Child and Adolescent Mental Health - Anxiety, Depression and Self Harm
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Delivered in partnership with Cambridgeshire & Peterborough Training Hub
Live webinar: 09th Apr

Overview

A webinar aiming to provide practical advice to Primary Care in the management of Children and Young people with evidence of anxiety and depression.

Topics covered will be

- Self-harm
- Anxiety
- Depression
- Local support services
- How to assess severity and quantify risk and access support when needed.

Practice Team Discussion Ideas

1) *Lead Question: Does the practice make it easy for a young person to book to see a GP without their parents?*

   Many young people do not want their parents to know they are seeking help. Often this is embarrassment but in some instances it can be because they are being abused or bullied by their parents. We have a legal duty to inform parents if they are at risk provided this does not put them at higher risk.
   Normally the situation improves if the parents are made aware but this has to be handled very gently. Roughly half of the adolescents in one online survey believed a parent's presence (or absence) had an effect on clinical conversations about their health (Reference Gilbert, Rickert and AalsmaGilbert 2014).

2) *Lead Question: A 15 year old boy looking distressed arrives at the desk on a busy day asking to see a doctor as soon as possible, how do staff respond? What questions would you ask? Would you send them away? When he sees the doctor he admits to thinking a lot about suicide but doesn't want his parents to know.*

   Young men are at a much higher risk of suicide than girls. See talk
   Young people feel rejection more intensely and may not return if an delayed appointment is given.

   The clinician needs to evaluate whether breaching confidentiality would ultimately reduce or increase risk. GMC guidance advises that information can be disclosed if there is an overriding public interest in the disclosure in order to protect the child from risk of death or serious harm, including through self-harm (GMC 2007). 'look to the consequences and determine which action produces the greatest proportionate good' (Reference Applewhite and JosephApplewhite 1994).

3) *Lead question: What is the practice policy about contacting young people over the age of 13? Do you update their personal contact numbers?*

   Issues are that young people often don't answer their phone at doctor convenient times but you can inadvertently tell a parent that they have been to see a doctor.

4) *Lead question: Younited is now offering self-referral for young people. Are there times when you choose to make contact with the team directly and organise the referral yourself?*

   High risk patients need help and support. Contact FRS and crisis yourself and check that appointments are made and contacts supported. Ensure a back up plan with the young person if necessary involve their parents in a shared safety plan.

5) *Lead question: 14% of school children are school refusing , what would you do to support a mother whose child won't go into school?*

   Talk to the child and see if they are being bullied, they may not be sharing this with their parents.
   Nessie and local government websites offer support and advice.. Mum to talk to school .

6) *Lead question: Jane is 17 and a severely neurodiverse child with additional depression and anxiety. Can you make adjustments in the practice to help her feel more comfortable attending ?*

   -Oliver McGowan training.
   Neurodiverse patients have the highest risk of suicide.

   Early or last appointments to ensure an empty waiting room.
   Can you flag the patient notes so that at the front desk they get a gentler welcome.
   ASD patients have a higher incidence of suicide , depression and anxiety.