

Childhood Mental Illness

This factsheet looks at the most common mental health problems children experience and explains symptoms and treatment. It also includes how you can get help for your child and what services are available. If a child's mental health problems are serious they may need to go into hospital and the factsheet looks at issues associated with this such as the use of the Mental Health Act.

KEY POINTS

- It is perfectly normal for your child to behave differently or be upset from time to time. If this continues and interferes with normal life it could be a sign of mental health problems.
- Help for children with mental health problems mainly comes from Child and Adolescent Mental Health Services (CAMHS). There are a number of ways to be referred to CAMHS and most work with children and young people aged 0-18 years.
- If a child is under 16 often their parents can make decisions about their treatment on their behalf. However, if a child is considered to be "Gillick competent" they can make their own decisions.
- To be "Gillick Competent" a child must have "reached a sufficient understanding and intelligence to be capable of making up his own mind"
- Depression and anxiety affect roughly 10% of children and young people, with recent years seeing an increase in these disorders.
- Psychotic illnesses in children are very rare.
- Treatment for mental health problems vary depending on the diagnosis but normally consists of talking therapies. Occasionally medication may be needed.
- Whilst most treatment is offered on an out-patient basis, some children may need inpatient care.
- If a child needs to go into hospital for a mental health problem, they should go to a specialist child and adolescent unit or be placed on an age-appropriate ward with staff trained in children and young people's mental health.

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1. How do I know if my child is experiencing mental health problems?

It's perfectly normal for many children to feel sad, angry or upset from time to time and this can be expressed through disruptive behaviour or moodiness. As long as these feelings do not last or interfere too much in their ordinary activities there's probably nothing to worry about.

If a child seems to be experiencing distress which is more severe or long lasting it could be a sign of mental health problems. Sometimes a child will confide their feelings in another adult. However, more commonly, their distress may be noticeable in changes in behaviour such as the following¹:

- decline in school performance
- poor grades despite strong efforts
- regular worry or anxiety
- repeated refusal to go to school or take part in normal children's activities
- hyperactivity or fidgeting
- persistent nightmares
- persistent disobedience or aggression
- frequent temper tantrums
- depression, sadness or irritability
- changes in patterns of eating, including avoidance of food
- self-harming behaviour

Bear in mind that even if your child is experiencing any of the above symptoms, it does not mean that they definitely have a mental health problem but you may still want an assessment.

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2. Why might my child be experiencing mental health problems?

No one thing causes mental health problems in children. Family history or stressful life events such as losing a parent, divorce, being looked after by the local authority or bullied in school, are all factors that could contribute to the onset of a disorder. Children who experience abuse or neglect or who have a chronic illness are at a higher risk of developing mental health problems².

Statistics for the UK show that about 10% of children have some form of diagnosable mental health problem and a small percentage will have a severe mental illness³. The key to handling these childhood disorders is for parents and carers to recognise the problem and seek appropriate treatment early. Information on recognising different mental health problems in children and what treatment is appropriate can be found in later sections of this factsheet.

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3. How to access care and treatment for a child with mental health problems

Mental health services for children and young people, between the ages of 0 -18, are delivered by Child and Adolescent Mental Health Services (CAMHS). In some parts of the country, names such as Child and Family Consultation Service may also be used, and services can be provided by many different agencies within the NHS, local authority children's services, the voluntary sector and the private sector.

CAMHS is broadly based on a four-tier framework, although in recent years, there has been a move towards services being planned and delivered at three levels, universal, targeted and specialist services⁴. You may find CAMHS described either as a certain tier, or one of these three levels and a child can receive services from one or more of these tiers or levels at any one time. To try and help explain this, in the list below, we have referred to both frameworks:

- **Universal Services** - are essentially Tier 1 services. These services work with all children and young people to promote and support mental health and psychological well-being. They are delivered in the community by many different staff who may not necessarily be mental health specialists – for example, GP's, health visitors and school nurses. The emphasis is on general advice, promotion of mental well being and the early identification of mental health problems which they will then refer on to more specialist services.

- **Targeted services** – are in essence what some people still refer to as Tier 2 and some Tier 3 services. Like universal services, they are usually community based but the difference is that they are focused on children and young people with specific needs (e.g. children who are looked after) as opposed to all children. Also, they are usually delivered by specialist mental health workers, who will offer consultation to families, outreach support and assessments to identify more severe or complex needs and who work to support staff working in universal services.
- **Specialist services** – are for children and young people with complex, severe or persistent mental health needs and these broadly match Tier 3 and 4 provision. Treatment and care at this level or tiers will be offered by mental health specialists working within multi-disciplinary teams, including child and adolescent psychiatrists, psychologists, psychotherapists, art therapists, social work and nurse practitioners who specialise in child, adolescent and family treatment. Treatment may be offered within the community from dedicated clinics (which may be a department at your local hospital) or within specialist settings such as pupil referral units (PRUs) and intensive foster care. Inpatient mental health services for young people are also found at this level or Tier 4.

A child or young person can get help from CAMHS in a number of ways. At the universal level, many different sorts of support are offered via settings such as schools and local health centres and you or your child can refer yourself – for example, some universal mental health services offer counsellors or nurse ‘drop-in’ sessions. GPs, school nurses, youth workers and local Connexions advisors also provide universal support and advice about mental health in many areas of the country.

For targeted and specialist levels of help from CAMHS, often a referral from a GP or another professional (e.g. a health visitor or school nurse) is needed and you may need to go on a waiting list before you see someone.

Alternatively, you may be offered what is called a ‘choice’ appointment when quite quickly after the referral, you will meet a mental health specialist who will discuss with you exactly what sort of help your child may need. If they agree with you that help from a specialist service is needed, you will then be offered a ‘treatment’ appointment (at this point, if the service is very busy, there may also be a waiting list).

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4. What happens at specialist CAMHS?

Many different professions work with specialist CAMHS teams and these include:

- child and adolescent psychiatrists
- child psychologists
- child psychotherapists
- family therapists

- children's psychiatric nurse
- social workers
- art therapists.

Depending on the needs of your child, you may meet one or more of these staff and sometimes, you may be offered appointments with two members of staff working together.

Most specialist CAMHS operate during normal 'office hours', sometimes with early evening clinics on one or two evenings a week and offer an appointment system. At the first appointment, they may ask to meet all immediate family members and will take a detailed history from you of the difficulties that have led to the referral to a specialist service.

For this first appointment in particular, it might help to write a diary, or list examples, of what behaviour your child is displaying which is causing concern. If you are on your own/do not have other adult family members, at most services, you are welcome to take a trusted friend with you for support if you wish.

Whilst most of the appointments will be for you and your child together, depending on your child's needs and also their age, sometimes the CAMHS professional may see you and your child separately – for example, if sessions of individual psychotherapy or behaviour are recommended. Sometimes specialist CAMHS workers may also offer to see you and your child at home or may visit your child's school (for example, if your child is experiencing problems there, the specialist CAMHS worker may want to talk to your child's teacher). How long you may need to attend a specialist CAMHS clinic, and how often appointments are offered, will also depend on what the problems are that your child needs help with.

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5. Getting help in a crisis

If you are unable to get assistance through the channels above and your child needs urgent psychiatric care it might help to read our factsheet '[Getting Help In A Crisis](#)' which can be downloaded from www.rethink.org/factsheets or obtained from the Rethink Advice & Information Service. Our contact details are the end of this factsheet.

However, one of the main routes to getting help in a crisis is to take a child to the emergency hospital department to see the duty psychiatrist. If a young person is in crisis, CAMHS are meant to offer an urgent assessment (i.e. within 24 hours) with child and adolescent psychiatrists taking part in out-of-hours rota⁵.

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6. Children and consent

If your child is very young and does not have the capacity to consent then as their parent you have the right to agree to treatment on their behalf⁶. However, just because a child is under 16 does not automatically mean that the parent or guardian can make decisions. If a child is assessed as being "Gillick Competent" at whatever age s/he has the right to agree or disagree to treatment on their own behalf. To be "Gillick Competent" a child must have "reached a sufficient understanding and intelligence to be capable of making up his own mind"⁷

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7. Children and Confidentiality

At 16, a young person is considered an adult in terms of consent to medical treatment and has a right to confidentiality. Under the Children's Act 1989, a person with 'parental responsibility' has the right to access a child's health record if the child is under 16. However, according to the General Medical Council, information should only be disclosed without the child's consent if the child does not have the capacity to consent and it is in the child's best interest⁸. A person under the age of sixteen who has been subject to medical investigation under the expectation of confidence should have their confidence respected⁹.

For more general information on confidentiality, please see the Rethink Advice & Information Service factsheet '[Confidentiality](#)' which is available to download for free from www.rethink.org/factsheets or by contacting the Rethink Advice & Information Service directly. Our contact details are at the end of this factsheet.

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8. Inpatient Care for Children and Young People

In most cases your child will be treated in the community by the CAMHS team.

However, sometimes a child may need to go into hospital either to get the appropriate treatment or for the protection of their own health and safety or that of others. Conditions that more commonly result in admission to inpatient wards are serious eating disorders, clinical depression (which poses a risk of suicide) and serious self harm¹⁰.

Since 1999, the National Service Framework for Adult Mental Health Services in England has stated that children and adolescents should only be admitted to adult mental health wards in exceptional circumstances.¹¹ Since 2007 there has been a duty on hospital managers to ensure that when children and young people are admitted to hospital for the treatment of mental disorder they should be accommodated in an environment that is suitable for their age which would normally be a dedicated child or adolescent ward¹². They should also have access to the same educational opportunities as their peers¹³.

If you or your child do not agree for them to go into hospital they could be subject to admission under the Mental Health Act if the health practitioners involved in their care think it is necessary for them to receive treatment *and* for the protection of their own health and safety or that of others. If this applies to your child it might help to read our booklet "Children and the Mental Health Act" for more information. This can be obtained by contacting the Rethink Advice & Information Service (contact details can be found at the end of this factsheet).

If you think your child needs to go into hospital, their Nearest Relative has the right to request that an assessment under the Mental Health Act is considered. For more information on this please read our factsheets "[Getting Help In a Crisis](#)" and "[Nearest Relative](#)" which can be downloaded from www.rethink.org/factsheets or call the Rethink Advice & Information Service to discuss the situation on the number below.

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9. Depression

All children feel 'blue' from time to time, have a bad day or feel sad. However when these feelings persist and begin to interfere with a child's ability to function in daily life, depression could be the cause. Depression is less common in children under 12 years old, but increases after that, affecting 1 in every 20 teenagers¹⁴.

Depression can lead to academic underachievement, social isolation and create difficult relationships with family & friends. Depression in children is also associated with an increased risk of suicide¹⁵.

Symptoms of depression in children

The symptoms of depression in children and adolescents are similar to adults. See our factsheet "[Depression](#)" for more information on symptoms which can be downloaded from www.rethink.org/factsheets or obtained from the Rethink Advice & Information Service. Our contact details are the end of this factsheet.

However, sometimes the signs of depression in children and adolescents can be different and may include the following¹⁶:

- Finding it hard to concentrate, losing interest in school work and play
- Refusing to go to school, or playing truant
- Constantly complaining of feeling bored or lonely, even when they have friends
- Irritability and moodiness beyond the normal range
- Tearfulness
- Defiance or violent outbursts
- Lack of confidence and blaming themselves if things go wrong
- Disruptive behaviour at school, bullying, stealing or doing other things that lead to them being punished.

- Becoming very withdrawn
- Self-injury or drinking or taking drugs to excess
- Sleeping very little or too much
- Younger children may appear to take backwards steps in their development, for example with toilet training or eating.

Many teens with depression abuse alcohol and drugs as a way to numb or manage their pain (self-medicating).¹⁷ If a child or adolescent is abusing substances it would be a good idea to have them evaluated for depression.

Treatment of depression in childhood

Treatment for depressive disorders in children often involves short-term psychotherapy, medication or a combination of both. The recommendations below are taken from National Institute for Health and Clinical Excellence which issues best practice guidance on how health conditions should be treated within the NHS¹⁸:

Psychotherapy

NICE guidelines say that children and young people with mild depression that continues for more than four weeks should be offered certain psychological therapies, including group cognitive behavioural therapy or guided self help. If these are not effective then guidelines for moderate to severe depression should be followed.

Those with moderate to severe depression should be offered a psychological therapy (the guidelines suggest individual cognitive behavioural therapy, interpersonal therapy or shorter-term family therapy).

For more information on talking therapies, please see the Rethink Advice & Information Service factsheet '[Talking Therapies](#)' which is available to download for free from www.rethink.org/factsheets or by contacting the Rethink Advice & Information Service directly. Our contact details are at the end of this factsheet.

Medication

The NICE guidelines say that antidepressant medication should only be used in treating moderate and severe depression and should not be offered except alongside a psychological therapy. Medication can be given on its own if psychological therapy is declined but it should be monitored regularly. The guidelines recommend fluoxetine (Prozac) first of all.

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10. Anxiety disorders in children

An anxiety disorder is a mental health problem that can affect people of all ages, including children. In fact anxiety disorders are the most common type of mental health disorder in children, affecting nearly four in every hundred children¹⁹. Anxiety is a sense of worry, apprehension, fear and distress. All children experience anxiety from time to time but if the anxiety

is severe and continually interfering in their ordinary activities they may require treatment.

There are several types of anxiety disorders, those most common to children include:

Generalised anxiety disorder

Children with generalised anxiety disorder have recurring fears and worries that they find difficult to control. They worry about almost everything - school, sports, being on time, even natural disasters. They may be restless, irritable, tense or easily tired, and they may have trouble concentrating or sleeping²⁰.

Separation anxiety disorder

Children with separation anxiety disorder have intense anxiety about being away from home or caregivers that affects their ability to function socially and in school. These children have a great need to stay at home or be close to their parents. Repeated nightmares about separation and physical symptoms such as stomach aches & headaches are also common in children with this disorder²¹.

Obsessive Compulsive Disorder (OCD)

Children with OCD have frequent and uncontrollable thoughts (called obsessions) and may perform routines or rituals (called compulsions) in an attempt to eliminate the thoughts²².

Panic disorder

Children with panic disorder have unexpected and repeated periods of intense fear or discomfort along with other symptoms such as racing heartbeat or feeling short of breath. Children with panic disorder may begin to feel anxious most of the time, even when they are not having a panic attack²³.

Treatment for anxiety disorders in children

Anxiety disorders are treatable. NICE has not yet produced guidelines on treating anxiety in children and young people. However, the evidence is that Cognitive Behaviour Therapy also appears to help children with anxiety. There is little evidence for other psychological therapies being effective.²⁴ Anti-depressants may be used in the treatment of anxiety and therefore should follow the NICE recommendations outlined above.

You can read more about the treatments for anxiety disorders on our fact-sheet "[Anxiety Disorders](#)" which can be downloaded from www.rethink.org/factsheets or obtained from the Rethink Advice & Information Service. Our contact details are the end of this factsheet.

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11. Self Harm

Self harm in children and young people is one of the major causes of admission for in-patient care²⁵. For more information on this topic, please see our factsheet '[Self-harm](#)' which can be downloaded from www.rethink.org/factsheets or obtained from the Rethink Advice & Information Service. Our contact details are the end of this factsheet.

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12. Eating Disorders

Eating disorders are one of the main reasons why children and young people are referred to CAMHS²⁶. Common eating disorders include anorexia nervosa and bulimia nervosa which are both characterised by a pre-occupation with body weight and weight loss accompanied by a disturbed body image. People with anorexia find eating very distressing and will develop ways of avoiding food. A person with bulimia may binge eat followed by a need to "purge" themselves of food by vomiting or using laxatives²⁷. Treatment mainly includes therapy such as cognitive behavioural therapy (CBT) or group work²⁸. When the condition becomes very serious and has resulted in a dangerously low body weight a person may need to be admitted to hospital to stabilise their weight²⁹. Please see our factsheet "[Eating Disorders](#)" for more information which can be downloaded from www.rethink.org/factsheets or obtained from the Rethink Advice & Information Service. Our contact details are the end of this factsheet.

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13. Bipolar disorder in children

Many children and especially adolescents, experience mood swings as a normal part of growing up but when these feelings persist and begin to interfere with a child's ability to function in daily life, bipolar disorder (also called manic depression) could be the cause. Bipolar disorder is marked by extreme changes in mood, energy levels and behaviour.

Symptoms of bipolar disorder

Symptoms can begin in early childhood but more typically emerge in adolescence or adulthood.

Children with bipolar disorder usually alternate between extremely high moods (mania) and low moods (depression). These rapid mood shifts can produce irritability with periods of wellness between episodes or the young person may feel both extremes at the same time.

However, the symptoms of bipolar in children differ slightly. When manic, children and adolescents, in contrast to adults, are more likely to be irritable and prone to destructive outbursts than to be elated or euphoric. When depressed, there may be many physical complaints such as headaches, stomach aches or tiredness, frequent absences from school, poor performance in school, talk of or efforts to run away from home,

irritability, complaining, unexplained crying, social isolation, poor communication and extreme sensitivity to rejection & failure³⁰.

Treatment of bipolar disorder in children

The treatment of children with bipolar is based mainly on experience with adults which involves mood stabilisers, but at a lower dose³¹. In addition to medication, a good treatment plan should include close monitoring of symptoms, education about the illness, counselling or psychotherapy for the individual and family, stress reduction, good nutrition, regular sleep and exercise, and participation in a network of support³².

For more information on the symptoms and treatments of bipolar disorder please see our factsheet "[Bipolar Disorder \(Manic Depression\)](#)" which can be downloaded from www.rethink.org/factsheets or obtained from the Rethink Advice & Information Service. Our contact details are the end of this factsheet.

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14. Schizophrenia in children

Schizophrenia is rarely experienced before puberty.³³ The illness is hard to recognise in its early phases. The behaviour of children with schizophrenia may differ from that of adults with this illness³⁴.

Symptoms of childhood schizophrenia

Early warning signs of childhood schizophrenia include:

- trouble discerning dreams from reality
- seeing things and hearing voices that are not real
- confused thinking
- vivid and bizarre thoughts
- extreme moodiness
- concept that people are "out to get them"
- severe anxiety and fearfulness
- confusing television or movies with reality
- severe problems in making and keeping friends.

Schizophrenia is normally treated with anti-psychotics but this medication is not usually licensed for children. This does not mean they cannot be prescribed but a child would need to be closely monitored by a psychiatrist who specialises in child psychotic illness if schizophrenia is suspected. For more information about the symptom and treatment of schizophrenia read our factsheet "[Schizophrenia](#)" which can be downloaded from www.rethink.org/factsheet or obtained from the Rethink Advice & Information Service. Our contact details are the end of this factsheet.

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15. Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (ADHD) is a behavioural syndrome that can affect children, young people and adults. The condition has

symptoms of impulsivity, hyperactivity and inattention. ADHD is thought to affect 3-9% of school aged children and young people in the UK and about 2% of adults worldwide³⁵. For more information see our factsheet “[ADHD \(Attention Deficit Hyperactivity Disorder\)](#)” which can be downloaded from www.rethink.org/factsheets or obtained from the Rethink Advice & Information Service. Our contact details are at the end of this factsheet.

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16. Autism

Although autism is not classed as a mental illness, CAMHS are frequently asked to assess children with autism and there is increasing demand for CAMHS to support the early identification, assessment, diagnosis and provision of interventions for children and young people with autism spectrum disorders³⁶. Rethink Mental Illness does not produce information on autism and we advise contacting The National Autistic Society for more information. Please find contact details below.

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Information specifically for young people with mental health problems can be found at

http://www.rethink.org/young_people/

Royal College Of Psychiatrists. The website has variety of information on a wide range of subjects related to mental illness including a section on “young people” to find at the link below.

<http://www.rcpsych.ac.uk/mentalhealthinfo/youngpeople.aspx>

Recommended Titles:

The Young Mind: an essential guide for parents, teachers and young people (2009) Bailey, S. and Shooter, M. London: Royal College of Psychiatrists

So young, so sad, so listen (2005) Graham, P. and Hughes, C. Gaskell: Royal College of Psychiatrists

Coping with depression in young people: a guide for parents. (2004) Fitzpatrick, C. and Sharry, J. Chichester: John Wiley & sons.

Choosing what's best for you. What scientists have found helps children and young people who are sad, worried or troubled. CAMHS Evidence-Based Practice Unit (2007) London: Anna Freud Centre

“The Anxious Child” A booklet for parents and carers wanting to know more about anxiety in children and young people (1997), The Mental Health Foundation. London. Can be downloaded using the link below.

http://www.mentalhealth.org.uk/content/assets/PDF/publications/anxious_child.pdf?view=Standard





Young Minds deals with severe mental illness in children and offers a young persons service. They also offer a parents information and support service. They can be found at:

Website: <http://www.youngminds.org.uk>

E-mail: enquiries@youngminds.org.uk

Parents telephone helpline : 0808 802 5544 (open Monday to Friday, 9.30am to 4pm)

Parents helpline email : parents@youngminds.org.uk

Address: Suite 11, Baden Place, Crosby Row, London, SE1 1YW

Papyrus was founded by a group of parents who lost their children through suicide. The charity provides support for parents and children affected by depression or suicide. They have a helpline which provides practical advice to young people and anyone worried about a young person harming themselves.

Helpline: 0800 068 41 41 (open Monday to Friday, 10am to 5pm, 7pm to 10pm, weekends 2pm to 5pm)

67 Bewsey Street, Warrington, Cheshire WA2 7JQ

email: admin@papyrus-uk.org <http://www.papyrus-uk.org>

Childline

Free 24-hour helpline for children and young people in the UK

0800 1111 web: www.childline.org.uk

Family Lives

Support anyone parenting a child

Parentline: 0808 800 2222 (open 7am to midnight)

Email: Via website

web: www.parentlineplus.org.uk

The **Child & Adolescent Bipolar Foundation** is an American group but has a lot of useful information and sources of support for families with a child with bipolar disorder. Website: <http://www.bpkids.org>

BEAT provides helplines, online support and a network of UK-wide self-help groups to help adults and young people in the UK beat their eating disorders

Adult helpline: 0845 634 1414 (For anyone over 18, open Monday to Friday 10.30am to 8.30pm, Saturdays 1pm to 4.30pm)

Youthline call 0845 634 7650 (For anyone aged 25 or under, open Monday to Friday 4.30pm to 8.30pm, Saturdays 1pm to 4.30pm)

Youthline text service: 07786 201820

Youthline email fyp@b-eat.co.uk

Beat

Wensum House

103 Prince of Wales Road

Norwich

Norfolk

NR1 1DW

<http://www.b-eat.co.uk>

The National Autistic Society is the leading UK charity for people with autism (including Asperger syndrome) and their families. They provide information, support and pioneering services, and campaign for a better world for people with autism.

The National Autistic Society
393 City Road
London, EC1V 1NG
United Kingdom
Telephone helpline: 0808 800 4104 (open 10am to 4pm)
Email: Via website
<http://www.autism.org.uk/>

The Attention Deficit Disorder Information and Support Service (ADDISS) provides a wide range of resources, information and support for everyone affected by ADHD.

ADDISS
Premier House
112 Station Road
Edgware
Middlesex
HA8 9HL
Tel: 020 8952 2800 Fax: 020 8952 2909
Email: info@addiss.co.uk
www.addiss.co.uk



- ¹ American Academy of Child and Adolescent Psychiatry (AACAP), *Facts For Families No 24, "When to seek help for your child"*
http://www.aacap.org/cs/root/facts_for_families/when_to_seek_help_for_your_child
(accessed 26th October 2011)
- ² Mental Health Foundation. *Children and Young People*.
<http://www.mentalhealth.org.uk/help-information/mental-health-a-z/C/children-young-people/> (accessed 26th October 2011)
- ³ The mental health of children and adolescents in Great Britain, Office for National Statistics, 1999
- ⁴ Department for Children Schools and Families & Department of Health. *National CAMHS Review Children and Young People in Mind*. 2008).
- ⁵ Kaplan, T. 'CAMHS in the emergency department' in Richardson, G; Partridge, I and Barrett, J. (2010) (eds) *Child and Adolescent Mental Health Services. An Operational Handbook*. Second Edition. London, Royal College of Psychiatrists.
- ⁶ Directgov. *Parental rights and responsibilities*.
http://www.direct.gov.uk/en/Parents/ParentsRights/DG_4002954 (accessed 26th October 2011)
- ⁷ Gillick v West Norfolk and Wisbech AHA [1986] AC 112 at 113.
- ⁸ General Medical Council: 0-18 years. Guidance for All Doctors; GMC 2007
- ⁹ As Above
- ¹⁰ Sargeant, A; Richardson, G; Partridge, I; McDougall, T; Worrall-Davies, A and Hewson, L. 'In-patient psychiatric care' in Richardson, G; Partridge, I and Barrett, J. (2010) (eds) *Child and Adolescent Mental Health Services. An operational handbook*. Second Edition. London, Royal College of Psychiatrists
- ¹¹ See Department of Health National Service Framework for Mental Health: Modern Standards and Service Models. TSO, 1999. Standards 4 and 5 page 63
- ¹² Mental Health Act Section 131A
- ¹³ Department of Health. *Code of practice: Mental Health Act 1983*. London: Department of Health. 2008.
- ¹⁴ Royal College of psychiatrists. *Depression in children and young people*.
<http://www.rcpsych.ac.uk/mentalhealthinfo/mentalhealthandgrowingup/depressioninchild/en.aspx> (accessed 26th October 2011)
- ¹⁵ American Academy of Child and Adolescent Psychiatry (AACAP), *Facts For Families No 4, "The depressed child"*
www.aacap.org/cs/root/facts_for_families/the_depressed_child (accessed 26th October 2011)
- ¹⁶ See above
- ¹⁷ Young Minds. *Depression*. <http://www.youngminds.org.uk/parents/im-concerned-about/depression> (accessed 26th October 2011)
- ¹⁸ National Institute for Health and Clinical Excellence (2009) *Depression: the treatment and management of depression in adults (update)*. CG90. London: National Institute for Health and Clinical Excellence
- ¹⁹ The mental health of children and adolescents in Great Britain, Office for National Statistics, 1999
- ²⁰ American Academy of Child and Adolescent Psychiatry (AACAP), *Facts For Families No 47, "The anxious child"*. www.aacap.org/cs/root/facts_for_families/the_anxious_child (accessed 26th October 2011)
- ²¹ As above
- ²² Royal College of Psychiatrists. *Obsessive*.
<http://www.rcpsych.ac.uk/mentalhealthinfo/youngpeople/ocd.aspx> (accessed 26th October 2011)
- ²³ Royal College of Psychiatrists. *Worries and anxieties*.
<http://www.rcpsych.ac.uk/mentalhealthinfo/youngpeople/worriesandanxieties.aspx> (accessed 26th October 2011)
- ²⁴ Anxiety UK. *Children and Young People with Anxiety. A guide for parents and carers*.
www.anxietyuk.org.uk/wp-content/custom/legacy-docs/cyp_parents_1_2_web.pdf (accessed 26th October 2011)
- ²⁵ Underwood, A (2009) *Young people who self harm: Implications for public health practitioners*. London NSPCC.

²⁶ Child and Adolescent Mental health Services. An Operational Handbook. Second Edition. Richardson, G; Partridge, I and Barrett, J. (2010) (eds) London, Royal College of Psychiatrists

²⁷ National Institute for Health and Clinical Excellence (2004). Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. CG9. London: National Institute for Health and Clinical Excellence.

²⁸ As above

²⁹ As above

³⁰ American Academy of Child and Adolescent Psychiatry (AACAP), Facts For Families No 38, " Bipolar in Children and Teens" [www.aacap.org/page.ww?section=Facts](http://www.aacap.org/page/ww?section=Facts) for Families&name=Bipolar Disorder In Children And Teens (accessed 26th October 2011)

³¹ National Institute for Health and Clinical Excellence (2006). The management of bipolar disorder in adults, children and adolescents, in primary and secondary care. CG38. London: National Institute for Health and Clinical Excellence.

³² See above

³³ Royal College of Psychiatrists. *Schizophrenia for young people*. <http://www.rcpsych.ac.uk/mentalhealthinfo/youngpeople/schizophreniaforyoungpeople.aspx> (accessed 26th October 2011)

³⁴ American Academy of Child and Adolescent Psychiatry (AACAP), Facts For Families No 49, "Schizophrenia in Children" www.aacap.org/cs/root/facts_for_families/schizophrenia_in_children (accessed 26th October 2011)

³⁵ National Institute of Health and Clinical Excellence. Attention Deficit Hyperactivity Disorder: Diagnosis and management of ADHD in children, young people and adults. Clinical Guidance 72, <http://www.nice.org.uk>. 2008.

³⁶ Williams C, and Wright, B. "Services for autism –spectrum disorders" in Richardson, G; Partridge, I and Barrett, J. (2010) (eds) Child and Adolescent Mental health Services. An Operational Handbook. Second Edition. London, Royal College of Psychiatrists.

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