

SPOTLIGHT

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Long-term Outcome for Pre-school Children Referred to a CAMH Team for Behaviour Management Problems

Researchers

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Abstract

Up to ten percent of children in Britain have conduct disorders of whom only one in ten are referred to Child and Adolescent Mental Health Services (CAMHS's) for treatment. Furthermore, even with treatment, 50% continue to have significant problems.

The cost of treatment failure in terms of social welfare, judicial and health services can be as much as one million pounds for one individual child over their lifetime.

Behaviour management training for parents is the most successful treatment. However it is important to evaluate its effectiveness both during treatment, and longer term and to identify children who need more intensive treatments.

Aim

The study examined the 26 pre-school children referred to a CAMH Service, sixteen families accepted treatment and 10 declined. Outcome was evaluated for both parents and children two years after referral. Treated and untreated children were compared to provide further assessment of the stability of treatment gains.

Information was collected on the children's behaviour, key parenting variables including maternal mental health, social support networks (CCQ), maternal ability to describe events in their child's life in specific terms (PCAMT) and socio-economic circumstances.

Treatment focused on enabling parents to improve their management of their child's behaviour.

Key Results

The reported gains in both child behaviour and maternal mental health at 6 months were maintained at two years. By contrast, the untreated group showed no improvement in either child behaviour or maternal mental health over the same period.

Parental mental health scores showed some association with social isolation and poor parental specificity of recall of events in their child's life was associated with both socio-economic deprivation and failure to bring

the child for treatment which, by implication, suggests a poor outcome. No predictive relationships were found with the treated sample.

The main finding that improvements in child behaviour and maternal mental health after treatment were maintained at two years is important given that up to 50% of such children remain within the clinical range after treatment. This finding justifies the early intervention.

Two new brief measures were developed for this study, the maternal autobiographical memory measure (PCAMT) which measures parental ability to be specific and the social isolation measure (CCQ). Both yielded results of interest, the PCAMT because of its strong association with failure to attend for treatment and the CCQ for its association with maternal mental health. Both are brief and potentially useful clinical measures.

The development of screening instruments that predict outcome is important in order to direct resources more effectively at those children identified at risk of treatment failure. Poor parental autobiographical memory and, to a lesser extent, socio-economic deprivation were associated with failure to bring the referred child to treatment and the reasons for this need further investigation. Possible explanations are discussed.

Next Steps

On the basis of these findings further work is needed to assess the usefulness of the PCAMT and the CCQ in targeting appropriate treatments to referred children. This is being done as part of a larger project due to report findings later this year.

Further Details

A report on this study, publications list and newsletters can be obtained from:

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LLWYRCH

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Canlyniad Tymor Hir i Blant Cyn-ysgol a Gyfeirir at Dîm CAMH am Broblemau Rheolaeth Ymddygiad

Ymchwilywyr

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Crynodeb

Mae gan hyd at ddeg y cant o blant Cymru anrhefnau ymddygiad ond dim ond un mewn deg ohonynt a atgyfeirir i'r Gwasanaethau Iechyd Meddwl Plant a Glaslanciau (CAMH) ar gyfer triniaeth. Ymhellach, hyd yn oed gyda thriniaeth bellach, mae 50% yn parhau i gael problemau sylweddol.

Gall cost methiant triniaeth yn nhermau lles cymdeithasol, gwasanaethau barnwrol a iechyd fod cymaint ag un filiwn o bunnau ar gyfer pob plentyn unigol yn ystod eu hoes.

Hyfforddiant rheolaeth ymddygiad i rieni yw'r driniaeth fwyaf llwyddiannus. Fodd bynnag, mae'n bwysig gwerthuso ei effeithlonrwydd yn ystod triniaeth a hefyd yn y tymor hwy i ddynodi plant sydd angen triniaeth fwy dwys.

Nod

Archwilliodd yr astudiaeth y 26 o blant cyn-ysgol a gyfeiriwyd at Wasanaeth CAMH, derbyniodd 16 teulu driniaeth a gwrthododd 10. Gwerthuswyd y canlyniad mewn rhieni a phlant ddwy flynedd ar ôl eu hatgyfeirio. Cymharwyd plant wedi eu trin a heb eu trin i roi asesiad pellach o enillion sefydlogrwydd triniaeth.

Casglwyd gwybodaeth ar ymddygiad y plant, amrywiadau rhieiniol allweddol yn cynnwys iechyd meddwl y fam, rhwydwaith cefnogaeth cymdeithasol (CCQ), gallu'r fam i ddisgrifio digwyddiadau ym mywyd eu plentyn mewn termau penodol (PCAMT) ac amgylchiadau economaidd-gymdeithasol.

Canolbwyntiodd y driniaeth ar alluogi rhieni i wella rheolaeth ymddygiad eu plentyn.

Canlyniadau Allweddol

Roedd yr enillion a adroddwyd mewn ymddygiad plant a hefyd iechyd meddyliol y fam ar 6 mis wedi eu cynnal ar ddwy flynedd. O gymharu, ni ddangosodd y grwp heb driniaeth unrhyw welliant yn un ai ymddygiad plentyn neu iechyd meddyliol y fam dros yr un cyfnod.

Dangosodd sgoriau iechyd meddwl rhieni beth cysylltiad gyda ynysedd cymdeithasol a roedd manylder ad-alw gwael gan rieni am ddigwyddiadau ym mywyd y

plentyn yn gysylltiedig gyda difreintiad economaidd-gymdeithasol a methiant i ddod â'r plentyn am driniaeth, sydd, drwy oblygiad yn awgrymu canlyniad gwael. Ni chanfuwyd unrhyw gysylltiadau daroganol gyda'r sampl a gafodd driniaeth.

Mae'r prif ganfyddiad y cadwyd gwelliannau mewn ymddygiad y plentyn a iechyd meddyliol y fam ar ôl triniaeth ar ddwy flynedd yn bwysig o gofio fod hyd at 50% o blant o'r fath yn aros o fewn yr ystod clinigol ar ôl triniaeth. Mae'r canfyddiad hwn yn cyfiawnhau'r ymyriad cynnar.

Datblygwyd dau fesur byr newydd ar gyfer yr astudiaeth hon, y mesur cof hunangof y fam (PCAMT) sy'n mesur gallu rhiant i fod yn benodol a'r mesur ynysedd cymdeithasol (CCQ). Rhoddodd y ddau ganlyniadau o ddiddordeb, y PCAMT oherwydd ei gysylltiad cryf gyda methiant i fynychu am driniaeth a'r CCQ am ei gysylltiad gyda iechyd meddyliol y fam. Mae'r ddau yn fesur clinigol byr ac a fedrai fod yn ddefnyddiol.

Mae datblygiad dyfeisiau sgrinio sy'n rhagweld canlyniad yn bwysig er mwyn cyfeirio adnoddau'n fwy effeithlon at y plant hynny a ddynodwyd fel bod emwn risg methiant triniaeth. Roedd atgof hunangof gwael rhiant ac i raddau llai difreintiad economaidd-gymdeithasol yn gysylltiedig gyda methiant i ddod â'r plentyn a atgyfeiriwyd i driniaeth ac mae angen ymchwilio'r rhesymau dros hyn ymhellach. Trafodir esboniadau posibl.

Camau Nesaf

Ar sail y canfyddiadau hyn mae angen gwaith pellach i asesu defnyddioldeb y PCAMT a'r CCQ wrth dargedu triniaethau priodol ar gyfer plant a at-gyfeiriwyd. Gwneir hyn fel rhan o brosiect mwy sydd i gyhoeddi canfyddiadau yn ddiweddarach eleni.

Manylion Pellach

Medrir cael adroddiad yr astudiaeth hon, rhestr cyhoeddiadau a chylchlythyrau gan:

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