

DEFINITION DOCUMENT:

"When I use a word", Humpty Dumpty said, in a rather scornful tone, "it means what I choose it to mean, neither more nor less".

"The question is," said Alice, "whether you can make words mean so many different things".

(Lewis Carroll).

1. PREAMBLE:

To begin I need to be clear about my own biases and background. I have a background in psychology and although the last 10 years have been spent in educational and community development work I recognise that what shapes a lot of how I view things is psychology, even if it is from a community psychology perspective. Words like mental health do not have a negative connotation for me and it is the word I most often use to describe the work that I am doing. Thus in sections 1, 2, 3 and 10 where I refer to mental health I am referring to a broad higher order category that covers a continuum from emotional well-being and mental health promotion through to mental health problems and distress to mental disorders and illnesses.

Secondly, I want us to be clear on the project's definition of CAMHS. The concept of CAMHS for the project is inclusive. That is the term CAMHS is taken to mean all of the services provided by all sectors that impinge on the mental well-being, mental health, mental health problems and mental disorders of children and young people. In adopting this view some services will be brought into the CAMHS arena, on the basis of their ability to influence young people's mental health, that, previously, had not considered themselves to be within this field. Commonly, the term CAMHS is taken more narrowly to imply those specialist services provided, mainly but by no means exclusively, by the NHS. With this in mind, in the rest of this document, I use the term 'CAMHS' to refer to the whole enterprise and to include services that do not have mental health or providing for children as their only or key tasks. I use the term '**Specialist CAMHS**' as shorthand to depict those services that have a particular role and expertise relating to child and adolescent mental health.

2. DEVELOPING A COMMON LANGUAGE:

Good joint working is the Holy Grail of all attempts to improve delivery of health, education and social services. It is easy to see its vital importance but it has been very difficult to achieve (Everybody's Business, 2001). Within England there are a number of policies within the social care, mental health and educational fields which encourage and guide joint working. These include:

- National Service Framework for Mental Health Services;
- Health Advisory Service Report, 1995 'Together We Stand';
- Behavioural Support Policies
- The Green Paper - Every Child Matters

Despite commitment to joint working at national and local level, research and evaluation demonstrates that it is not always easy to ensure effective practice. This is due to a variety of issues including:

- Communication barriers - often different professions and different organisations approach the same issue from a different perspective and use different terms;
- Organisational barriers - different organisations may have different goals, priorities and structures;
- Resource barriers - there may not always be sufficient money or time to support joint working.

It is hoped that this work on developing a shared understanding of terms and definitions will contribute to the way forward.

The **NHS, social services and education** are the key statutory bodies involved and all of them should have an equal commitment to services and a real sense of ownership. Room should be created for these bodies, in each area, to get together to organise a joint approach to CAMHS. Part of this process is a shared language. It is essential that the mental health of children and adolescents should be a genuine partnership between the statutory agencies involved and between them and the non-statutory sector. There is a great deal of controversy about how work in this complex area should be thought about and labelled.

There is a wide range of terms in use in the field, and there is an ongoing debate about which is most appropriate. There is no consensus about how related areas should be grouped, and what the organisational hierarchy is. Not even within a sector is there clarity e.g. in education there is still a lot of debate about whether mental health can be subsumed under emotional well-being or whether emotional well-being is just part of mental health. The lack of a common CAMHS 'language', or shared terminology, has created particular inter-agency difficulties. In part, this reflects the differences of conceptual approach, models of care and the professions within them. The development of a common language would help to promote a wider understanding and awareness.

When harnessed positively, this diversity of approach can have enormous benefits for children and young people. I have taken it as clear that no one agency and no one profession has the monopoly of understanding and capability when working with young people. Partnership is required in all but the most straightforward of instances if inputs are to be maximally effective. However, this richness can give way to tensions between agencies and their staff. Recent research shows how differing expectations and misunderstandings, between agencies may flow from:

- *assumptions;*
- *lack of familiarity;*
- *different organizational and professional cultures;*
- *lack of agreement about how competing pressures are handled so that each child does not pass serially from waiting list to waiting list; and*
- *different perceptions of role and priority.*

Inevitably in these situations, it is children, adolescents and families who fail to receive the best from our services, and staff who feel exposed and unsupported. It is important not to diminish the challenges of partnership and the continuing work required to secure it. However, it is important that we see fresh endeavours in this direction.

It is important to define terms relating to the mental health of children and adolescents because experience show that lack of terminology clarity leads to confusion and uncertainty about the suffering involved, the treatability of problems and disorders and, the need to allocate resources. However we need to be clear that just because some problems or issues can be named, this process does not make them exclusively the province of any one service or profession. Indeed, different disciplines may label similar conditions in differing ways – hence the potential for confusion. Definitions and terms can be confusing especially working across different professions. For example health professionals talk about mental health problems and psychiatric disorders: educationalists talk about children who are presenting challenging behaviour, who have emotional or behavioural problems or who have special educational needs: social workers talk about children at risk, children suffering significant harm, children in need. All these terms are used to describe children with broadly similar problems or clusters of problems (Wilson, 2001)

Additionally, some disorders may include symptoms or behaviours which appear to lie in another field of description. For example, it is not at all unusual for young people who have been sexually abused to develop serious conduct disorders; and the covariance of conduct problems with serious depressive disorder in adolescents can be strong. The health services cannot manage mental disorders alone, and there needs to be close collaboration between

agencies to ensure that young people with such disorders have their social, educational and health needs met. If a young person's disorder derives primarily from educational difficulties, or has important implications for educational placement, then the education services should probably be leading in making provision for the child. If the disorder derives from a social difficulty, such as disrupted or poor relationships at home, then the social services should play a prominent role and lead in some circumstances. However, in nearly every case, some collaboration, including joint assessment and joint funding, will be necessary to ensure optimal provision for the child or young person.

3. PURPOSE OF THIS DOCUMENT:

This process, and the document as part of it, is not going to solve the issue of definition nor will it lead to the development of a new or shared language. What we hope is that it is the beginning of a process of greater understanding of the use of the various terms and the beginning of seeing the overlaps and the differences in use of these terms.

This document will attempt to look at the most influential or widely used terms and definitions and then offer a sense of the variation in that area. It will look at some of the core documents from each of the sectors to look at the terminology used and how it is defined. This is not a systematic nor exhaustive review - rather a selection based on my own exposure to the literature. The purpose is to guide our thinking in terms of what would be the best use of language for the project and in the longer term for broader CAMHS work.

I have tried to look at documents from England and Wales as well as the UK more broadly. I have also tried to include some European and International perspective. However in order not to give too much detail this is very limited. I have also tried to look at what terminology is in current use in Kent and Medway.

4. EDUCATION:

4.1. TERMS USED FREQUENTLY IN THIS SECTOR:

Education has used a variety of terms that relate to the work being carried out by the current project. Weare's (2003) study showed that many of those working in this field find terminology problematic. She points out that some of those new to the field are keen to promote the idea that work in this area is very new, or to push for the adoption of their particular framework or specialist terminology, for example 'emotional intelligence' or 'emotional literacy'. Others are keen to remind us that there is a long tradition of work in this area and much surrounding work, for example in psychology, mental health, health education and promotion and personal, social and health education (PSHE).

To give some examples of the various definitions often used in education literature:

Emotional and social intelligence: Definition

'The ability to perceive accurately, appraise and express emotion; the ability to access and/or generate feelings which facilitate thought; the ability to understand emotion and emotional knowledge; the ability to regulate emotions to promote emotional and intellectual growth.'
(Mayer and Salovey, 1997:10).

Emotional literacy: Definition

'Emotional literacy may be defined as the ability to recognise, understand, handle, and appropriately express emotions.'
Sharp (2001:1)

Emotional and social competence: Definitions

'Social and emotional competence is the ability to understand, manage and express the social and emotional aspects of one's life in ways that enable the successful management of life tasks such as learning, forming relationships, solving everyday problems, and adapting to the complex demands of growth and development.'
Elias et al, (1997: 2.)

'Social competence is processing and using the ability to integrate thinking, feeling and behaviour to achieve social tasks and outcomes valued in the host context and culture. In a school setting these tasks and outcomes would include assessing the school curriculum successfully, meeting associated personal social and emotional needs, and developing transferable skills and attitudes of value beyond school.' Topping (1998)

Mental health: Definition

Definition is a major issue in the field of mental health. Traditionally the term has been used:

- as a pseudonym for mental illness, for example 'mental health is a growing problem'
- as a label for services that deal only with the diagnosis, management and treatment of mental illness, often in a medical context, for example some hospital psychiatry departments have been renamed 'departments of mental health'
- to focus on the (usually negative) states of individuals.

More recently, Weare (2003) points out, definitions of mental health have been developed which are wider, and include positive wellness and a concern with the determinants of mental health. There is in practice a big overlap between work on mental health in some contexts and work on emotional and social competency – often they are addressing the same issues but using different terminology. Many modern definitions of mental health now include emotional and social components and work in the field of mental health often includes a focus on learning and capacity building, not just the static states of individuals.

The report offers the following advantages and disadvantages to the use of the term:

Advantages

- Much excellent work is going on under the banner of 'mental health', especially with children and young people in child care settings and schools. There is a wealth of organisations (for example Young Minds), research, publications and good practice that can be drawn on.
- It is a meaningful term to those who work in the health service, who might be put off by educational terms.
- Using the term can invite consideration of the environments and determinants that shape mental health, not just a focus on the individuals and their competences (for example the risk and resilience factors that undermine or support it).
- Much recent work does not use the medicalised, negative and individualistic models mentioned above, but is positive, wellness-focused, inclusive of a range of professional and lay people, and aimed at whole populations, not just those with problems.
- Working with the term when used in its modern sense can re-educate those in education and social care settings about what the term means.
- Child and Adolescent Mental Health Services (CAMHS) in some areas are actively involved in developing work in this area in many LEAs.

Disadvantages

Although there has been much effort in recent years by those at the forefront of concept development in this field to broaden its meaning, to most outside this inner circle, including most teachers, the term is still understood by many in its traditional sense, that is:

- A medicalised approach, dominated by the medical professional and not the main concern of those in education or social care. One expert from the National Pyramid Trust commented that the term is rarely used in education, especially at primary level.
- A negative state (that is, mental illness) rather than positive well-being.
- An approach which focuses on individuals with problems, not on the whole population.
- A problem requiring medical and therapeutic solutions, without any clear role for education.

Emotional and social well-being: Definition

'A holistic, subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm, and caring, are combined and balanced' Stewart-Brown (2000)

The report offers the following advantages and disadvantages to the use of the term:

Advantages

- The term emotional and social well-being is generic, broad and positive.
- It is acceptable in a wide range of educational, social care and health related environments, so can help bring disparate groups together.
- It is non-medicalised and is thus clearly the 'business' of everyone from parents to professionals, not just doctors.
- It implies a focus on whole populations, not just those with problems.
- It tends to focus attention on the environments and determinants of emotional and social competence, not just on individuals and their competences.
- It is acceptable to those who work in mental health, and thus can easily incorporate work on mental health.

Disadvantages

- It can tend to focus on the state of the person or group and not bring to mind the learning and teaching of competences.
- It is a very general term, used in a wide variety of ways in different contexts and can lack specificity.

The DfES (2003) Document "Emotional and Social Well-being" offers the following recommendations:

- That the DfES, LEAs and schools make particular use of the following two clusters of terms to cover both environmental and pedagogic aspects:
'Emotional and social well-being' and **'Emotional and social competence'**

The report argues that 'emotional and social competence' and 'emotional and social well-being' are straightforward and non specialist terms. In addition, the term 'competence' implies knowledge, attitudes and behavioural components, which makes it particularly appropriate for use in school and other settings.

- That DfES - and others – should at the same time be familiar with and draw freely on work that is framed in other terms, in particular **emotional literacy, emotional intelligence and mental health**. This recognises the fact that it would not be helpful or possible to re-frame all the work that has gone on in the past under the other headings explored in this chapter. As part of this, it will be helpful to illustrate how work that is carried out under a different heading fits within a framework of emotional and social competence and well-being.

4.2. TERMS AND DEFINITIONS OFFERED BY OTHER DOCUMENTS RELATING TO EDUCATION:

Pettitt, B. (2003) Effective Joint Working Between Child And Adolescent Mental Health Services (CAMHS) And Schools. Mental Health Foundation: Research Report No 412

In the same year as the recommendations for the use of emotional and social well-being in education the terms mental health and mental health problems are used in this document. It follows the definitions provided by the Mental Health Foundation where children who are mentally healthy have the ability to:

- Develop psychologically emotionally, creatively, intellectually and spiritually;
- Initiate, develop and sustain mutually satisfying personal relationships;
- Use and enjoy solitude;
- Become aware of others and empathise with them;
- Play and learn;
- Develop a sense of right and wrong;
- Resolve (face) problems and setbacks and learn from them.

(Mental Health Foundation, 1999, p6).

[This is a very widely used definition of mental health.]

Mental health problems in children can be emotional, conduct, hyper-kinetic, developmental, eating, habit, somatic and psychotic disorders and post traumatic syndrome. They may be mild and transitory nuisances or have serious and longer lasting effects (Mental Health Foundation, 1999, p6).

DfES (2001) Promoting Children's Mental Health Within Early Years And School Settings

This document uses the Mental Foundation's definition of mental health. It goes on to say: Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.

It also raises the issue of the overlap but distinction between the terms Mental Health Problems and Emotional and Behavioural Difficulty. The document goes on to say that children experiencing problems (and predominately externalising problems) in schools have tended to be defined as having emotional and behavioural difficulties (EBD). EBD is a term to be understood within an educational context, to describe a range of difficulties that children might experience as a result of adverse experiences in the early years, difficult family relationships or ineffective behaviour management or means of engaging children effectively within the school.

Such a definition will include many children who or are at risk of experiencing mental health problems; such as those who are so withdrawn and anxious that it is significantly impacting on their ability to learn, or those whose behaviour is so extreme they are not able to sit and concentrate. However, not all children with mental health problems will necessarily have special educational needs. Some children, for example those who are extremely anxious and isolated, may be in need of additional help and support within the school in order to help them overcome their difficulties. Other children, for example a child with an eating disorder, may be in need of support outside school, but which the school with an effective pastoral and/or counselling service can help the child access.

For other children however, their behavioural difficulties, which often have a significant emotional element to them, may be intertwined with their ability to concentrate, to learn and get on with their peers, that an approach which does not include attention to the educational alongside their emotional, social and behavioural needs will fail to provide the range of support that they need. Such children may be defined as having an emotional and behavioural problem when seen within an educational context. By a medical practitioner, however, the same child may be defined as having a conduct disorder, a mental health term used to describe children with overly oppositional or defiant behaviour.

Hartley-Brewer, E (2001) Learning To Trust And Trusting To Learn: How Schools Can Affect Children's Mental Health. ippr (Institute For Public Research)

This document uses the following definitions:

Mental Health:

The emotional and spiritual resilience that enables us to enjoy life and survive pain, suffering and disappointment. It is a positive sense of well-being and an underlying belief in our own worth of others (Holland, 2000). Mental health is embedded in social relations, built upon social skills that are developed from birth onwards.

Emotional literacy:

Understanding enough about our own emotions to be able to appreciate and understand other people's states of mind and feelings and what they are communicating. To experience a sense of connection to the wider community through that interaction.

Emotional intelligence:

The capacity to process emotional information accurately and effectively, including the capacity to perceive, assimilate, understand and manage emotion.

Alexander, T. A Bright Future For All: Promoting Mental Health In Education: The Mental health Foundation.

This is a handbook for teachers to develop debate and activities on mental health in their schools.

Use the term mental health, mental health problems, mental health promotion

This document offers the following definitions of mental health:

Mental health is about "...being confident and positive and able to cope with the ups and downs of life ...

[it includes emotional health, which is] about sleeping well, feeling energetic, creative, safe, accepted and concerned for others ..."

Saving Lives: Our Healthier Nation *White Paper*

"Mental health is emotional and spiritual resilience which enables us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own and others' worth"

World Mental Health Day Campaign

"What mental health means to me, is the ability to fully participate within the community, and not to be isolated through undue stress or anxiety."

Community mental health worker, Oxfordshire

5. HEALTH:

5.1. TERMS USED FREQUENTLY IN THIS SECTOR:

One of the most widely used definitions in the literature of **mental health** is that proposed by the HAS Committee in their report Together We Stand. This review has drawn on definitions of *mental health* provided by Professor Ron Davey, Professor Peter Hill, Dr Zarrina Kutz, Professor William Parry-Jones and Mr. Peter Wilson.

The components of **mental health** include the following capacities:

- The ability to develop psychologically, emotionally, intellectually and spiritually.
- The ability to initiate, develop and sustain mutually satisfying personal relationships.
- The ability to become aware of others and to empathise with them.
- The ability to use psychology distress as a development process, so that it does not hinder or impair further development.

Within this broad framework, and incorporating the development nature of both body and mind in childhood and adolescents, mental health in young people is indicated more specifically by:

- A capacity to enter into and sustain mutually satisfying personal relationships.
- Continuing progression of psychological development.
- A developing moral sense of right and wrong.
- The degree of psychological distress and maladaptive behaviour being within normal limits for the child's age and context (Hill, 1995)

Defined in these ways, mental health is something of an ideal state which all struggle to attain. The task of maintaining mental health can be aided or hindered by external circumstances and events, and is dependant upon each person's potential and experience of life.

Defining Mental Health Problems and Disorders

1. Mental health problems are therefore difficulties or disabilities in these areas which may arise from any number of congenital, constitutional, environmental, family or illness factors.
2. There are two terms used in this document. *Mental health* problems is used to describe a very broad range of emotional or behavioural difficulties which may cause concern or

distress. They are relatively common and encompass *mental disorders*, which are more severe and/or persistent.

3. There are concerns about using terms such as *mental* or *psychiatric disorder* in relation to children. First, such items can be stigmatising, and mark the child as recognised, and some attempt is made to understand and classify their problems, in the context of their social, educational and health needs, it is very difficult to organise helpful interventions for them. The second concern is that the term *mental disorder* may be taken to indicate that the problem is *entirely within the child*. In reality, disorders may arise for a variety of reasons, often interacting. In certain circumstance, a mental or psychiatric disorder, which describes a constellation or syndrome of features, may indicate the reactions of a child or adolescent to external circumstances which, if changed, could largely resolve the problem.
4. To start at the 'normal' end of the spectrum, emotions are an integral part of mental health, be they pleasant or unpleasant. The temporary distress of a child not being allowed to have sweets at a supermarket checkout may be unpleasant for the child, and probably his or her parent, but it will help him or her to learn what is, and is not, acceptable to the parent, and so help the child to develop within the context of his or her own family. Similarly, a child's anxiety about first going to school may be distressing but, when overcome, gives rise to confidence. The loss of a pet may cause considerable unhappiness but may well help children to deal with loss in the future. Unpleasant emotions do not on their own, therefore, constitute mental health problems.
5. Mental health problems cause concern or distress to those who have them. They may arise from a young person's difficulties in coping with life, development such as a speech or language disorder, the impact of sensory handicap or an educational difficulty, such as a specific reading disorder, or from social difficulties, including parental violence or sexual abuse or because of illness. It is clear that these problems may arise for reasons, at first sight, unconnected with health matters, and many of them may be far more appropriately addressed by educational or social agencies. In turn, mental health problems and disorders often manifest themselves in difficulties in personal, educational and social functioning, and hence the emphasis in this document on collaboration between the three statutory health, education and social services agencies.
6. One of the problems inherent in distinguishing between mental health problems and disorders and anti-social behaviour is that similar symptoms, complaints or behaviours may be indicative of all of these. Behaviour problems in young people can be viewed as a common pathway by which a variety of underlying circumstances, including mental health problems and disorders, show up. Features which are useful in resolving these challenges to understanding include the nature and constellation of other symptoms, complaints or behaviours, the chronicity of the behaviour and its impact on the child and his or her relatives, friends, teachers and carers. In this report, priority is given to considering services for those children and young people whose mental health problems and disorders give rise to substantial impacts on their lives and relationships.
7. When mental health problems become severe, persistent or associated with other problems, they are termed *emotional and behavioural difficulties* by education authorities. Health service staff may classify them as mental disorders, and, this review uses the definition from the Tenth International Classification of Disease (ICD10, 1992) "*The term disorder is used throughout the classification, so as to avoid even greater problems inherent in the use of terms such as disease or illness. Disorder is not an exact term, but it is used here to imply the existence of a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions. Social deviance or conflict alone, without personal dysfunction, should not be included in mental disorder.*"

5.2. TERMS AND DEFINITIONS OFFERED BY OTHER DOCUMENTS RELATING TO HEALTH:

The National Service Framework For Children:

Both the consultation documents (**Mental Health and Psychological Well Being of Children and Young People: Reports from the Consultation of User Groups Commissioned for the External Working Group on Mental Health and Psychological Well Being of Children and Young People**) and the Emergent Findings documents (**Getting the right start: National Service Framework for Children – emerging findings**) use the term 'Mental Health and Psychological Well Being'.

National Assembly for Wales (2001) Child And Adolescent Mental Health Services: Everybody's Business. Primary and Community Healthcare Division Strategy Document

The terms used in this Strategy are summarised here:-

- **Mental Health Problems** may be reflected in difficulties and/or disabilities in the realm of personal relationships, psychological development, the capacity for play and learning, development of concepts of right and wrong, and in distress and maladaptive behaviour. They may arise from any number or combination of congenital, constitutional, environment, family or illness factors. Mental Health Problem describes a very broad range of emotional or behavioural difficulties that may concern or distress. They are relatively common, may or may not be transient but encompass Mental Disorders, which are more severe and/or persistent.
- **Mental Disorders** are those problems that meet the requirements of ICD 10, an internationally recognised classification system for disorder. The distinction between a Problem and a Disorder is not exact but turns on the severity, persistence, effects and combination of features found.
- In a small proportion of cases of mental disorders, the term **Mental Illness** might be used. Usually it is reserved for the most severe cases. For example. More severe cases of depressive illness, psychotic disorders and severe cases of Anorexia Nervosa could be described in this way.

EPPI Centre (2001) Young people and mental health: a systematic review of research on barriers and facilitators.

Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) is part of the Social Science Research Unit (SSRU), Institute of Education, University of London. This review takes a broader approach to conceptualising mental health and uses the definition of mental health provided by the NHS Health Advisory Service (HAS) in their thematic review of child and adolescent mental health services. They go on to say that with this definition, good mental health does not only involve the absence of mental illness but can be seen as a resource for reaching one's full potential, as promotion of 'positive mental health' (e.g. Friedli, 1999).

Mental Health Foundation Website:

<http://www.mentalhealth.org.uk/page.cfm?pagecode=PMWM>

Definition of mental health

'Mental' is a word which is seen almost exclusively in negative terms - as a term of abuse in the playground, at work and even in the family. But we are all 'mental' beings - in the same way as we are all 'physical' beings. And mental health is just as important as physical health. If we are to grow and to flourish, if we are to contribute individually and collectively to society, we need to accept that we are 'mental' beings with emotional and spiritual needs, as well as physical ones.

Definition of mental health problems:

Mental health problems range from the worries and grief we all experience as part of everyday life, to the most bleak, suicidal depression or complete loss of touch with every day reality.

Young Minds:

The work of YoungMinds Consultancy & Training Department is based on a broad definition of children's mental health that emphasises the emotional and physical well-being of children and their capacity to develop, learn and overcome their difficulties. This definition is based on that of the World Health Organisation, that health is more than 'merely the absence of disease or infirmity'.

Essex Mental Health Services Website:

<http://www.ne-mh.nhs.uk/>

Mental Well-being

Physical health is often discussed in a positive way and many of us strive to improve our physical health and find time in our lives to do so. Mental health however is not always given the same priority and many of us do not talk about our mental health. This may be because of the stigma that is attached to mental health problems or because we do not recognise that mental well being is crucial to enable us to cope with the stresses of everyday life and unexpected circumstances or events. Mental health is just as important as our physical health. Our mental well being can impact on our desire to undertake physical activities and care for our physical health. Just like our bodies, our minds need nourishment, exercise, rest and relaxation. Living positively involves achieving a balance.

Mind Website:

http://www.mind.org.uk/NR/exeres/289AF6D8-8463-454F-A6D1-C2AC82EEF3EE.htm?NRMODE=Published&wbc_purpose=Basic&WBCMODE=PresentationUnpublished

Definition of mental health:

The word *Mental* means *of the mind*; that is your thoughts, feelings and understanding of yourself and the world around you. The word *health* means the working order of your body and mind. So mental health = the working order of your mind.

Definition of mental illness:

We know that things can go wrong with our bodies. We may become ill or we might hurt ourselves in an accident. We can also have problems with our mental health and our minds can become ill. There are different types of mental illnesses. These include depression, anxiety, manic depression, and schizophrenia, eating problems, post natal depression.

Definition of mental distress:

If we are having problems with our mental health then we might feel: - Sad, worried, confused, angry, in despair, hopeless, tearful, scared, irritable, panicky, numb, guilty. In addition we might think that we are:- unlovable, guilty, bad, evil. These feelings can become so strong that they start to overwhelm us. We feel they are too much to cope with and we become distressed by them.

The Royal College Of Psychiatry Website:

http://www.rcpsych.ac.uk/campaigns/cminds/mental_health.htm

Definition of mental disorders:

The term 'mental disorder' covers a wide range of different conditions affecting the mind. Mental disorders cause symptoms such as emotional upset, disturbed behaviour and poor memory. Sometimes illness elsewhere in the body disturbs the mind; at other times hidden mental upset may fuel other bodily disease or produce physical symptoms.

The Focus Project from the Research Unit of the Royal College of Psychiatrists (Finding the evidence: A gateway to the literature in child and adolescent mental health, 2001) use the term mental health and then describe a wide variety of diagnostic categories used to label a variety of mental disorders and illnesses.

Mindout For Mental Health Website:

<http://www.mindout.net/iwi/iP1-common.asp>

Definition of Mental health problems:

Mental health problems range from the stresses and worries that all of us experience at some times in our lives, to life-changing conditions which affect our whole personality. It's important

to recognise when things are getting serious - usually when the problem interferes with our ability to cope on a daily level. It's also important to remember that, with the right support, many people manage their mental health problems and lead fulfilling lives

DoH Making It Happen: A Guide To Delivering Mental Health Promotion

Mental health problems:

Mental health problems are often defined in relation to specific diagnoses, for example depression or schizophrenia. However, a mental health problem can refer to any problem that disrupts the way we think and feel, either temporarily, for example following a bereavement, or on a more severe and enduring basis.

Mental health and well-being

Mental health is more than an absence of mental illness. There are many different definitions of mental well-being and these are influenced by individual experiences and expectations, as well as by cultural and religious beliefs. Mental health influences how we think and feel, about ourselves and others and how we interpret events. It affects our capacity to learn, to communicate, and to form and sustain relationships. It also influences our ability to cope with change, transition and life events – having a baby, going to prison, experiencing bereavement. Mental health may be central to all health and well-being, because how we think and feel has a strong impact on physical health.

Office For Public Health In Scotland. (2000) Mental Health Promotion Among Young People: Scottish Needs Assessment Programme.

Adopts a broad definition of mental health that it is more than the mere absence of mental disorder. They make use of the HAS Together We Stand differentiation between mental health problems and mental health disorders. Mental health problems are described as difficulties or disabilities in the able areas which may arise from a number of factors and include a wide range of emotional and behavioural difficulties; mental disorders are distinguished by their persistence or severity.

Cole, T. Sellman, E. Daniels, H & Visser, J. (2002) Bright Futures: Working With Vulnerable Young People. A Report Commissioned By The Mental Health Foundation

Makes use of the following definitions:

The Department of Health (DoH) (2000) suggested:

'Mental health problems in children and young people are broadly defined as disorders of emotions, behaviour or social relationships sufficiently marked or prolonged to cause suffering or risk to optimal development in the child, or distress or disturbance in the family or community.' (DoH, 2000, p.25)

This document also looks at the overlap in meaning between the terms 'emotional and behaviour difficulties' and 'mental health problems'. In this document they also use the terms mental health/well-being and go on to say that Weare (2000) echoing HAS (1995) and Mental Health Foundation (1999), listed the constituents of good mental health. These included a high degree of social and emotional competence; good self-esteem; emotional wellbeing; thinking clearly and accurately about self; and resilience.

They describe the following mental health problems:

Specific Mental Health Problems:

1. Conduct/Anti-social Disorder
2. Attention Deficit/Hyperactivity
3. Emotional Disorders
4. Obsessive Compulsive Disorder
5. Anorexia Nervosa and Bulimia Nervosa
6. Deliberate Self-harm/Suicidal Behaviour
7. Asperger's Syndrome/Autistic Spectrum Disorders

Hooper, C. & Thompson, M () Resource Manual for Professionals Working with Behaviour Problems in School Age Children. Southampton Community Health Services NHS Trust.

Psychiatric disorder – emotional disorder in a child, which has been present for at least three months, and is causing concern to the child and or the caretakers and or the child's environment. Behaviour Problems include all emotional disorders for this publication.

Australian Paediatric Review:

Psychiatric disorder

Use behavioural problems to refer to ADHD and anxiety disorders

Richardson, J. & Joughin, C. (2002) The mental health needs of looked after children. Gaskell: London

Use the terms mental health

Parents Involved Network of Pennsylvania

<http://www.pinofpa.org/resources/glossary.html>

And USA Health Department

<http://www.mentalhealth.org/publications/allpubs/CA-0005/default.asp>

Both of these websites use the following definitions:

Children And Adolescents At Risk For Mental Health Problems

Children are at higher risk for developing mental health problems when certain factors occur in their lives or environment. Some of these factors are physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of loved one, frequent moving, alcohol and other drug use, trauma, and exposure to violence.

Emotional Disturbance: Definition

Many terms are used to describe emotional, behavioural, or mental disorders. Currently, students with such conditions are categorized as having a serious emotional disturbance, which is defined under the Individuals with Disabilities Education Act (IDEA), Public Law 101-476, as follows:

- "...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance:
- An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- Inappropriate types of behavior or feelings under normal circumstances;
- A generally pervasive mood of unhappiness or depression; or
- A tendency to develop physical symptoms or fears associated with personal or school problems." [*Code of Federal Regulations, Title 34, &#sect;300.7(b)(9)*]

As defined by IDEA, serious emotional disturbance includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance.

It is important to know that the federal government is currently reviewing the way in which serious emotional disturbance is defined and that the definition may be revised.

Mental Health

Mental health refers to how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives; evaluate the challenges and the problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

Mental Health Problems

Mental health problems are real. These problems affect one's thoughts, body, feelings, and behavior. They can be severe. They can seriously interfere with a person's life. They're not just a passing phase. They can cause a person to become disabled. Some of these disorders are known as depression, bipolar disorder (manic-depressive illness), attention deficit hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

Mental Disorders

Another term used for mental health problems.

Mental Illnesses

This term is usually used to refer to severe mental health problems in adults.

The Mental Health Needs of Children with Emotional and Behavioural Difficulties. The Mental Health Foundation, 3, 17.

Uses the term mental health.

MENTAL HEALTH FORUM for ENGLAND WEBSITE:

Mental Illness - A set of definitions

<http://www.nuts.cc/reference/def.html>

[This section has been taken directly from their website.]

This website offers users perspectives on the issue of definition.

It would be unfair to you the reader to discuss mental illness in depth without first defining mental illness from our perspective. Our definition can be considered expert only as it applies to our experience. There are no shortages of classifications or descriptions of mental illness. These illnesses are sometimes grouped by disorder, such as depression or schizophrenia. In other cases age groups are used to aid in classification. When someone under forty starts to lose their memory, it is forgiven and even joked about. Someone over sixty who begins to lose their memory, can immediately be suspected of senility or even Alzheimer's disease. A teenager who finds trouble coping with life can be thought to be going through a phase. While that same person a few years on may find an official label attached to the same inability to cope.

Definitions can vary dependent on the severity of the manifestation of the symptoms. Someone who hears voices and although suffering, never acts on what the voices are saying, has their illness defined differently than those who act on the message of the voices. The later often being considered psychotic or in extreme cases even pathological. Another variable that can affect a definition is perspective. The law may define illness in different terms from a social perspective. All of the above variables and many others can have an effect on defining mental illness and we will explore a few in more depth. It is clear that there cannot, nor should there be only one definition. That would be like defining the taste of ice cream in terms of only a vanilla flavour.

There have been many attempts at defining mental illness. A clear set of modern definitions can be found in the Health of the Nation booklet, **Mental Illness. What does it mean?** published by HMSO, London, UK.

"There are many different types of mental illness. Often these involve feelings of depression, anxiety and confusion - all of which most people get at some time or other, particularly after a distressing life event such as bereavement. But with mental illness these feelings occur to such an extent or for such a long period of time that they make it very difficult for a person to cope with everyday life".

The previous definitions, although authored by the government certainly have a medical ancestry and in particular a mental health service lineage. In so far as the government is concerned these definitions suffice in areas such as determining if someone is eligible for care under the NHS or assistance from the DSS and they are an aid in helping to detain individuals under the 1983 Mental Health Act. There was a nice little ditty published in 1989 simply titled **Mental Health Act 1983, Memorandum on Parts I to VI, VIII and X**, pretty snappy huh? Well on page 4 in Part 1, paragraph 10 it clearly sets out an Alpha to Omega type definition of mental illness in stating,

"The term 'mental illness' is undefined, and its operational definition and usage is a matter for clinical judgement in each case".

Psychiatric professional definitions enter a unique realm in the use of the English language. Their definitions seem to be designed to strengthen their professional position in regards to knowledge concerning mental illness. No one who has not completed the required jargon courses can possibly hope to understand. Therefore it would be fruitless to repeat the psych-speak they use to disguise what could be perceived, by some less cynical than us, as a lack of knowledge. In reality the psychiatric profession has only existed for just over one century, while

the general medical profession has seen the back side of four millenniums. In last century the general medical profession saw fit to completely turn over their responsibility for mental health care to the fledgling new profession and with that they now rely on psychiatry to define mental illness. It would be unfair of me to subject you the reader to a foreign language, which could be confusing, because it is written in English almost entirely using words ending in 'ology'. Just to show that we are not terrible people, nor are we the least bit prejudice, let us quote from **PSYCHOLOGY A Study of Mental Life**, Methuen & Co. Ltd., London, written by Bob Woodworth and Don Marquis (both Professors of Psychology, albeit in America).

"At the beginning of the present century (Twentieth), when the psychologists of that day were making strenuous efforts to establish a science in the modern sense, one of their leaders was asked to formulate a definition of psychology. His reply often quoted since then was that 'psychology is what psychologist are interested in', and that the only way to discover the nature of this science is to observe the work of psychologists and notice what they are trying to accomplish".

On the other hand philosophers and their reincarnations, academics and educators, have been around as long as medicine and their opinion would be valid. One possible source of the learning discipline's opinion, which could be seen to be relatively free from medical, social, political, community and legal influences, may be found in a dictionary. We have several dictionaries in the office, but we prefer our copy of **The Oxford Mini-dictionary**, compiled by Joyce M. Hawkins, Oxford University Press, Oxford. Mental is clearly defined as, "**of, in, or performed by the mind**". Illness is defined as, "**state of being ill**". Combining the two words would amount to, illness performed by the mind. Dictionaries are certainly not the only source for a definition of mental illness from a learning perspective. The other source would be the gazillion people who around the world since Aristotle's time consider themselves to be knowledgeable enough about the mind to try and pontificate on the subject. A set of definitions from this group would be a complete volume in itself, so we're going to leave it to the simple dictionary version.

The penultimate area to examine for a definition of mental illness would be the current law, which is bound up in the Mental Health Act of 1983 and the various documents that have modified the act over the years. But we already know what the Act says so we can leave the law out of this discussion thank you.

The last area to consider is the community. Definitions from this group can best be described as written in low tide beach sand. How the community views mental illness is determined by several factors, the least important of these is common sense. The weather has been known to alter a community stance on issues surrounding mental illness. If you think that is a fiction, listen up closely around the full moon. One sure fire barometer of the how the community feels is the media. The source of any definition should be investigated through a viewpoint that considers the motivation. The media of the last twenty years has been driven by simple business principles. I personally wouldn't trust any definition of mental illness written by business, because I would always suspect the motivation.

I lied in the last paragraph, there is one more area to consider. As the author of this paper and a user of the mental health and social services my opinion is just as valid and necessary. To me mental illness is the lack of mental health and I define the mentally healthy as those individuals who are able to function and contribute within their families and the wider community to standards acceptable by the majority. Let's not beat about the bush. If your family and wider community consider clairvoyance as a gift acceptable to the whole (as do some societies), then hearing voices is not a mental illness it is a skill or gift. It has taken a while to define mental illness and do not be confused, mental illness is not a static subject and is ever changing. A good example is the new disorders being added to the frame such as Post Traumatic Stress Disorder. Watch this space please!

6. SOCIAL SERVICES:

6.1. TERMS USED FREQUENTLY IN THIS SECTOR:

From my reading of the social services documents there is much more emphasis on laying out the competencies and occupational standards for social workers working in mental health and

with children and their families than there is with the issue of definition of the concept. There has also been some recent literature looking at social care models of mental health (e.g. **Modernising the Social Model in Mental Health; What is the Knowledge Bases and Where Does It Come From?; Start Making Sense...Developing Social Models to Understand Mental Distress** by M. Duggan). Although these documents and several like it (S. Plumb, **The social/trauma the mental health consequences of childhood abuse experience**) do not define mental health or any of the other terms they sue they do attempt to provide a framework or model of mental health that focuses on the interaction between the individual and their social context and see mental health as not only residing in individuals but also in communities. These social models engage with the inner worlds and lived experiences of individuals and communities as well as with external social, economic and environmental factors. Thus I will focus more on the use of different terms than on definitions for this section.

6.2. TERMS AND DEFINITIONS OFFERED BY OTHER DOCUMENTS RELATING TO SOCIAL SERVICES:

LGA, NHS Confederation & ADSS (2002) Serving children well: A new vision for children's services.

Uses the terms mental health and emotional well-being.

Child Protection – Children's Service Guidance:

Use the term mental health

TOPSS Supplementary Report on Child care:

Uses the terms mental health, mental illness, mental health problems

Modern Social Services – A Commitment to improve: 8th Annual Report of the Chief Inspector of Social Services 1998/1999

Also uses mental health, mental illness, mental health problems

Modernising the Social Care Workforce: the first national training strategy for England, April 2000

Uses the term mental health

Duggan, M (2002) Modernising the Social Care Model in Mental Health: A discussion paper

Uses the following terms: Mental distress, Mental health, Mental well-being, Mental health problems

TOPSS UK The National Occupational Standards for Social Work Working Copy May 2002

Uses the following terms: Mental health and well-being

NOS New National Draft Standards First Draft June 2003 The Development of National Occupational Standards and a Qualifications Framework for Delivering Support Services for Children, Young people and their Families.

The following are standards relevant to mental health.

- Must be able to assess the emotional needs of young children.
- Need to know, understand and apply knowledge of psychological factors influencing behaviour of children and young people, which may result in exclusion.
- Development of motivation and self-confidence
- Enable the expression about feelings

The Governments Objectives for Children's' Social Services 1999

Uses the following terms: Mental health, Emotional Abuse.

Peter Gilbert (2003) The value of everything: Social work and its importance in the field of mental health

Uses the term Mental health

The Government's Objectives for Children's Social Services: Transforming Children's Services (1999)

Caring for Children and Young People - Level 4

Uses the term Mental Health

Integrated and Qualified – workforce development for effective delivery of services to vulnerable children and young people and those who care for them. (2003) TOPSS England

Uses the terms Mental health and Mental health problems.

Start Making Sense: Developing Social Models to Understand and Work with Mental Distress: SNP Paper 3

Uses the term Mental distress.

The Next Step: Developing a Strategy for Children and Young people In Ireland (2003)

Uses the terms Mental and emotional well-being.

Mental Health of Young people Looked After By Local Health Authorities in England. Summary Report National Statistics (2002)

Uses the following terms:

Psychopathology made up of emotional disorders, conduct disorders, hyperkinetic disorders
Significant mental health problem

Assuring Quality for Mental health Social Work: Requirements for Training of Approved Social Workers in England, Wales and Northern Ireland and of Mental Health Officers in Scotland. (2000) Central Council for Education and training of Social Workers

Uses the term Mental Health.

7. OTHER TERMS:

MENTAL HEALTH PROMOTION

Making It Happen: A Guide to Delivering Mental Health Promotion

Department of Health

What is mental health promotion?

Mental health promotion involves any action to enhance the mental well-being of individuals, families, organisations or communities

Mental health promotion is essentially concerned with:

- how individuals, families, organisations and communities think and feel
- the factors which influence how we think and feel, individually and collectively
- the impact that this has on overall health and well-being. (Friedli, 2000)

Mental Health Promotion of Adolescents and Young People. Directory of Projects in Europe

There is no universal agreement of the concept of mental health promotion but for the sake of a common understanding by the partners, the operational definition of Mental Health Promotion in the context of this Action Project was that used in the preceding project and adjusted for the age-range of adolescents and young people:

Mental Health Promotion for adolescents and young people is part of a broader mental health promotion strategy defined as an interdisciplinary and socio-cultural endeavour geared to the achievement of conditions which enhance the wellbeing of individuals, groups and communities.

Mental Health promotion for children, adolescents and young people is a lifelong process which has its focus especially during the early stages of life; from prenatal through childbirth and infancy, childhood and adolescence, to enhance

their mental well being and prepare them for a mentally healthier adulthood. Mental health promotion for children, adolescents and young people implies the creation of individual, social and environmental conditions, which enable optimal psycho-socialological and psycho-physiological development. At the individual level it is especially focused at increasing the feelings of security, self-awareness, autonomy, ability to cope with stressors, self-confidence and self-esteem. It is also focused to enhance the social abilities of children, adolescents and young people by focusing at forming and sustaining intimate relationships, developing concern for others, social skills, social responsibility and tolerance. Prevention of mental disorders could be considered as one of its goals and outcomes.

8. TERMINOLOGY BEING USED IN STRATEGY DOCUMENTS DEVELOPED IN KENT AND MEDWAY:

Children and Family Services Medway Council (2003-2006) Medway Children and Young People's Strategic Plan

They use the term: Mental Health and Psychological Well-being. Although it does mention emotional well-being.

West Kent NHS and Social Care Trust documents:

Use the term mental health

East Kent Health Improvement and Modernisation Document

Uses the following terms:

Mental health, emotional problems and emotional health

Healthy Minds Healthy Children: A Strategy For Working Together To Promote The Mental Health And Well Being Of Children And Young People In East Kent

June 2001

Uses the terms:

Mental health and well-being, mental disorders, mental ill health, mental health difficulties, mental health problems

East and West Kent CHI Reports:

Use the following terms: mental health, mental illness, mental health disorder.

Medway NHS Trust – Strategic Plan

Uses the term mental health

Medway Council (2002-2006) Medway School Organisation Plan

Use the term emotional and behavioural difficulties

Social Services Inspectorate (2001) Joint Review of Social Services in Kent

Use the following terms: mental health, mental illness, emotionally and behaviourally disturbed.

9. SUMMARY OF THE TERMS USED:

Here is a summary of the variety of terms that have been used by the different sectors in trying to understand this area.

Mental Health	Mental Problems
Mental Well-being	Mental Distress
Mental Health and Well-being	Mental Disorders
Mental Health and Emotional Well-being	Mental Illness
Mental and Psychological Health Well-being	Mental Ill Health
Emotional Well-being	Mental Health Difficulties
	Mental Health Problems

Emotional and Social Well-being
Emotional and Psychological Well-being
Mental Health Promotion

Mental Health Disorder
Psychiatric Disorders
Psychiatric Illness
Psychological Problems
Emotional and Behavioural Difficulties
Behaviour Problems
Psychopathology (made up of emotional disorders, conduct disorders, hyperkinetic disorders)
Significant mental health problem

10. THINGS TO CONSIDER WHILE REFLECTING ON WHAT TERMINOLOGY WE SHOULD BE USING:

As can be seen from the above there are many, varied terms being used to describe aspects of this area. I would caution against merely trying to adopt a new word or set of words to deal with this complexity as this only provides a new mask for it to mean what people want it to and is often the easy way out of the difficult task of really trying to understand each other, grapple with our differences and a willingness to stretch one's own boundaries. I think we need to acknowledge that this is not going to be an easy process and what is important is that we get clearer about what the different sectors mean by their terminology, while searching for some common understanding.

Whatever terms are most commonly used by your particular sector you should at the same time be familiar with and draw freely on work that is framed in other terms. This recognises the fact that it would not be helpful or possible to re-frame all the work that has gone on in the past under the headings used by your sector or explored in this paper. As part of this, it will be helpful to illustrate how work that is carried out under a different heading fits within your framework. Your particular sector should not only support work that locates itself in the area that fits your sectors label but also work that is happening under different labels, where these are consistent with the sectors aims.

Definition of an exact delineation of responsibility between sectors of care is not possible in this kind of process. Resolution of this challenging task should be the subject of active, collaborative planning and continuing dialogue between commissioners and between providers locally. Strategic background discussions should offer a backdrop against which individual cases can be discussed. The challenge is to find ways in which the different approaches and frameworks and professionals can operate effectively together.

It is important that while you reflect on the issues you try to look outside of your own particular framework. We need to think beyond our own silos - look more broadly at the whole spectrum covered by these definitions. What struck me as I went through the documents was the way in which language and definitions have been used to exclude 'bits' and in doing so the child or young person is often seen in bits and not holistically. Thus the physical, emotional, mental, intellectual, social etc. aspects of children and young people are seen as separate rather than as part of each other - in this way we cut ourselves off, not only from the complexity but also the whole picture.

We must also be aware of how labels, definitions or terms function differently in different contexts. Thus certain health professionals still use highly categorised frameworks while schools and school support services use more descriptive terms. We need to be aware of this as practitioners, we need to try and understand this rather than pretend it does not happen. Linked to this we need to bear in mind that to an extent, what is meant by mental health is culture-bound and will change over-time and in different situations.

We need to also bear in mind while reflecting that certain words are in current use. We need to consider if any of those are appropriate for the purposes we require.

The aim of this process as mentioned earlier is that the many organisations and professionals involved in working with children and young people develop a greater understanding and awareness of the range of terms involved, and work towards achieving greater commonality of terminology. Partnership work is often not without difficulties and compromises amongst all those involved – often requiring the development of new understandings and ways of working between the different professionals. The gains for all, however ultimately outweigh the difficulties in initially developing this work.