Children and young people's mental health

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About the author

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Jessie Earle is a child and adolescent psychiatrist working in a multidisciplinary community Child and Adolescent Mental Health Services in Haringey, North London, which is an area of great cultural and socioeconomic diversity. Before training as a doctor at University College London, she studied social anthropology at Cambridge University. Her interest in young children's emotional and behavioural problems developed over many years while writing and delivering a distance-learning postgraduate diploma for health visitors at St George's Hospital Medical School, focused on promoting young children's mental health. Her current interests include early intervention, developing effective inter-agency networks, and working with parents who struggle to parent successfully.

Please note this update relates to children and young people aged 0-18, whereas the original 2013 chapter focused specifically on children aged under 5.

1. According to your experience and observations in the field has the overall state of children and young people's mental health in the UK improved/stayed the same/worsened since May 2013? Why do you think that is?

There are numerous concerning reports about the poor mental health of children and young people in the UK and the inadequate services to help them. The number of young people aged under 18 attending A&E because of a psychiatric condition more than doubled between 2010 and 2015, and referrals to specialist child and adolescent mental health services (CAMHS) increased by 64% between 2012/13 and 2014/15.[1]

Figure 1: A&E attendances by under 18s: Primary diagnosis of psychiatric conditions or intentional self-harm
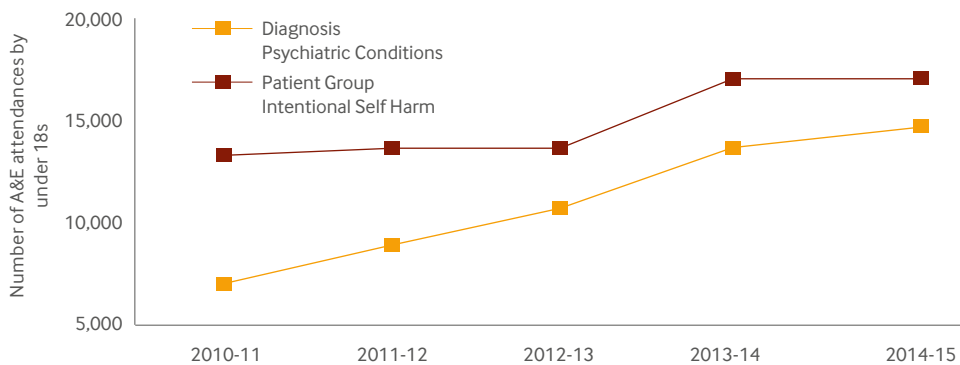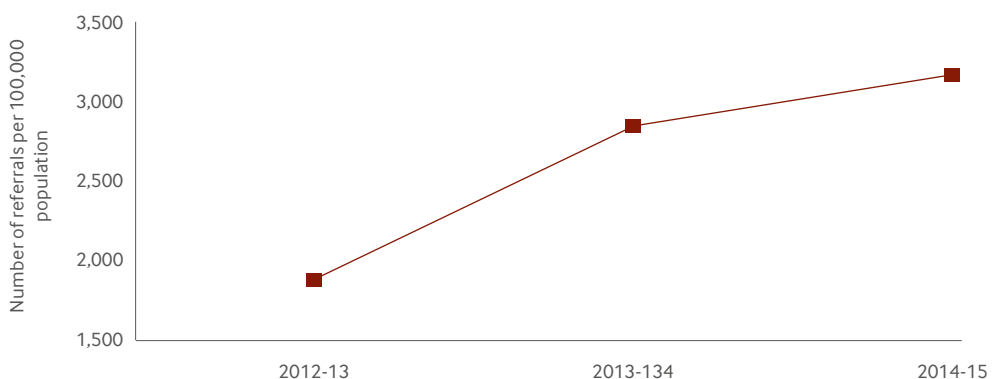

Figure 2: Referrals to community CAMHS services per 100,000 population

Source: NHS Benchmarking of UK wide services NB: The increases in referrals may be reflective of the different mix of providers taking part in the different years, as well as an overall increase in demand and service provision for CAMHS. However, the data does suggest that the referrals have increased from 2013-2015.

Both graphs from Centre Forum Commission on Children and Young People's Mental Health: State of the Nation, April 2016.

A Royal College of Psychiatrists survey in March 2015[2] found considerable difficulty in locating inpatient beds for adolescents in mental health crisis, and this problem has continued, with young people in crisis waiting days until a bed is available or being admitted to units hundreds of miles from home. Self-harm is widespread, with 25% of young people reporting that they have self-harmed on at least one occasion, most commonly by self-cutting.[3]
Whether there is an underlying increase in the prevalence of mental health problems in children and young people is the subject of much debate. Unfortunately there has been no comprehensive epidemiological survey of child and adolescent mental health since 2004,[4] which found that mental health problems affect one in ten children and young people aged 5-16. A new prevalence survey has been commissioned by the government, which will report in 2018. A comparison of two cross sectional prevalence studies from 2009 and 2014 found a rise in emotional problems in girls but no change in the prevalence of conduct problems in boys.[5]

There are indications that children in the UK have low levels of emotional wellbeing, though this may not meet a diagnostic threshold. One survey found almost 1 in 5 young people experience high levels of anxiety.[6] In an international study of over 30,000 children aged 10 to 12 living in 15 countries, children in England ranked 14th on satisfaction with life as a whole, below Poland and Nepal and only above South Korea.

Mental health concerns in children and young people have received a great deal of media attention and it may be that the increased referrals to specialist CAMHS may be partly attributable to greater public awareness and reduced stigma. Mental health issues are discussed more widely in many adolescent peer groups and information is accessible on YouTube and other social media platforms. Attending counseling or CAMHS is now more acceptable among some groups of young people. Emotional wellbeing is part of the Social and Emotional Aspects of Learning curriculum in schools, though the extent to which individual schools prioritise this varies.

Social services provide essential early intervention to children and families through children's centres and targeted youth work but there have been huge cuts to these services as part of austerity measures over the last five years. With less early intervention the numbers of children subject to child protection plans has increased. A recent Ofsted report notes that between 2010 and 2015 the rate of children subject to child protection has increased from 35 per 10,000 to 43 per 10,000, and there has been a 38% cut (£538 million) in funding for children's centres and a 53% cut (£623 million) in funding for youth services.[7]

Austerity policies have heightened insecurity and uncertainty in many people's lives, in particular among those with lower incomes and in temporary housing.[8] There is good evidence that children and young people's mental health and emotional wellbeing is adversely influenced by interacting contextual factors such as poverty, poor housing, parental mental health, and unsafe neighbourhoods[9]. The UK Children's Commissioners' 2015 monitoring report on the implementation of the UN Convention on the Rights of the Child[10] notes that:

> 'The best interests of children were not central to the development of these [austerity] policies and children's views were not sought. Reductions to household income for poorer children as a result of tax, transfer and social security benefit changes have led to food and fuel poverty, and the sharply increased use of crisis food bank provision by families. In some parts of the UK there is insufficient affordable decent housing which has led to poorer children living in inadequate housing and in temporary accommodation. Austerity measures have reduced provision of a range of services that protect and fulfill children's rights including health and child and adolescent mental health services; education; early years; preventive and early intervention services; and youth services'.

The Institute of Fiscal Studies predicts that the number of children living in poverty will increase[11] and it is well established that there are higher levels of mental health disorders and lower levels of emotional wellbeing among poorer children.[12]

2. Are there any new or emerging issues relating to children and young people's mental health?

Constant access to online communities and social media brings both novel challenges and benefits for today's children and young people. Children and young people may have extensive online relationships that are unknown to their families, with both negative and positive results. Cyber-bullying, grooming and websites promoting self-harm, suicide or anorexia are all negative aspects of the digital environment. Many adults are unfamiliar with some of the platforms that young people use, which makes it more difficult to keep children safe. Ensuring that parents, children and young people and those working with children are educated about possibilities and risks online is important.[13]

Online resources and connectivity can be a force for good, helping parents, young people and children access information and support. Young people who are exploring sexuality or gender issues may connect with like-minded peers and feel less isolated and more hopeful. Mind-Ed is an expanding NHS England funded online resource for parents and professionals providing information about child development and children and young people's mental health[14]. There are aspirations to develop quality assured apps and digital tools to support children and young people in mental health self-care.

Schools are particularly well placed to support children and young people's mental health and emotional wellbeing.[15] Public Health England[16] and NICE[17,18] have highlighted the strong evidence that learning and school improvement are linked with emotional wellbeing. Whole school approaches promoting connectedness, emotional literacy, and resilience for both staff and students, effective anti-bullying and diversity policies, and the engagement of parents and children have all been shown to improve both emotional wellbeing and also learning outcomes for children and young people[19]. Evidence is accumulating that thoughtfully implemented peer mentoring, where children and young people are trained to support each other, may be a promising approach[20,21]. However it is not easy for schools to promote emotional wellbeing, when school staff are under considerable pressure themselves, as a 2013 survey found that 69% of teachers described feeling often or always tired, and 61% of teachers feeling often or always stressed[22].

Certain groups of young people are particularly vulnerable to mental health problems and have had particularly poor access to, or outcomes from, contact with traditionally organised CAMHS services. These vulnerable groups include children in or leaving care, young people who are gang affiliated or sexually exploited, children and young people who have been abused and neglected and young people with conduct disorders. The need to promote access to mental health support in ways which are non-stigmatising and innovative have been recognised. Examples of innovative practice include the work of MAC-UK who engage gang affiliated youth through music projects,[23] and plans to set up Children's Houses where young people who have been sexually abused or exploited can have their medical, psychological and criminal justice issues addressed by an integrated inter-agency team[24].

3. Have any new policies or guidelines about children and young people's mental health been issued since May 2013? If so, what effect have they had in practice or on children and young people's mental health overall?

The inequitable funding of physical and mental health services in the UK is widely recognised[25] and the proportional spend on child and adolescent mental health is particularly poor. Although over half of mental health problems in adult life (excluding dementia) start by the age of 14, and 75% by the age of 18,[26] child and adolescent mental health services receive less than 1% of NHS funding and have been described as 'the Cinderella of the Cinderella service'.[27] Attempts to address this disparity have been made through a £1.25 billion government funded five year CAMHS transformation programme (2015-2020) which is based on the recommendations of the 2015 Future in Mind report.[28]

The Future in Mind report favours organising services around children and young people's mental health needs rather than simply prescribing the structure of service provision. The limitations of the previous 4 tier CAMH service structure[29] are acknowledged, as children and young people often encountered barriers to smooth transition between the tiers. An emerging but as yet untested model is THRIVE,[30] which uses a five part framework where all children and young people are supported to thrive by a variety of prevention and promotion initiatives in the community. Those children and young people with mental health problems can access 4 categories of CAMHS interventions according to their level of need: "getting advice", "getting help", "getting more help" and "getting risk support". This new categorisation may be used for future CAMHS Payment by Results arrangements (payment by episode of care).

The Future in Mind report highlights the centrality of promoting emotional wellbeing and resilience for all children and young people, whatever the intensity of any co-existing mental health problems. The emphasis is on networks of service providers with statutory and voluntary sector providers working together, and the use of digital resources to increase the reach and accessibility of mental health support.

The Future in Mind vision is aligned with the Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT) programme that has been government funded since 2011. The CYP-IAPT programme[31] has focussed on increasing the use of evidence based therapies in CAMHS, promoting child, young person and parent participation in the design and delivery of services, and establishing the routine collection and collation of outcome measures to evaluate both the effectiveness of individual treatments and benchmark CAMHS services nationally.

Future in Mind emphasises a lifespan approach to mental health care, promoting evidence-based programmes and principles of service delivery to strengthen attachment between children and parents,[32] avoid early trauma, and build resilience. The importance of schools in promoting emotional wellbeing and supporting children with mental health needs is highlighted, as is the need to design services around the needs of vulnerable groups who are less able to access clinic-based CAMHS. The appropriate boundary between adolescence and adulthood is the subject of much debate, with many now arguing that it makes better developmental sense for young people with mental health problems to transition to adult services at 25 rather than 18. A vanguard site trialling inpatient care for 16-25 year olds is planned.

One aspiration from Future in Mind is that the availability of data about child and adolescent mental health and CAMHS services should improve, with national collection of activity and outcome data to allow benchmarking. There needs to be careful evaluation of the opportunity cost of extensive data collection, so that contact with children, young people and families is not curtailed because of excessive time spent on recording, as has happened previously in children's safeguarding services.[33] There are also plans for a national

prevalence survey looking at rates of child and adolescent disorders to be conducted every five years, if funding can be sustained in future.

The Future in Mind report emphasises that agencies need to work together so that children and young people with mental health needs are not prevented from receiving the care they need because of organisational boundaries. The NHS Five Year Forward View Delivery guidance[34] promotes place-based commissioning where organisations in the same geographical area or 'place' are expected to collaborate to develop financially sustainable, innovative and integrated local care pathways. The current CCG child and young person's mental health transformation plans are expected to be integrated into local place-based Sustainability and Transformation Plans which cover all aspects of local health and care delivery.

The predicted economic crisis following the recent Brexit decision may result in the imposition of further austerity measures, and alongside the existing financial crisis in the NHS, services for children and young people will be particularly vulnerable. Regrettably the part of the £1.25 billion funding for CAMHS transformation that has been given to local Clinical Commissioning Groups has not been ring-fenced and it appears that a proportion of this money is being used for other purposes. [35]

4. Have major academic studies about children and young people's mental health been published since May 2013? If so, what were their key findings?

Two major randomised controlled trials of mental health treatment are yet to report their findings: the IMPACT study[36] comparing treatments for adolescent depression, and the SHIFT study[37] looking at family therapy versus treatment as usual for adolescents who repeatedly self-harm.

A recent Welsh study on the longterm impact of exposure to multiple adverse childhood events (ACEs)[38] has shown numerous negative consequences. Exposure to ACEs can alter how children's brains develop as well as changing the development of their immunological and hormonal systems.[39] Those with multiple exposures to ACEs are most likely to develop health harming behavours like binge drinking, smoking, drug use, poor diet and violent behaviour. In the 2,000 adults selected by quota sampling, exposure rates to the following adverse childhood experiences were as follows: verbal abuse 23%, physical abuse 17%, sexual abuse 10%, parental separation 20%, domestic violence 16%. Rates for adverse childhood experience as a consequence of living in the same household as a person with the following issues were: mental illness 14%, alcohol abuse 14%, drug use 5%, incarceration 5%. 14% of adults reported exposure to four or more ACEs, and compared to people exposed to no ACEs this group was at risk of several adverse outcomes. They were 4 times more likely to be a high risk drinker, 15 times more likely to have been violent against another person in the preceding year, 16 times more likely to have used crack cocaine or heroin, and 20 times more likely to have been incarcerated. The study calculated that reducing or preventing children's exposure to ACEs could have a positive impact on subsequent harmful behaviours of public health concern. Effective prevention or reduction in exposure to ACEs involves multi-agency coordination between primary care, early help, health and mental health services, the police and children's safeguarding.

Recommendations

The original recommendations (relating specifically to children under 5) are still relevant. The following recommendations can be added:

1. **We need to ensure that children, young people and families are meaningfully involved in service design and delivery in order to develop more accessible and effective services**. There is a constant drive to greater efficiency and effectiveness and it is important that services are re-developed in dialogue with those who use them. The process of being involved in co-creating better quality services can be both empowering for children and young people and stimulating for staff. The quality standards developed through the CYP-IAPT programme[40] place young people's participation at their heart and are a good basis for service evaluation and improvement.

2. **The importance of focussing on early intervention remains central.** Early intervention not only alleviates children and young people's distress but additionally has clear economic benefits.[41] The longstanding underfunding of children and adolescent mental health services and cuts to local authority funding has meant that children's mental health problems have often had to get worse before treatment was made available.[42] The consequences of not attending to children's emotional distress and mental health problems can be life-long.

3. **Children's emotional wellbeing and mental health needs to be addressed across all sectors and systems, rather than as a matter for health services alone.** A multi-agency and multisystem approach is relevant for the promotion of emotional wellbeing as well as for prevention of mental health problems and identification and delivery of mental health treatments. Highlighting the importance of child and adolescent mental health provision is crucial within the move to place-based delivery of care. The expectation that care pathways are delivered through integration across local providers and sectors has the potential to enhance the quality of services available.

4. **Comprehensive, up-to-date, local, on-line information about services supporting children and young people's mental health and emotional wellbeing needs to be available to young people, parents and staff working with children**. As children and young people's emotional wellbeing and mental health provision is now provided by a patchwork of voluntary sector and statutory agencies, where projects come and go and funding streams and eligibility criteria often change, finding the right service for a particular child can be difficult in the absence of a regularly updated local directory. The Youth Wellbeing directory[43] is available nationally but local information is also needed.

5. **The government funding made available to implement the recommendations of the *Future in Mind* report needs to be ring-fenced** for child and adolescent mental health. Otherwise services will continue to be very patchy and areas in the greatest financial difficulties will be likely to divert the money elsewhere.

6. **Government policy across all departments should be assessed for impact on children's rights,[44] and on children and young people's mental health** so that cuts in one area (eg to local authority funding, housing and disabilities benefits) do not negate the benefits of additional funding for CAMHS.

7. **Staff who work with children need to become more confident and knowledgeable about the mental health and emotional wellbeing of children and young people.** There are plans to increase training on child development for teachers and to increase training on mental health for Foundation Programme doctors and for social workers. There is also a need for training on children and young people's mental health and emotional wellbeing locally, where multi-agency and multi-disciplinary training events can help build better local working relationships. These training events should include input from children, young people and families.

8. **The emotional wellbeing of staff across all children's services needs to be nurtured if they are to be in a good position to influence children and young people's mental health positively and to work constructively with families who may have very complex needs.** Active promotion of a sense of agency, security, connection, meaning and trust[45] is needed not only for children, young people, parents and carers but also for staff providing services to children and families. The pace of change, the unpredictable nature of inspection regimes and the consequences of getting a bad inspection rating, the requirement for rapid response to restructuring, and frequent new initiatives can place enormous pressure on staff in all children and young people's services and make it difficult to promote a consistent, calm, thoughtful and containing atmosphere which will benefit children and young people with mental health problems and help their parents and carers.

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