

HOW CAN LOCAL RESEARCH IMPROVE THE CARE & COMMUNICATION WITH CHILDREN?

Communicating with children

Engaging with and listening to children and families is a fundamental aspect of clinical practice. Good communication is central to delivering a quality service and the skills required enhance patient care. Better communication is associated with a better patient experience as well as improved outcomes such as concordance with treatment, and fewer complaints.

Despite being a central tenet to practice and an extensive literature available on communication, there is only limited evidence focusing on how this is done with children.

Some training, such as family therapy includes video-recordings of actual practice for reflection, but for many working with children there is a reliance on supervision during the training period, and only limited support after this.

Expectations on clinicians in a changing world

Professional bodies are clear that the rights of children are central to practice and their views should be respected. This reflects global and national perspectives, for example:

The United Nations Convention on the Rights of the Child (1989)

The Children Act (2004)

The Children and Families Act (2014)

The Munroe Review of Child Protection (2011)

In order to achieve this they need to be engaged in a meaningful way and communicate effectively with children and families.

Doctor:

“How (.) how is he at-“

Child:

“Can I ‘ave my phone? coz you’re the one doin’ all the talkin”

Mum:

“No yeah but just (0.51) no cos you’ll do the talkin’ in a minute”

What do we already know?

There are many things that we know from the literature:

- Children want to be involved in decisions about their health and wellbeing.
- Children who are involved are more likely to adhere to treatments.
- Despite lots of literature on the subject, it remains difficult to define child-centred practice.
- Clinicians do talk to children, but often their parents occupy much of the clinician’s time, and this is even with adolescents.
- Often children feel ignored or left out by the adults in the interaction.
- Research indicates that more needs to be done to meaningfully engage children.



Our research: (Relevant to all those who work with children)

Recorded real-life interactions with children and families reveals the complexity and dynamic processes which occur between clinicians and their patients. The findings are generalizable and translatable to many different settings.

Significant findings:

- Clinical sessions are complex and dynamic environments with a number of contrasting, and potentially conflicting agendas.
- The sessions can be influenced by the institutional agenda, which may sometimes not address fully the patient's need.
- Consequently families have to cope with a number of questions of different types during a session.
- Due to the perceived high stakes, parents use a number of mechanisms to convince clinicians of the validity of their child's needs.
- Children may not understand why they are coming to service and may use terminology incorrectly.
- Clinicians have to use different strategies to manage parents who may talk inappropriately about their children.
- Children have a variety of ways to engage and resist treatment.

1. O'Reilly, M., Karim, K., Stafford, V., and Hutchby, I. (2015). Identifying the interactional processes in the first assessments in child mental health. *Child and Adolescent Mental Health*, 20(4), 195-201.
2. O'Reilly, M., Karim, K., and Kiyimba, N. (2015). Question use in child mental health assessments and the challenges of listening to families. *British Journal of Psychiatry Open*, 1 (2), 116-120
3. O'Reilly, M. Lester, J., Muskett, T., and Karim, K. (in press). How parents build a case for Autism Spectrum Disorder during initial assessments: "We're fighting a losing battle". *Discourse Studies*,
4. Stafford, V., Hutchby, I., Karim, K., and O'Reilly, M. (2016). "Why are you here?" Seeking children's accounts of their presentation to CAMHS. *Clinical Child Psychology and Psychiatry*, 21(1), 3-18
5. O'Reilly, M., and Parker, N. (2014) "She needs a smack in the gob": negotiating what is appropriate talk in front of children in family therapy. *Journal of Family Therapy*, 36 (3), 287- 307.
6. O'Reilly, M. and Parker, N. (2013). 'You can take a horse to water but you can't make it drink': Exploring children's engagement and resistance in family therapy. *Contemporary Family Therapy*, 35 (3), 491-507

Reflections for clinical practice:

Clinicians need to be more aware of the processes that occur in their interactions with children and families as it can influence their practice:

1. Are we flexible enough in addressing patient need rather than the institutional agenda?
2. Are we listening to children and families enough?
3. Can we manage the interaction better?

Please contact us and we will happily send you a copy of any or all of the papers listed



Our research: (Relevant to all those who work in mental health)

It is well-known that CAMHS work with vulnerable children and have to explore sensitive issues with them. Our findings reinforce the need to listen to children and their parents/carers as this may help to improve services and care.

Significant findings:

- CAMHS works with vulnerable groups, including Looked after Children, young offenders and so forth. What is evident from the research is that children have a range of opinions and therefore it is important that we listen to those views. However, there are perceptions of CAMHS prior to attendance which may be negative and children hold misconceptions and anxieties. For groups such as unaccompanied refugee minors there are issues of trust and engagement with authorities. It is helpful for clinicians to be mindful that these situations need to be handled sensitively and that the multi-agency environment remains complex and challenging for multiple reasons.



7. O'Reilly, M., Kiyimba, N. & Karim, K. (in press). "This is a question we have to ask everyone": Asking young people about self-harm and suicide. *Journal of Psychiatric and Mental Health Nursing*,
8. O'Reilly, M., Lester, J. and Muskett, T (2016). Children's claims to knowledge regarding their mental health experiences and practitioners' negotiation of the problem. *Patient Education and Counseling [Special issue]*, 99, 905-910
9. O'Reilly, M. Bowlay-Williams, J., Svirydzenka, N. & Vostanis, P. (2016). A qualitative exploration of how adopted children and their parents conceptualise mental health difficulties. *Adoption and Fostering*, 40(1), 60-76
10. Majumder, P., O'Reilly, M., Karim, K., and Vostanis, P. (2015). "This doctor, I not trust him, I'm not safe": The perceptions of mental health and services by unaccompanied refugee adolescents. *International Journal of Social Psychiatry*, 61(2), 129-136
11. Bone, C., O'Reilly, M., Karim, K., and Vostanis, P. (2014). "They're not witches..." Young children and their parents' perceptions and experiences of Child and Adolescent Mental Health Services. *Child: Care, Health and Development*, 41(3), 450-458.
12. O'Reilly, M., Vostanis, P., Taylor, H., Day, C., Street, C., and Wolpert, M. (2013). Service user perspectives of multi-agency working: A qualitative study with parents and children with educational and mental health difficulties. *Child and Adolescent Mental Health*. 18 (4). 202-209

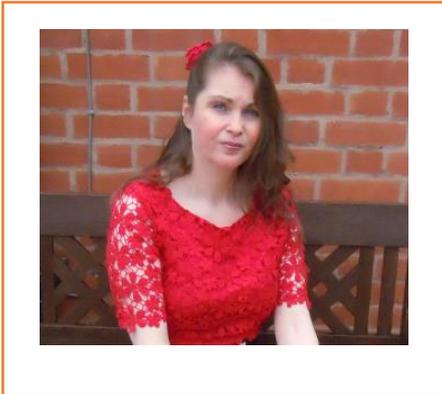
Reflections for clinical practice:

4. Child mental health professionals have a difficult role working with children who have a wide range of needs. When working with these children it is helpful to reflect on:
5. Are we understanding the specific needs of the particular child in the current environment? For example, the unaccompanied refugee minors or adopted children.
6. Can we make the wider system in child mental health easier to navigate? If not, why?

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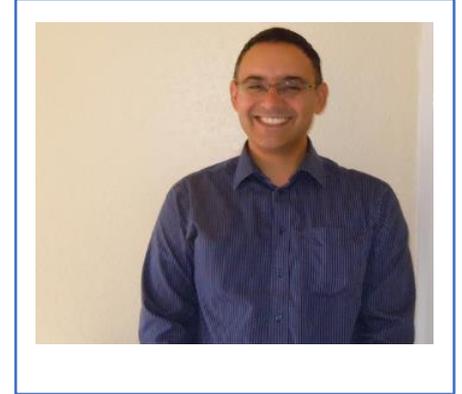
About us

Michelle O'Reilly

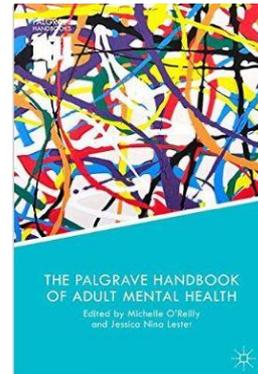
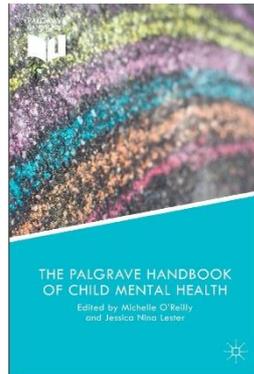
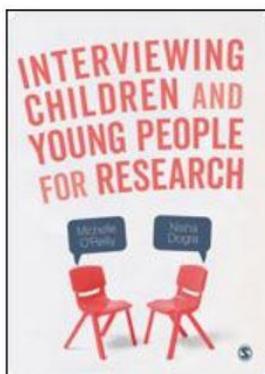
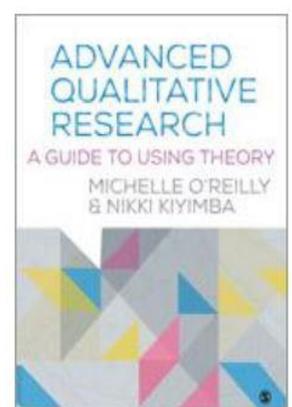
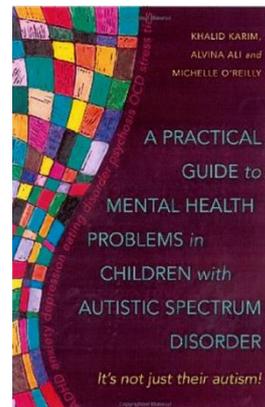
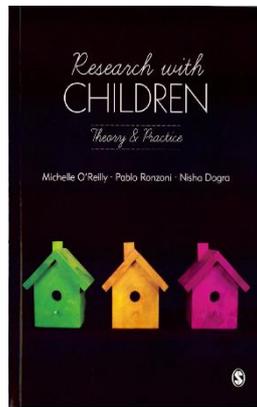


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We hope you have found this report interesting and has stimulated you to undertake some of the further reading.

If you feel that this information has had an impact on your clinical practice we would be grateful if you could contact us to share your views. We could then use this feedback to demonstrate the value of this work when working with children.

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