Childhood behavioural problems

Centre for Mental Health

A BRIEFING FOR GPs

All children misbehave from time to time, but in a small minority behavioural problems become persistent and severe. This should always be taken seriously. Good quality parenting programmes can make a real difference but most children and families at risk don't get the help they need.

GPs are the first port of call for many parents worried about their children's behaviour and are ideally placed to offer help before problems become entrenched. This briefing provides guidance on what you can do.

How many children are affected?

About 5% of children aged 5-10 have problems sufficiently severe to justify a clinical diagnosis of conduct disorder. A further 10-15% have sub-threshold problems which nevertheless imply increased risk of poor long-term outcomes. Prevalence is twice as high among boys as girls and is higher among children from disadvantaged backgrounds.

Why are early starting behavioural problems important?

Children can develop behavioural problems at any age and most will grow out of it. However, severe problems which develop before age 10 predict a range of particularly distressing, damaging and costly outcomes, in childhood and in later life.

In relation to health these children are:

- more likely to have co-occurring physical, mental health and developmental problems
- more likely to suffer from accidental injuries
- more likely to become teenage parents and to have sexual health problems
- more likely to experience every type of adult mental illness
- **twice as likely to be smokers** and four times as likely to become dependent on drugs
- more likely to have **serious adult physical health problems** and **die earlier**
- much **more likely to commit suicide.**

In one study, 71% of children with severe behavioural problems had been taken to the GP during the previous 12 months, half had also been admitted to hospital and a quarter attended A&E before being referred to mental health services. Early behavioural problems are in fact a major predictor of increased use of NHS and other resources; these children cost the public purse ten times more by the age of 28.

What can be done?

For most children with or at risk of behavioural problems, simple low-cost parenting programmes such as Triple P and Incredible Years will result in a range of improvements. A small number of children with more complex needs may require more specialised support.

The NICE guidance on conduct disorder is here: http://guidance.nice.org.uk/CG158

Parenting support programmes are usually delivered in groups and run for between 8 and 20 sessions.

Groups are led by trained facilitators and are highly interactive, collaborative and non-judgemental. They improve children's behaviour by helping parents pick up practical techniques such as positive parenting by improving their relationship with their child. They also help to reduce family stress, improve parents' mental health and strengthen children's development.

For more information on parenting programmes, see: http://www.triplep.net and http://incredibleyears.com

Identifying high risk families and children

GPs can identify children with serious behavioural problems by looking out for a range concerns during consultations with parents. The following provides a broad guide by age of the type of behaviours which might suggest the need for early intervention:

3 to 7 years: persistent defiance, angry outbursts and tantrums, provoking others, physical aggression to siblings/peers, destruction of property, blaming.

8 to 11 years: many of the above but also swearing, lying, stealing, rule-breaking, physical fights, bullying, cruelty to animals or peers, fire-setting.

12 to 17 years: many of the above but also assault/violence, robbery, vandalism, burglary, running away, driving under age, substance misuse, persistent truanting, early sexual activity (particularly for girls), teenage pregnancy.

What can GPs do?

During initial consultations, you can pick up parents' concerns and assess the severity, persistence and impact of behavioural problems. Parenting programmes work best when targeted towards children with the greatest needs and the Strengths and Difficulties Questionnaire (SDQ) can help you establish whether a child's behaviour falls outside healthy developmental norms. It is not a diagnostic tool but an easy-to-use screen reliable from ages 3-16. It is completed by parents or teachers, and older children can complete it themselves. **The SDQ tool can be found here: http://www.sdqinfo.com.**

It may also be helpful to give parents this link to a video on parenting programmes, which provides a flavour of the benefits to them and their child and what groups feel like; it was made by parents for parents. **You can see the video at: http://youtu.be/1K8eXup19TM**.

After completing the SDQ and viewing the video, parents can discuss the results with you during a follow-up visit and together you can plan next steps.

How can GPs help engage and motivate parents?

The parents of children with behavioural problems often feel confused, embarrassed or defensive. The use of appropriate language is therefore crucial in promoting engagement with support programmes. Key messages which improve parents' engagement include:

- Promoting the many benefits of early intervention for children rather than focusing on any problematic behaviour.
- Clarifying that "Every child is different; some are more challenging to parent than others. Children don't come with a manual and everyone can pick up useful tips that make life easier. Simple 'positive parenting' techniques can make a real difference".
- Emphasising the practical and supportive feel of parenting groups. Parents value not being judged and being given common sense practical tips and strategies. They want a better understanding of their child's behaviour and how to manage it. Explain that their own wellbeing will be improved, as will stress within the family.
- Highlighting that some groups organise crèches and provide other practical support to help parents attend. It may be useful to find out if this happens in your local area to address any early concerns parents might have.

There may also be benefit in reminding parents that, as with many medications, they need to complete the whole course to have the best chance of success.

Some parents may need more encouragement than others to attend. This may include:

- a brief discussion of the pros and cons of attending a programme
- arranging for health visitors, school nurses or Children's Centre workers to visit parents to build a relationship and encourage referral
- gentle persistence: reviewing progress and wellbeing during future contacts.

Referral and stepped care

There is no medication recommended for conduct disorder in the NICE guidance (http://guidance.nice.org.uk/CG158). Most parents whose children are experiencing moderate to severe behavioural problems can be referred to NICE-recommended parenting programmes.

If speech and language difficulties or other co-existing neurodevelopmental problems are suspected, GPs can refer directly to speech and language services or to school nurses to help access special educational needs provision in schools.

A small minority of children (around 1%) have very extreme behavioural problems, including unpredictable childhood violence possibly placing siblings and others at risk. If the SDQ highlights such problems, parents may need to be referred to CAMHS and possibly social services (if other children are at risk) for fuller multi-agency assessment.

Pathways to parenting programmes

Parenting programmes may be provided by a variety of agencies and funded from a variety of budgets.

Simple referral systems help improve access to services when parents need them. We recommend that your Practice Manager works with other local surgeries to map what is available:

- tracking the full range of parenting programmes existing locally for children with early behavioural problems aged 3-18
- identifying referral contacts, referral procedures and service acceptance criteria.

These questions may help GP surgeries identify how to refer to parenting programmes:

Is there a central gateway for referrals? Some areas have established a central gateway for all referrals for vulnerable children and their families. This simplifies the referral process and it is important to ensure that parents know how to refer themselves using this gateway.

Does our area have a local coordinator of parenting or family work? Most do; but they are not always easy to find. This strategic lead is usually located in Children's Services and they plan and coordinate what is available.

Has our local area developed a multi-agency conduct disorder pathway? Some local areas have established a multi-sector task group who have worked together to map out a comprehensive multi- sector conduct disorder pathway catering for different ages and severity of need. This may help GPs work out more effectively what local support is available for different severities of need.

What happens if programmes are not available in your local area? This is a commissioning gap. Evidence of any mismatch between need and local provision should be evidenced and raised with your Clinical Commissioning Group. Aggregated data collected from the SDQ can provide good quality evidence of the scale of mental health need among children in your area and should feed into joint strategic needs assessments.

Our report that accompanies these briefings, *Building a Better Future*, provides a comprehensive review of the:

- the high costs of childhood behavioural problems and the range of budgets affected
- the effectiveness and economic benefits of proven parenting interventions.

Get the report at:
http://www.centreformentalhealth.org.uk/parenting

Specialist interventions for adolescents and teenage parents

Some children with behavioural problems get missed early on; and others develop problematic behaviour for the first time during teenage years.

A number of interventions have a good record of turning this around. These are delivered by highly trained therapists. They tend to be more resource intensive, working for up to six months with families, often focusing on other key systems impacting on these children's lives (e.g. school, peers).

Programmes include Multi-Systemic Therapy and Functional Family Therapy. These programmes have been robustly tested for their effectiveness and cost-effectiveness.

Family Nurse Partnerships (FNP): The children of first-time teenage mothers are a high-risk group and many areas now run FNPs which involve intensive home visiting from nurses before the birth of a child and for up to two years thereafter. Referrals are made via community midwives when pregnancy is confirmed.

Case study

RACHAEL

She had been called to the school on a number of occasions; the school were threatening exclusion.

His behaviour was becoming increasingly embarrassing, affecting her other children as well as children in school.

She attended the surgery to review her progress but arrived in a very high state of anxiety, preoccupied with her six-year-old son's tantrums and aggression.

The GP suggested that she might need some support, explaining that parents could pick up simple techniques from parenting support groups which could make a real difference to children's behaviour and also to family stress levels.

Rachael was unsure about being in a group but she was relieved to have talked it through. She agreed to complete the SDQ to establish whether her son's behaviour was outside healthy developmental ranges for his age.

She also agreed to be visited by the school nurse.

Rachael had been on medication for some time for depression.

The GP made a referral to the school nurse who followed up within a week. Rachael was persuaded to attend the next parenting group. She was given a lift to the first two sessions by a local family support worker.

She completed the programme and reported improvements in her son's behaviour as well as to her own mental health.

Complaints from the school decreased and she was supported by the school nurse who liaised with the school on progress.

> *"It's definitely been positive for me. I don't argue with them anymore, I don't bicker and I feel a lot more confident. I'll actively try new things and when you've been and you try it at home and you're consistent with it, you know like you see a totally different new kid, you know what I mean? It's hopeless being a parent and just letting it all happen to me, like a victim, but now I know I can change things."*

January 2014

More briefings, the video and the accompanying reports on parenting programmes are all available at www.centreformentalhealth.org.uk/parenting

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