



Conducts that challenge

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Croydon Drop In

About Me



- ▶ I have worked as a couples counsellor for Relate and a youth counsellor for the YMCA.
- ▶ Previous to this I worked as a school Chaplain, youth worker and sports coach.
- ▶ My passion is to empower young people and their families to make positive changes in relation to their mental health.
- ▶ The mission of Croydon Drop In is to encourage young people and families to develop to their potential.
- ▶ I now work as the MHST Services Manager and Systemic Family Practitioner at CDI.

Trigger Warning

- ▶ Care 4 Croydon Collective
- ▶ Self -Care



NICE guidelines: Conduct disorders

- ▶ *‘Conduct disorders are characterised by repetitive and persistent patterns of antisocial, aggressive or defiant behaviour that amounts to significant and persistent violations of age-appropriate social expectations.’*
- ▶ Put in the chat some labels which you have heard.



What it may look like

- **Children aged 3 to 7 years** — general defiance of adults' wishes, disobedience, angry outbursts with temper tantrums, physical aggression to other people (especially siblings and peers), destruction of property, arguing, blaming others for things that have gone wrong, and annoying and provoking others.
- **Children aged 8 to 11 years** — may present with any of the above as well as swearing, lying, stealing outside the home, persistent rule-breaking, physical fights, bullying other children, cruelty to animals, and setting fires.
- **Young people aged 12 to 17 years** — may present with any of the above behaviours as well as more antisocial behaviours such as being cruel to and hurting other people, assault, robbery using force, vandalism, breaking and entering houses, stealing from cars, driving and taking away cars without permission, running away from home, truanting from school, and misusing alcohol and drugs.

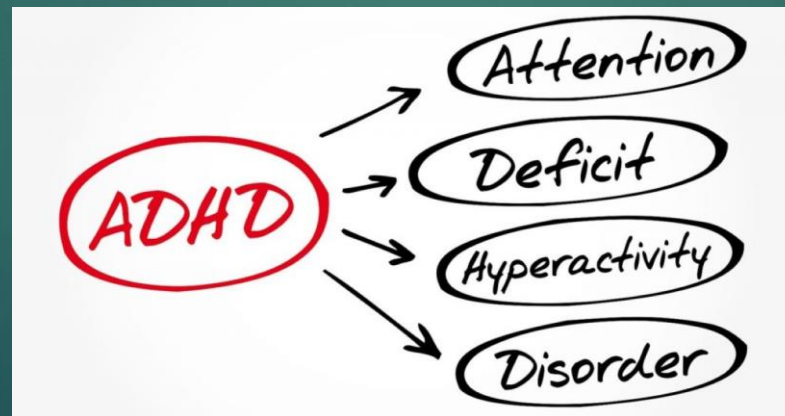
NICE guidelines: Conduct disorders

- ▶ The prevalence of conduct disorders increases throughout childhood, and they are more common in boys than girls. For example, 7% of boys and 3% of girls aged 5 to 10 years have conduct disorders; in children aged 11 to 16 years the proportion rises to 8% of boys and 5% of girls.
- ▶ Poll time!



NICE guidelines: Conduct disorders

- ▶ Conduct disorders commonly coexist with other mental health problems: 46% of boys and 36% of girls have at least 1 coexisting mental health problem. The coexistence of conduct disorders with attention deficit hyperactivity disorder (ADHD) is particularly prevalent and in some groups more than 40% of children and young people with a diagnosis of conduct disorder also have a diagnosis of ADHD.



- ▶ A diagnosis of a conduct disorder is strongly associated with poor educational performance, social isolation and, in adolescence, substance misuse and increased contact with the criminal justice system.
- ▶ being male
- ▶ living in an urban environment
- ▶ living in poverty
- ▶ having a family history of conduct disorder
- ▶ having a family history of mental illness
- ▶ having other psychiatric disorders
- ▶ having parents who abuse drugs or alcohol
- ▶ having a dysfunctional home environment
- ▶ having a history of experiencing traumatic events
- ▶ being abused or neglected



Financial Implications

- ▶ • Children with Conduct Disorder are 10 times more costly to the public sector by the age of 28 than any other child
- ▶ • Overall lifetime costs associated with moderate behavioural problem amount to £85,000 per child
- ▶ • Severe behavioural problem: £260,000 per child

King's (2024)



Recommendations

- ▶ NICE recommendations are to; 'Develop a positive, caring and trusting relationship with the child or young person and their parents or carers to encourage their engagement with services.'

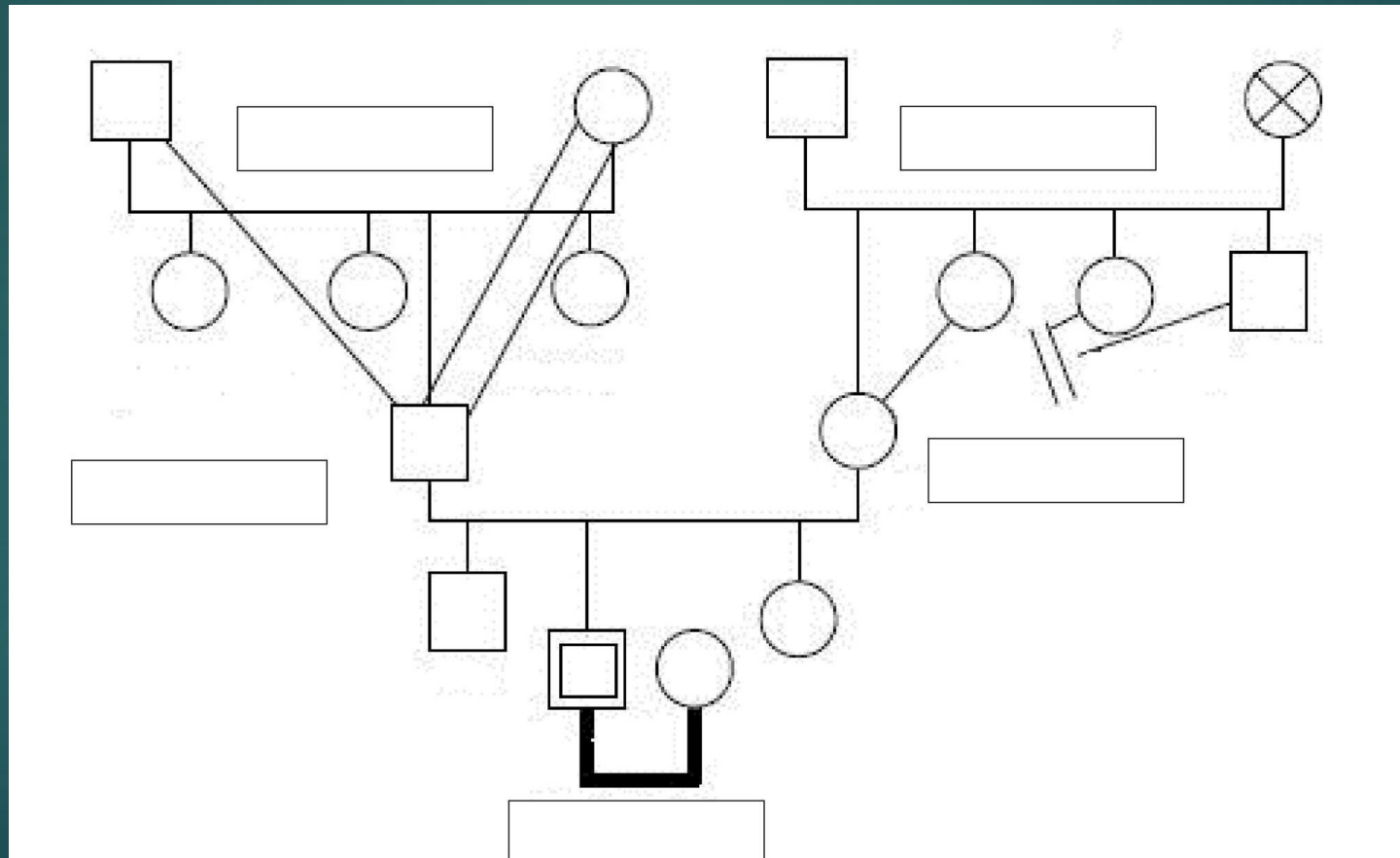


Systemic Family Practice

- ▶ Working with the young person and their family at the same time.
- ▶ Viewing a problem in relation to the family system rather than being located in one person. Reducing blame and reframing the problem.
- ▶ Helping families to communicate and develop helpful patterns of communication.
- ▶ Encouraging families to set goals and put in place actions to achieve these together.
- ▶ Recognises the importance of everyone's unique identity.



Genograms: a tool to identify uniqueness and build trust



Systemic Family Practice (Family Support)

The aims of this therapy are unique to each young person and their family. Some of these goals will be in relation to the following;

- ▶ the improvement of symptoms associated with depression,
 - ▶ a decrease in levels of anger and aggression,
 - ▶ an enhanced sense of mental and emotional well-being of each and every member of the family.
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- ▶ Behavioural Cycles are also a useful tool!

Someone gets verbal to me (sometimes).

Mainly lessons and breaktimes (can be anywhere).

Tell them to stop, tell a teacher, ignore them

I give verbal back

Upset, sadness, anger

Getting in trouble at school

I sometimes start getting physical

They say something which upsets me



Greater goals

- ▶ We do wish to reduce anger and depression
- ▶ However, we also want young people and their families to identify their uniqueness.
- ▶ If we can empower each other to discover our unique strengths, then we can ultimately bring about harmony in our families and harmony in our communities.

Timothy Richards

2022

My Mental Health Book

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