY – Management**

Anxiety is a ***normal*** human response to stress or fear.

* + We all feel anxious from time to time, but some people are more prone to anxiety.
  + Anxiety symptoms are part of the fight or flight response, they are intended to be helpful to keep us safe and in spurring us on into action.

*‘When we face stressful situations, it can set off our brain’s in-built alarm bell system, which tell us something isn’t right and that we need to deal with it. Our brain wants the difficult situation to go away, so it makes us feel more alert, stops us thinking about other things, and make our hearts go faster and harder to pump more to our legs to help us run away.’*

**Anxiety becomes a problem** when the symptoms are:

* Going on too long
* Happening too often
* Causing us to worry that there is something seriously wrong
* Stopping us from doing what we want to do

Anxiety becomes a part of a ***vicious cycle*** where our symptoms, thoughts and behaviours keep the anxiety going.





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| **Stage 1 - Initial Mx** |
| * **Listen:**  non-judgmentally and recap * **Validate:** acknowledge distress * **Explain: What is anxiety? When does it become a problem?** *As above*   **Vicious cycle …** |
| **Stage 1 - Ongoing Management**  *(Depends on Risk Assessment)* |
| ***Low Risk***   1. ***Management of physical symptoms and stress***   ***Simple Behavioural Strategies***  **Reduce physical symptoms of anxiety & stress**   * + Nip them in the bud      * + ***Relaxation techniques***  1. ***Deep muscle relaxation*** 2. ***Breathing techniques***  * ***Square breathing***  1. ***Distraction techniques***     * ***Grounding with senses***   **General Behavioural Measures**  As detailed in ‘General Approach’ \*   1. ***Signpost to resources*** 2. ***Baseline scores and follow up*** |

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| **Stage 2**  (depending on level of comfort) |
| 1. ***ASK PATIENT TO GIVE SPECIFIC EXAMPLE*** 2. ***Help patient to identify and break vicious cycle using CBT model***   ‘*Anxiety is maintained by a vicious circle of thoughts, behaviours & feelings, compounded by external*  *stressors.’*   * + Explore specific situations when patient felt anxious and ask them to identify     - Unpleasant frightening symptoms that they experienced       * + *Heart racing, shakey, felt sick*     - What they were thinking at the time and about these symptoms       * + *I’m going to die*     - What they did and what things they are avoiding       * + *Stayed at home and missed school*     - **External stressors** compounding the situation       * + *‘A’ level year*   + Help them to identify the vicious cycle in their examples and suggests ways of breaking it   + Can explore further with an Anxiety / Thoughts diary  1. ***Review the diary***    * ***Cognitive Strategies***  |  |  | | --- | --- | | **Specific single worry** | **Numerous anxious thoughts/ worries** | | **Problem-solving approach + goal-setting**   * Identify as many possible solutions as possible   + What have you done in the past?   + What would you advise a friend? * Consider pros & cons of each * Choose best options, identify any obstacles + how to over them | ***Small number***  Identify anxious thoughts from anxiety/ thought diary   * For every example: find a **balancing thought** * Practice apply that in real life + as quickly as possible   ***Many anxious thoughts going around with NO solution?***   1. Put in **worry box** & Focus on the **present** **moment**  * Go through the box at a pre-determined time  1. Identify worry time  * Challenge those thoughts within that time * Make a plan for those worries that can do something about * Let worry go if you can’t do anything about it * Mindfulness |  * + ***Behavioural Strategies***     - Recognise behaviour related to anxiety – *What are you avoiding?*     - Set **small goals** to address this       * Stay longer in the **anxiety-provoking situation**       * Reduce safety behaviours  1. ***Homework and follow up***    * 1 General change to reduce physical Sx + stress    * **1 specific CBT strategy** – Cognitive or behavioural 2. ***Review and recap:*** *‘let’s review what we have just discussed, your priorities and action plan’* |

**DEPRESSION – Management**

Evolutionarily, our brains are wired negatively to allow us to look out for danger and be prepared but we can sometimes get stuck in a cycle of viewing things negatively which can then make us feel down. Lots of different factors can contribute to negative thought processing including early experiences, difficult circumstances, individual differences, body chemistry, and reduced activity

When we feel down our body chemistry and behaviour might change and this could lead to a ***vicious cycle***.

*Research has shown* ***trying to break this vicious cycle by changing the way you think & what you do will start to change the way your feel.***

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| **Stage 1 - Management** |
| * **Listen:**  non-judgmental, recap * **Validate:** acknowledge distress * **Explain: What is depression? When does it become a problem? Vicious cycle …** |
| **Risk Assessment**  **(NICE 2015, CG28 –** depends on outcome of assessment as per **appendix 1**\***)**   |  |  | | --- | --- | | ***High Risk:*** | ***Low risk*:** | | **Refer the following YP with depression to tier 2 or 3 CAMHS:**   1. **> 2 risk factors for depression** 2. **> 1 family member** (parents or siblings) **with multiple episodes of depression** 3. **Mild depression not responding to tier 1 services** 4. **Moderate or severe depression** (severity based on functional impact) 5. **Risk of physical harm: self-neglect; active suicidal ideas or plans** 6. **Request of young person or parents** | **Watchful waiting for up to 4 weeks**   * More general behavioural measures (as above in general approach)   **Then psychological therapies for 2-3 months** if needed   * **Signpost** to resources | |

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| **Stage 2**  (depending on level of comfort) |
| 1. ***ASK FOR SPECIFIC EXAMPLE*** 2. ***Help patient to identify and break vicious cycle using CBT model***  * Explore specific example   + - What were you feeling (including physical Sx)?     - What were you thinking?     - What did you do?     - External stressors     - Encourage them to see the vicious cycle * Help them to identify the vicious cycle in their example and suggest ways to counter them * Can explore further in a diary  1. ***Review of diary -*** Encourage to review + explore further    * ***Behavioural Strategies*** *(easier to apply than cognitive)*       + General measures as above \*      + Positive behaviours: *‘Fake it to make it’*      + **Measures specific to identified unhelpful behaviours** |

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| * + ***Cognitive Strategies***     - ***Thought record*** – Gloomy thought about yourself + others     - ***Review thought record*** – identify any unhelpful thinking styles       * Catastrophizing       * Over-generalising       * Ignoring the positive       * Taking things personally       * Self-critical       * Mind-reading or fortune telling     - ***Review specific examples*** of negative thoughts – offer a **balancing thought**  1. ***Homework***    * 1 General change to reduce stress    * 1 specific CBT strategy to impact on feelings – behavioural + cognitive 2. ***Review and recap:*** *‘let’s review what we have just discussed, your priorities and action plan’* |



**\* Appendix 1: Depression Assessment**

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| **Depression Assessment**  **Management** is based on diagnosis, assessment of severity, and risk factors for depression as below | |
| 1. **Diagnosis** | ***DSM-5* criteria** for ***depressive disorder*:**   * Must cause significant distress or functional impact (eg social, school, occupational) * ***At least 5 symptoms must be present during the same 2 week period (and*** *at least 1 of the symptoms must be diminished interest/pleasure or depressed mood):*  1. **Depressed or irritable mood** 2. **Diminished interest or pleasure in almost all activities (anhedonia)** 3. **Significant weight loss or ↓ appetite (>5% of body weight in 1 month)** orfor children, failure to achieve expected weight gain 4. **Sleep disturbance (insomnia or hypersomnia)** 5. **Psychomotor agitation or retardation** 6. **Fatigue or loss of energy** 7. **Feelings of worthlessness or guilt** 8. **Decreased concentration; indecisiveness** 9. **Recurrent thoughts of death or suicide** |
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| 1. **Severity** | * Based on functioning |
| 1. **Risk Factors** | * Parental depression * Loss events eg bereavement * Drug or alcohol use * Homelessness or refugee status * Looked after children * Abuse or family discord * Bullying |

A black text with a rainbow and a circle

Description automatically generated with low confidence**\*Appendix 2: Patient Information Leaflets**

**1.MY SAFETY PLAN**

reasons to stay safe today

[Cite your source here.]

SIGNS THAT I AM STRUGGLING

COPING STRATEGIES

*Distraction, comfort, expression, release*

safe environment

*Things to avoid or remove*

PEOPLE TO TALK TO

*Friends or family*

MY PROFESSIONAL CONTACTS

GP Practice number:

NHS 111 option 2

Mental health team number:

Other:

West Essex Single Point of Access (SPA) **0800 953 0222**

24/7 HELPLINES

Samaritan **116 123**

Childline **0800 1111**

Papyrus Hopeline **0800 068 4141**

Shout texting service: **85258** [www.giveusashout.org](http://www.giveusashout.org) 24/7

*If you are at immediate risk or have caused significant harm to yourself call 999 or go to A&E*

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2**.SLEEP HYGIENE PIL**

* An age-appropriate sleep schedule with consistent bedtimes and wake-times
  + Minimal weekday/weekend variation
* A consistent bedtime routine
  + Ideally with 30-60 minutes 'wind-down' time before bed
* An appropriate bedroom environment: dark, quiet, relatively cool and comfortable
  + Ideally the bedroom should mainly be for sleep only
* Exposure to bright light (preferably sunlight) during the day
* Regular daytime exercise: not within 1-2 hours of the desired bedtime
* Regular daytime meals. Appropriate snacking but avoid large meals within 1 hour of bedtime
* Avoid exposure to bright light, especially electronics, in the 1-2 hours before bedtime
* Ideally there should be no electronics (TV/computer/tablet/mobile phone) use in the bedroom
  + Limit overall use to 4 hours daily
* Restrict caffeine; ideally caffeine intake should be in the morning and early afternoon only and not >4pm
* Alcohol, drugs and nicotine/tobacco all have effects on quality of sleep
* Consider the side-effects of prescribed and over-the-counter medications and discuss with your doctor if you have concerns
* Avoid spending time in bed being deliberately awake. The bed should be for sleep only.
  + Get up if not asleep in 20 minutes

**Online support:**

[**www.mentalhealth.org.uk/publications**](http://www.mentalhealth.org.uk/publications) ***(Mental Health Foundation)***

[**https://web.ntw.nhs.uk/selfhelp/**](https://web.ntw.nhs.uk/selfhelp/) ***(NHS trust)***

[**https://www.sleepio.com/**](https://www.sleepio.com/)

[**https://thesleepcharity.org.uk/**](https://thesleepcharity.org.uk/)*Sleep helpline: 03303 530 541: Sun-Tues/Thurs 7-9pm; Wed 9-11am*

[**www.sleepfoundation.org**](http://www.sleepfoundation.org)

[**https://www.justtalkherts.org/news-and-campaigns/summer-sleep-challenge-2022.aspx**](https://www.justtalkherts.org/news-and-campaigns/summer-sleep-challenge-2022.aspx) ***(JustTalk)***

**Mindfulness sleep modules:**

[**www.smilingmind.com.au**](http://www.smilingmind.com.au)*Smiling Mind app*

[**www.headspace.com**](http://www.headspace.com)*Headspace app*