

# won't they just grow out of it?

This leaflet is primarily for professionals and practitioners working with children and families and aims to increase awareness of children's mental and emotional health and the role of child psychotherapists.

Headlines about physical and sexual violence towards and by children remind us that family relationships can go disastrously wrong, but the far wider problems of emotional and mental distress in childhood does not evoke a public outcry.

*Children suffer when they feel that love is withdrawn or when they are humiliated, threatened with abandonment or made to feel that adults fears and failures are their fault.*

Many children and young people do not have continuing and harmonious relationships with parents and carers. Reasons for this often lie outside the control of the family, caused by a complex interaction between economic, environmental and social circumstances. But, when relationships are damaged for whatever reason, the child's emotional health and development is seriously threatened.

Children may respond by retreating from emotional contact or arm themselves with a mask of self reliance. Some take flight into illness, apathy, depression, rebellion, delinquency or aggression. Many struggle to find reliable adults with whom trusting relationships can be formed. Children who have been treated badly themselves often do not know how to relate to their own children and may even physically abuse them.

*Research has shown that 20% of the nation's 12 million children suffer a degree of emotional and mental health problems, at least a third of whom experience continuing problems as adults.*

To break this cycle of misery it is important to help the child and family as early as possible. The earlier the intervention the more long lasting is the change achieved.

## How are children's emotional and mental health problems recognised ?

A healthy child has:

- a capacity to enter into and enjoy relationships
- the ability to learn from experience and use it appropriately

- the capability to play and learn appropriately to age and intellectual ability
- a developing moral sense of right and wrong
- ability to adapt behaviour within the context of age and circumstance.

### Pre-school children

Symptoms in pre-school children are usually expressed through behaviour problems such as sleeplessness, over activity, anxieties over separation, tantrums and control problems. Pre-school boys show more problems than girls particularly of over activity. Pre-school girls are more likely to be troubled by fears.

### Middle school age children

Symptoms are often expressed as conduct or emotional disorders and anti-social and aggressive behaviour like stealing and truancy. Boys are up to four times more likely than girls to show such behaviour. Symptoms of depression are present in 5% of children under 12 years.

### Adolescence.

Emotional and mental health disorders increase in adolescence and can be expressed in the most devastating ways. For example self harm involves 3% of adolescents in their teenage years. Boys of 15-20 years are at greater risk of suicide, injury and criminal offending while depression is more common in girls.

### Risk factors

A risk factor is not a direct cause but may give rise to a probability. Young minds are affected in three ways:

#### The child

Some children are born with conditions such as learning disability. Others are born healthy but are damaged later perhaps through drugs or alcohol. *Risk factors include certain physical illnesses, genetic influences, developmental delay, and difficult temperament.*

#### The family

Some children are emotionally disturbed or physically hurt by family members or allowed to be hurt by other people. Others are affected by family events such as bereavement. Some families have their own overwhelming problems and the needs of the child are neglected. *Risk factors include parental conflict, family break down, physical, sexual or emotional abuse, parental psychiatric illness, parental*



The  
Child  
Psychotherapy  
Trust

published by  
The Child  
Psychotherapy Trust  
Star House  
104-108 Grafton Road  
London NW5 4BD

charity number 327361

telephone  
020 7284 1355

fax  
020 7284 2755

e-mail  
cpt@globalnet.co.uk

© The Child  
Psychotherapy Trust  
ISBN 1 900870 02.9

# won't they just grow out of it?

*criminality, alcoholism or personality disorder, death and loss of family or friend, rejecting or hostile relationships.*

## *The environment*

Children need security and boundaries within which to thrive. Yet family composition is changing fast and socio-economic conditions fluctuate continually. These factors affect children in ways that are not fully understood and socio economic status seems to play its part. For example depression doesn't seem to be linked to social class yet conduct disorders seem to be linked social classes 3 and 4 and eating disorders to social class 2. *Risk factors include economic disadvantage, homelessness and discrimination.*

## **Who are child psychotherapists?**

Psychotherapy, in common with psychiatry and psychology aims to assist individuals address their emotional problems.

Child psychotherapy is a 'talking therapy' where children are helped to express their problems through language and play. Drugs and behaviour modification techniques are not used. Child psychotherapists make a unique contribution to clinical work by focusing on and advocating the child's point of view.

Child psychotherapists undergo a minimum of four years specialist post graduate training. They often have backgrounds in teaching, psychology, nursing and social work. Personal analysis is essential to protect vulnerable children by monitoring the suitability of psychotherapists in training. Child psychotherapists support and advise other practitioners.

## *How can psychotherapy help?*

Psychotherapy can be undertaken with children by themselves but is often part of a wider care programme. Child psychotherapists work mainly in multi-disciplinary teams in the NHS Child and Adolescent Services or hospitals. They work with individual children, parents,

families and groups in settings such as:

- main stream and special schools
- day care centres for under 5s
- walk in adolescent units
- mother and baby clinics
- special care baby units.

Helping the child with the process of recovery can't be rushed and treatment may take place over a substantial period of time.

A good relationship between the child and the therapist is essential for progress. The therapist is approachable, addressing the child in a straightforward way, yet not behaving like a personal friend. The setting is ordinary and familiar, geared to the child's needs and psychological comfort. The therapist depends heavily on observational skills with toys and games using these to help the expression of emotions and relationships. Boundaries are well defined to encourage the trust of young patients who come to value the exclusive attention of their therapist. Having the opportunity to express some of their most difficult feelings to a person who listens, responds and makes every effort not to let them down is the key to progress.

Research shows greater improvement in children who received psychoanalytic psychotherapy compared to a control group, showing more trust and confidence, more age appropriate behaviour and greater awareness and concern for others. Psychotherapy can help keep a child with difficulties at home, in their foster care placement or school without recourse to expensive institutional care.

## **Access and referrals**

Once a problem is identified, the child should be referred for an initial assessment at a Child and Adolescent Service or hospital. This is usually made through a GP, social worker, health visitor or school. A third of referrals are by parent or child. Self referrals which often lead to more effective outcomes are not accepted by all units. Children

are usually seen weekly.

Child psychotherapists often treat extremely disturbed children, while work with very young children with emotional, behavioural and developmental problems is also common. The family is always supported while the child is in therapy and this helps promote a good outcome for the child.

Child psychotherapy is not currently available in all health authorities.

There are less than 400 qualified child psychotherapists registered with the Association of Child Psychotherapists, their professional body. Provision of child psychotherapy in the NHS is mainly in London and the South East and is extremely limited in the rest of the UK.

## **Further reading**

*Putting child psychotherapy on the map: a guide to commissioning for health and local authorities.*

*With children in mind: how child psychotherapy contributes to mental health services for children and young people.*

Both guides available from the Child Psychotherapy Trust, £2 each including p&p. Send S.A.E. for a publication list



## **Helplines**

Access to Child Psychotherapists via our **Helpline** for professionals  
020 7485 5510, fax 0870 137 5520,  
e-mail [helpline@cpth.fsnet.co.uk](mailto:helpline@cpth.fsnet.co.uk)

## **Parentline**

Freephone 0808 800 2222  
Textphone 0800 783 7683

## **YoungMinds**

Parents' information service  
Freephone 0800 018 2138