

5.1 Conduct Disorders

"Conduct disorder" refers to a group of behavioural and emotional problems in young people. Children and adolescents with this form of disorder have great difficulty following rules and behaving in a socially acceptable way. They are often viewed by other children, adults and social agencies as "bad" or delinquent, rather than experiencing mental health difficulties and or a mental illness. Many factors may contribute to a child developing conduct disorder, including brain damage, child abuse, genetic vulnerability, school failure, and traumatic life experiences.

Children who exhibit behaviours which constantly cause concern should receive a comprehensive assessment and comprehensive evaluation. Many children with a conduct disorder may have coexisting conditions such as mood disorders, anxiety, post traumatic stress disorder, substance abuse, attention deficit hyperactivity disorder, learning difficulties, or thought disorders which can also be treated. Research shows that youngsters with conduct disorder are more likely to have ongoing problems if they and their families do not receive early and comprehensive care/treatment. Without treatment, many youngsters with conduct disorder are unable to adapt to the demands of adulthood and continue to have problems with relationships and holding down a job. They are more likely to be involved with the judicial system and/or behave in an antisocial manner and find it difficult to make and maintain friendships.

Treatment of children with conduct disorder can be complex and challenging. Treatment can be provided in a variety of different settings depending on the severity of the behaviors. Adding to the challenge of treatment can be the child's uncooperative attitude, fear or distrust of adults. In developing a comprehensive response to the child, assistance from a CAMHs professional may be required i.e. to assist with acquiring information from the child, family, teachers, and other medical specialties to understand the causes of the disorder. However, not all children with conduct disorder are referred to specialist CAMHs teams. Many are managed and helped effectively by a coordinated response from a range of professionals.

Behavioural interventions are sometimes necessary to help the child appropriately express and control anger. Special education may be needed for young people with learning difficulties. Parents often need expert assistance in devising and carrying out special management and educational programs in the home and at school.

Treatment may also include medication in some young people, such as those with difficulty paying attention, impulse problems, or those with depression.

Interventions and treatment may need to be repeated over time as the child reaches new stages of development. However early intervention is rarely brief since establishing new attitudes and behaviour patterns takes time. Providing treatment at an early stage offers a child a better chance for considerable improvement and hope of a more successful future.

Overarching Standard 27: Conduct disorders – assessment and early intervention

A young person presenting with features of Conduct Disorder should be offered an early assessment with an appropriate child and adolescent specialist knowledgeable in the area of conduct disorders and receive appropriate early interventions or onward referral as required. A standardised outcome tool should be used from first assessment.

Rationale

Conduct disorders vary widely in their presentation and may co-exist with other conditions/disorders and have a significant and detrimental impact on the quality of life of both the child/young person and their family. Therefore, accurate assessment and early intervention is essential.

Evidence

National Institute for Health and Clinical Excellence (NICE) (2006) Parent-training / Education in the management of children with conduct disorders
<http://guidance.nice.org.uk/TA102>

HNS July 2006

DHSSPS (2010) A strategy for the development of psychological therapy services
<http://www.dhsspsni.gov.uk/a-strategy-for-the-development-of-psychological-therapy-service-june-2010.pdf>

DENI Independent Counselling Service For Schools

Responsibility for delivery/implementation

HSC Trusts in partnerships with education, voluntary / community and PSNI

Quality Dimensions

Person Centred – every effort should be made to fully engage the young person in order to explore options that would work best for them given their unique context and lifestyle.

Timely – early intervention can lead to positive outcomes

Equitable – primary care and specialist services available across Northern Ireland.

Effective - improves outcomes for the young person in the longer term

Safe – Minimises risk of exclusion in social, school and employment.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Regional review of supported interventions and therapeutic approaches	HSC Trust report	All HSC Trusts	March 2013
Agree and implement standardised outcome measurement tool	HSC Trust Audit routine measurements of clinical outcomes following intervention	Establish baseline Performance levels to be determined once baseline established	March 2013
Percentage of children and young people being treated where outcome measurement shows improvement after 12 months	HSC Trust report	Establish baseline Performance levels to be determined once baseline established	March 2014