CHAPTER 2

Assessment and treatment: general principles

2.1 Assessment

When carrying out an assessment, try to make the room in which you will see children as child-friendly as possible. The room may well be used to see adult patients as well, but if possible make sure that there is a chair that a younger child can feel comfortable sitting on. Try to make pencils and paper available. It is also helpful to have about three jigsaws for children of different ages. These are really useful for assessing the developmental age of a child. It is also helpful to have available about three children's books set at different levels. This will make it possible for you to do a rough check on a child's reading age.

You will not have a great deal of time to make an assessment, but assessing a child for a mental health problem will not be all that time-consuming if you know the right questions to ask (see below). Further, if you spend time at the beginning finding out about a mental health or development problem, you may save time later on. Children who have physical symptoms not due to physical illness may take up a great deal of time until you sort out what their problems are really about.

First, ask the mother an opening question, such as 'What is the problem?' Often you will have a good idea of the nature of the problem if you allow her to talk for as long as she wishes. Allow the mother to tell her story without interruption.

Do not miss the opportunity the assessment provides for observing the child and seeing his reaction to what the mother is saying. If he is more than 2 or 3 years old, try to bring him into the conversation. Observe the quality of the relationship between the child and his mother. For example, is she worried about talking in front of him if she is describing difficult behaviour or is she pleased to be able to tell you what a terrible boy he is? If you have been able to provide pencils and paper, take an interest in what he has drawn and praise him even if you think it is not at the level the child should be performing at at his age.

While you are listening to the mother and observing the child, keep in your mind that the main aim of the assessment is to provide information that will enable you to make some helpful suggestions. This does not necessarily involve making a diagnosis. In fact, a diagnosis such as 'depression' or 'conduct disorder' is not nearly as helpful as a summary and action plan that you can make when you have finished your assessment (see Chapter 3).

Make sure you have enough time to communicate to the mother at the end of the consultation how you see the problem. Check on how your summary matches with how she sees it. She and the child should feel encouraged and supported when they leave, not humiliated or more confused than when they first met you.

With some mental health problems it will be necessary to carry out a physical examination of the child (discussed throughout the manual where appropriate).

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2.2 Taking into account local culture

The health professional needs to understand the language, beliefs/values and style of life of the members of the families he is trying to help. This is important in many different ways.

2.2.1 Language

The language used to describe mental health problems will depend on the country, city, town or village in which the health professional is working. In most places there is no word for depression as an illness. People can talk about sadness and misery, but not think of these emotions as becoming illnesses even if they are severe. We have already used the word 'adolescent' several times, but in some societies this word does not exist. Children grow into young adults without a transition phase in between. Local languages are likely to be rich in words that really matter to the people who use them, such as words for different types of crop or weather, but lack words for ideas that, until recently, they have had no need for.

2.2.2 Families

Multigenerational families (families in which grandparents, parents, sometimes uncles and aunts, and children all live together under one roof) are more common in LAMI countries than in high-income countries. This is important both in understanding mental health problems and in working out how children with mental health problems can be helped. For example, grandparents, especially grandmothers, often play a major role in bringing up children and, if this is the case, need to be involved in any proposed changes.

2.2.3 The way parents bring their children up

The health professional needs to know what is regarded as normal parental behaviour. For example, in some societies, parents who beat their children with a stick when they are disobedient are regarded as cruel and inhumane. In other societies, parents who do not use a stick to beat disobedient children are thought of as bad parents who do not mind how their children behave. Particularly when deciding whether a child has been physically abused, health professionals need to know what local people think of as normal. This does not mean that primary healthcare professionals should approve of normal practices when they know they are harmful. For example, there is evidence that children who are beaten by their parents are more likely to become aggressive and/or unduly anxious later in life even in societies where it is normal for parents to behave in this way (Gershoff *et al*, 2010).

2.2.4 Lifestyle

Knowing about what is regarded as normal lifestyle is vital for health professionals. In some societies, for example, a 16-year-old girl who wears make-up and goes out with boys is regarded as normal, whereas in other societies such behaviour would be thought of as completely outrageous and irreligious.

2.2.5 Different ways of showing distress

If there is no language or very limited language to describe distress, then people, including children, are likely to show how upset they are by developing physical symptoms. For example, a child who is really upset about the loss of a friend might not be able to talk about her feelings but might develop crippling headaches. In that way she would get

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sympathy and perhaps physical affection from her parents that she might otherwise miss out on. She might also be taken to a health professional, who needs to understand that although headaches are sometimes caused by brain disease, they are more likely to arise from emotional upset.

2.2.6 Beliefs about the cause of illness

In Western countries, physical illness is thought to arise from something going wrong in the body. That is true for all societies, but in some the matter does not end there. Why should the body be affected in this way? In some cultures all events are thought to have a supernatural cause and nothing happens by chance. In these instances, people are likely to believe that the person afflicted with illness has had a spell cast upon them, or have in some way upset the gods. Before health professionals tell parents what they think is the matter with their children, they need to know what the parents believe the matter is and why their child has been affected.

2.2.7 Beliefs about treatment

In some societies, the treatments for mental health problems that Western societies would regard as appropriate for children and adolescents are not seen to be at all useful. Instead, parents may go to a local healer, who may be a spiritual healer, witch doctor, *shaman* or priest. If parents have faith in such local healers, then provided they are not using harmful remedies, children may obtain as much benefit from them as they would do from Western-trained health professionals. Sometimes Western-trained health professionals are only consulted when the local healer has failed to produce satisfactory results. Such health professionals benefit from knowing about the alternative sources of help available to parents and, if possible, working with local healers rather than in opposition to them.

2.2.8 A cultural complication

Many health professionals work in localities where there are a number of different cultural groups, each with their own set of beliefs, attitudes and values. If they are to provide a comprehensive service, it is important that they are able to understand these differences and how they affect the lives of children.

2.3 Treatment

Decisions about how to treat a child with a mental health or developmental problem should follow assessment. Treatment is guided by the understanding of the problem that has been gained during the assessment, and the type of treatment that can be offered will depend on the skills of health professionals and the resources available to them.

Before offering treatment it is important that you find out what the parents have already tried. It can be frustrating if, after suggesting ways of helping a child, the parents then tell you that they have already tried all the measures you have suggested without any benefit.

Apart from relaxation exercises for anxiety states and tension headaches, there are basically two main types of intervention that can be used in dealing with mental health problems in children and families – listening and talking treatments and medication. These will be described in more detail in relation to the problems to which they can be applied. What follows is a brief general outline.

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2.3.1 Helping through listening and talking

Stress reduction

Sometimes it is clear that the child's symptoms are a response to stress. You can try to work out with the parents and child how this might be reduced. The stress may be within the family, at school or in the neighbourhood. An example might be suggesting to the mother that she is firmer and more consistent in her discipline. This might result in a reduction in the number of stressful arguments as the child no longer feels he can 'get away' with disobedience. Another example might be reducing the pressure on the child caused by examinations. What you are trying to do by using use this approach is make the environment (the world the child lives in) more friendly to the child.

Cognitive–behavioural therapy

The idea behind this form of treatment is that children with problems often have a false set of thoughts or beliefs about the world and people around them. These false ideas affect their emotions, making them sad, anxious or perhaps angry. Thus fearful children have an exaggerated idea about the dangers facing them. Children with depression may feel that no one likes them when that is not the case. If one can successfully combat these beliefs, the child's emotional problems are likely to diminish or even disappear altogether. This reality testing approach will be discussed in more detail in the sections dealing with particular types of mental health problem. It has been found to be the measure most likely to produce changes of behaviour or emotional state. It should be combined with approaches that result in an increase in understanding of why children and parents are behaving in the way they are.

Behaviour therapy

In this approach an attempt is made to change behaviour directly without dealing with underlying thoughts or feelings. This form of therapy is based on the idea that if one wants to change behaviour, one needs to know what happens both before and after the behaviour occurs. Both of these affect the likelihood of the behaviour occurring. For example, suppose a health professional is dealing with a child who constantly seeks attention. She might discover that the boy's attention-seeking behaviour only occurs when his sister is getting all the attention. She might also discover that the boy's attention-seeking behaviour always succeeded in stopping his parents giving his sister attention. A behaviour therapy approach would not try to find out why he is so attention-seeking. Instead, one would try and see what would happen if his sister were to be given less attention when her brother was around, and perhaps more attention at other times. Further, one could try and make sure that when the child was naughty, he got less rather than more attention, perhaps by sending him out of the room. As will be clear from later sections, most behavioural approaches stress the need to reward good behaviour rather than to punish unwanted behaviour.

Improving relationships

The cause of problems some children experience lies in the unhappy relationships they have, especially with other family members. Using this approach, an attempt is made to help both children and other family members understand how things look from another person's perspective. Family members often need to be helped in this way to be able to show the love and care they really wish to show to each other. If it is possible, sometimes it may be helpful to arrange to see all the family members together (family therapy) to allow them to express their feelings about the referral problem. This often results in the family members realising that the problem does not lie in the child about whom the complaint is made, but more widely within family relationships.

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Parenting education

Although children receive a great deal of education on other subjects in school, they are usually not taught anything at all that will be of help to them when they take on the most important job they will have in life – the upbringing of their own children. Parents can be helped to improve the way they provide love and discipline, resulting in reduced behaviour and emotional difficulties shown by their children (see Chapter 15). This approach is of great importance in helping parents of children with developmental delay and in preventing behaviour problems.

Increasing understanding

This is the main aim of listening and talking treatments, usually called counselling or psychotherapy. The idea is to help parents and children understand better the reasons why they are behaving the way they do. It usually involves helping them to look at what has happened in the past, so that they become more aware of how this is affecting what is happening now. This type of intervention has a good chance of making children and parents feel understood, but less chance of changing behaviour than the other forms of talking treatment described above.

2.3.2 Medication

Many health professionals provide medication at the end of a patient's visit. Further, many parents expect health professionals to prescribe or suggest medication and are disappointed if they are sent away without it. This makes life difficult, for although there is definitely a place for medication in the treatment of emotional and behaviour problems, most children who come to clinics would not benefit from it. They are likely to be helped by one or other of the listening and talking treatments described above.

However, parents and children sometimes find listening and talking treatments hard to accept and health professionals often do not feel they have the necessary skills to provide them. In this manual we try to help professionals to feel more confident in withholding medication when it is really not required. We also try to provide some basic skills in using listening and talking treatments in the relevant sections.

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