The mental health of children and young people in England

December 2016
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Background and aims

Background
The emotional health and wellbeing of children is just as important as their physical health and wellbeing. Over the past few years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people (CYP). This has resulted in:

- significant investment in these services
- the development of local transformation plans outlining how clinical commissioning groups (CCGs) and CCG consortia, working with partner agencies will use the new funding to improve children’s health and wellbeing and improve services for CYP with mental health illness across the care pathway, ensuring these service are age appropriate

Aims
The purpose of this report is to:

- describe the importance of mental health in CYP
- describe the case for investing in mental health
- provide a descriptive analysis of mental health in CYP in England
- summarise the evidence of what works to improve mental health in CYP in order to inform local transformation of services
Mental health illnesses are a **leading** cause of health-related disabilities in CYP and can have **adverse** and **long-lasting** effects.
Risk and protective factors for CYP’s mental health

### RISK FACTORS

- Genetic influences
- Low IQ and learning disabilities
- Specific development delay
- Communication difficulties
- Difficult temperament
- Physical illness
- Academic failure
- Low self-esteem
- Family disharmony, or break up
- Inconsistent discipline style
- Parent/s with mental illness or substance abuse
- Physical, sexual, neglect or emotional abuse
- Parental criminality or alcoholism
- Death and loss
- Bullying
- Discrimination
- Breakdown in or lack of positive friendships
- Deviant peer influences
- Peer pressure
- Poor pupil to teacher relationships
- Socio-economic disadvantage
- Homelessness
- Disaster, accidents, war or other overwhelming events
- Discrimination
- Other significant life events
- Lack of access to support services

### PROTECTIVE FACTORS

- Secure attachment experience
- Good communication skills
- Having a belief in control
- A positive attitude
- Experiences of success and achievement
- Capacity to reflect
- Family harmony and stability
- Supportive parenting
- Strong family values
- Affection
- Clear, consistent discipline
- Support for education
- Positive school climate that enhances belonging and connectedness
- Clear policies on behaviour and bullying
- ‘Open door’ policy for children to raise problems
- A whole-school approach to promoting good mental health
- Wider supportive network
- Good housing
- High standard of living
- Opportunities for valued social roles
- Range of sport/leisure activities
Facts about mental health illness in CYP

- **10%** of children aged 5-16 years suffer from a clinically significant mental health illness.
- **25%** of children who need treatment receive it.
- **50%** of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 14.
- **75%** of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 24.

- **5x** maternal depression is associated with a 5 fold increased risk of mental health illness for the child.
- **1.3x** boys aged 11-15 years are 1.3x more likely to have a mental illness compared to girls aged 11-15 years.
- **60%** of looked after children have some form of emotional or mental health illness.
- **18x** young people in prison are 18x more likely to take their own lives than others of the same age.
The relationship between mental and physical health

12% of young people live with a long term condition

People with a chronic condition have a 2-6x higher risk of mental health illness

People with mental health illness e.g. schizophrenia or bipolar disorder die on average 16-25 years sooner than the general population

50% increased risk of mortality in people who are depressed
Building resilience (the ability to cope with adversity and adapt to change)

- Effective caregiving and parenting
- Effective teachers and schools
- Positive friends or romantic partners
- Positive relationships with caring adults
- Beliefs that life has meaning
- Intelligence and problem solving skills
- Self regulation skills
- Perceived efficacy and control
- Achievement motivation
- Faith, hope, spirituality

Resilience is important for emotional wellbeing. Correlates of resilience in young people include:
There are **serious problems** with the **commissioning** and **provision** of children’s and adolescents’ mental health services*

Access to CAMHS services **should not** be a battle, with only the **most severely** affected young people getting appointments.

Many GPs currently **feel ill-equipped** and lacking in **confidence** in dealing with mental health issues in **CYP**.

Long waits for treatment can have a **devastating impact**.

The focus of investment in CAMHS should be on **early intervention**.

Transition from child centred to adult services is currently **poorly planned**, **poorly executed** and **poorly experienced**.

*Findings from the House of Commons Health Committee (2014) Children and adolescents’ mental health and CAMHS: Third report of session 2014-15*
Why invest in CYP mental health?

- Mental health problems in CYP are associated with excess costs estimated as being between £11,030 and £59,130 annually per child.
- In 2012/13, NHS expenditure on child and adolescent mental health illness was estimated to be £700 million or 6% of the total spend on mental health.
- Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood.
- Measured benefits include reductions in the use of public services because of better mental health and increases in earnings associated with the impact of improved mental health on educational attainment.
Percentage of 15-year-olds reporting low life satisfaction (2014/15)

About 1 in 7 young people (YP) aged 15 years in England reports low life satisfaction.

There is some variation in the proportion of children reporting low satisfaction.

- **London** (15.5%) has the highest proportion of YP reporting low life satisfaction.
- The North East and Yorkshire and the Humber (13.1%) have the lowest proportion.

Source: fingertips.phe.org.uk
Inequalities in reporting low life satisfaction (2014/15)

About 1 in 7 young people (YP) aged 15 years in England reports low life satisfaction.

YP from the most deprived group are 1.2x more likely to report low life satisfaction than the least deprived group.

- Percentage reporting low life satisfaction:
  - Least deprived: 12.7%
  - Most deprived: 15.4%

YP who are black are 1.3x more likely to report low life satisfaction compared to YP who are white.

- Percentage reporting low life satisfaction:
  - White: 13.2%
  - Asian: 16.0%
  - Black: 16.6%

Girls are 2.2x more likely to report low life satisfaction compared to boys.

- Percentage reporting low life satisfaction:
  - Boys: 18.6%
  - Girls: 19.0%

YP who are bisexual are 3.3x more likely to report low life satisfaction compared to YP who are heterosexuals.

- Percentage reporting low life satisfaction:
  - Heterosexual: 12.1%
  - Gay/Lesbian: 31.0%
  - Bisexual: 39.5%

Compared to England

Source: fingertips.phe.org.uk
About 695,000 children aged 5 to 16 years in England have a clinically significant mental health illness.

- **Anxiety**: 39,500 children aged 5-16 years affected
- **Depression**: 10,800 children aged 5-16 years affected
- **ADHD**: 18,900 children aged 5-16 years affected
- **Conduct disorder**: 68,100 children aged 5-16 years affected

Numbers do not add up as individuals may meet the criteria for more than one category.
There is a **wide variation** in the rate of children aged 0-17 years admitted to hospital for mental health illnesses.

Hospital admissions were **1.7x higher** in the **North West** (116.2 children per 100,000 population) compared to **Yorkshire and the Humber** (69.3 children per 100,000 population).

<table>
<thead>
<tr>
<th>Area</th>
<th>Hospital Admission Rate (per 100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>87.4</td>
</tr>
<tr>
<td>East Midlands</td>
<td>83.3</td>
</tr>
<tr>
<td>East of England</td>
<td>78.8</td>
</tr>
<tr>
<td>London</td>
<td>94.2</td>
</tr>
<tr>
<td>North East</td>
<td>93.1</td>
</tr>
<tr>
<td>North West</td>
<td>116.2</td>
</tr>
<tr>
<td>South East</td>
<td>76.7</td>
</tr>
<tr>
<td>South West</td>
<td>86.0</td>
</tr>
<tr>
<td>West Midlands</td>
<td>85.7</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>69.3</td>
</tr>
</tbody>
</table>

Compared to England
Lower           Similar     Higher

Source: fingertips.phe.org.uk
Anxiety disorders

Anxiety disorders are amongst the most common causes of childhood psychiatric conditions.

They include:
- Generalised anxiety disorder
- Panic disorder
- Obsessive-compulsive disorder
- Specific phobias
- Social phobia
- Agoraphobia

They occur in:
- 2.2% of 5-10 year olds
- 4.4% of 11-16 year olds

Prevalence is higher in girls

Anxiety disorders are associated with other mental health illnesses. Of those with a diagnosis of social anxiety disorder:

- 30% have a mood disorder
- 40% have a substance misuse disorder
- 50% have another anxiety disorder

Anxiety disorders are associated with:
- Depression later in life
- Suicidal behaviours
- Poor educational attainment
- Truanting
- Lower earnings due to dropping out of school early

Actions to manage anxiety include:

**Early intervention**
- Targeted work with small groups of children to develop problem solving approaches and other skills

**Specific approaches**
- These are dependent on the anxiety disorder and include:
  - Group based cognitive interventions
  - Behaviour focused interventions
  - Education support
  - Play based approaches to develop more positive child/parent relationships
  - Considering medication if therapy alone is not working

Every £1 spent on cognitive behavioural therapy for children returns:

- £31 for group therapy
- £10 for therapy via parents
Attention deficit hyperactivity disorder (ADHD)

ADHD affects 1.5% of children aged 5-16 years.

Factors that increase the risk of ADHD include:
- Boys: 6.5x
- Children with special educational needs: 4x
- Living in a home where no parent works: 2x
- Living with a lone parent: 2x

ADHD is associated with poorer outcomes in later life:
- Lower educational attainment
- Teenage pregnancy
- Criminality
- Poorer employment and lower earnings
- Interpersonal difficulties

ADHD places very substantial costs on society.

The estimated annual healthcare costs associated with the treatment of ADHD in adolescents are £670 million.

Long term costs for every child with ADHD are estimated to be £102,135 consisting of:
- Health care: 22%
- Reduced earnings: 34%
- Education: 44%

The high costs of ADHD support an economic case for early intervention.

Actions to manage ADHD include:
- Parenting programmes to give parents the skills and strategies to help their child
- Behaviour therapy with children to replace behaviours that don’t work or cause problems
- Advice for teachers about how to teach children with ADHD
- Medication for severe cases

Nearly all parents of children with ADHD seek some form of help because of concerns about their child’s mental health, but only a minority of children receive evidence-based treatment.
Conduct disorders

Conduct disorders such as defiance, aggression and anti-social behaviour, affect 5.8% of children aged 5-16 years. Factors that increase the risk of conduct disorder include:

Children with conduct disorders are more likely to have poorer outcomes:
- **2x more likely** to leave school with no qualifications
- **4x more likely** to be drug dependent
- **6x more likely** to die before the age of 30 years
- **20x more likely** to end up in prison

The case for prevention of conduct disorders is clear:

£5.2 billion
Estimated lifetime costs of a one-year cohort of children with conduct disorder

£60 billion
Estimated costs in England and Wales of crime attributed to adults who had conduct disorders in childhood

The cost of managing conduct disorders is very low relative to the potential benefits:

Every £1 invested in the early years saves

- Family nurse partnership £2
- Parenting programmes £2
- School based interventions £27
- Whole school anti-bullying interventions £14

Every £1 invested in adolescence saves

- Aggression replacement therapy £22
- Functional family therapy £14
- Multi-systemic therapy £2

Actions to manage conduct disorder include:

- Classroom-based emotional learning and problem-solving programmes
- Group parent training programmes
- Multisystemic therapy to young people aged 11-17 years
- Do not offer pharmacological interventions for the routine management
- Develop local care pathways between education and healthcare that promote access to services
Depression

About **67,600** CYP in England are seriously depressed

**7x**
Depression is 7x more common in older children:
- 5-10 years: 0.2%
- 11-16 years: 1.4%

**Prevalence (%)**
Depression is more common in girls aged 5-16 years
- Male: 0.6%
- Female: 1.1%

**Prognosis**
- 10% recover by 3 months
- 40% recover by 1 year
- 20% recover by 2 years
- 30% do not recover by 2 years

Depression is caused by a combination of risk factors including:
- **Biological**
  - Family history of depression
- **Family**
  - Lone parent
  - More than 1 child
  - Unemployment
- **Factors intrinsic to the child**
  - Chronic ill health
  - Disability
- **Interpersonal**
  - Poor friendships
  - Being bullied
  - History of abuse
- **Psychological**
  - Emotional distress e.g. bereavement
  - Emotional temperaments
  - High levels of critical self thought

Behavioural therapy to manage depression is **cost effective**, with benefits including:
- **Higher earnings**
- **Lower costs in the NHS**
- **Lower costs in the education system**

**Every £1 spent on cognitive behavioural therapy for children returns:**
- **£32**
  - Group therapy
- **£2**
  - Individual therapy

**Most** parents of children with depression seek advice, but **only about 25%** have contact with a children’s mental health service

**Actions to manage depression include:**

**Mild depression**
- Watchful waiting
- Psychological therapy, if there are no co-morbid conditions or suicidal ideation
- Referral to tier 2 or 3 CAMHS team if no response after 2-3 months

**Moderate or severe depression**
- Review by tier 2 or 3 CAMHS team
- Individual psychological therapy
- Consider medication
- Multidisciplinary review if unresponsive to psychological therapy
- Consider inpatient treatment if high risk of suicide or self-harm
Eating disorders, such as anorexia nervosa, bulimia nervosa and eating disorder unspecified, are a group of illnesses that cause a person to have issues with their body weight and shape, which disturbs their everyday diet and attitude to food.

Over 725,000 people in the UK have an eating disorder.*

**Anorexia nervosa** associated with under-eating

8x more common in girls | 16-17 years average age of onset

**Bulimia nervosa** associated with binge eating

90% percent affected are female | 18-19 years average age of onset

1 in 5 of the most seriously affected will die prematurely

Eating disorders are caused by a combination of risk factors including:

- **Biological**
  Genetic makeup can make some people more vulnerable to eating disorders

- **Social**
  Media/cultural pressures

- **Psychological**
  Emotional distress e.g. bereavement
  Low self esteem
  Depression/anxiety

- **Interpersonal**
  Troubled relationships
  Being bullied
  History of abuse

The **physical impacts** of eating disorders include:

- Anxiety, depression, obsessive behaviours
- Changes in hair and skin
- Tooth erosion, dry mouth, tooth decay
- Increase risk of heart failure
- Brittle bones
- Kidney stones, renal failure
- Constipation, diarrhoea, bloating
- Irregular or absent periods, infertility

**£16.8 billion**
Estimated total annual costs of eating disorders* (comprising treatment costs (NHS and private), costs to sufferers and carers and costs to the economy)

Actions to manage eating disorders include:

- Prevention through school-based peer support groups
- Family therapy
- Cognitive-behavioural therapy
- Hospital care
  Inpatient or outpatient

There is a clear pattern of delay in seeking help for eating disorders, which in turn delays diagnosis and treatment creating more severe and long term severe impacts

*Estimated total for CYP and adults
Schizophrenia represents a major psychiatric disorder characterised by psychotic symptoms that alter the child’s perception, thoughts and mood and behaviour.

Schizophrenia is rare in CYP, the prevalence increasing from age 14 onwards.

Childhood schizophrenia affects about 1.6-1.9 children per 100,000 child population.

Symptoms of schizophrenia include:

- Positive symptoms: hallucinations, delusions
- Negative symptoms: emotional apathy, poverty of speech, social withdrawal

Schizophrenia places very substantial costs on society.

Every £1 spent on early intervention psychosis teams saves £18.

CYP with schizophrenia have poorer physical health than the general population when they get older.

- Life expectancy is reduced by 16-25 years.

Causes of premature deaths:
- Suicide or injury
- Cardiovascular, pulmonary and infectious diseases

Early onset schizophrenia in CYP is associated with poor long-term outcomes:

- 15% good outcome
- 25% moderate outcome
- 60% poor outcome

Actions to manage schizophrenia include:

- Exclude organic causes
- Antipsychotic medication
- Psychoeducational group intervention for young people with psychosis and their carers
- Help the child or young person to continue their education
- Provide a supported employment programme for those above school age
- Discuss and plan transition to adult services
Self-harm and suicide

Each year **self-harm** leads to **150,000** attendances at A&E.

About **1 in 10** young people will self-harm. The prevalence of self-harm varies by **age** and is **more common** in children with mental illness.

<table>
<thead>
<tr>
<th>Mental Health Illness</th>
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<tbody>
<tr>
<td>Depression</td>
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</table>

**Risk factors** for self-harm include:

- Mental health illness
- Depression
- Family issues
- Poverty
- Parental criminality
- Parental separation or divorce

**Being abused**

<table>
<thead>
<tr>
<th>Supporting CYP who self-harm includes:</th>
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<tbody>
<tr>
<td>✔ Appropriate medical and surgical care</td>
</tr>
<tr>
<td>✔ Prevention e.g. building resilience</td>
</tr>
<tr>
<td>✔ Individual support and/or group counselling</td>
</tr>
</tbody>
</table>

**149** children aged 10-19 years in England committed **suicide** in 2014, almost **three** children every week.

**Risk factors** include:

- Biological
  - Family factors e.g. mental health illness or history of suicide
  - Long-term conditions

- Psychological
  - Alcohol or drug abuse
  - Bereavement and experience of suicide
  - Mental health illness, self-harm and suicidal ideas
  - Social isolation

**Environmental**

- Abuse and neglect
- Bullying
- Academic pressures

**Actions to reduce suicide** include:

- Tailor approaches to improvements in mental health
- Reduce access to the means of suicide
- Support the media in delivering sensitive approaches to suicide
- Support research, data collection and monitoring
- Provide better information and support to those bereaved or affected by suicide

The **annual cost** of hospital self-harm **admissions** in England and Wales in 2014-15 was **£40 million**

Girls are more likely to report self-harm than boys.

6.5% for girls compared to 5.0% for boys.
Useful resources

Websites

- www.adhdfoundation.org.uk/main-v1.php
- www.b-eat.co.uk
- www.centreformentalhealth.org.uk
- www.chimat.org.uk/camhs
- www.chimat.org.uk/PIMH_Needs_Assessment
- http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh
- www.chimat.org.uk/camhstool
- www.headmeds.org.uk
- www.local.gov.uk/camhs
- www.mind.org.uk
- www.minded.org.uk
- www.papyrus-uk.org
- www.place2be.org.uk
- www.rcpsych.ac.uk
- www.themix.org.uk
- www.youngminds.org.uk
Useful resources

Reports

- Department of Health, Department of Education (2013) Supporting the health and wellbeing of young carers
- Local Government Association (2016) Best start in life: Promoting emotional wellbeing and mental health for children and young people
- PHE and Children and Young People’s Mental Health Coalition (2015) Promoting children and young people’s emotional health and wellbeing: A whole school and college approach
- PHE and UCL Institute of Health Equity (2014) Local action on health inequalities: Building children and young people’s resilience in schools
- PHE and Evidence Based Practice Unit (2016) Measuring and monitoring mental wellbeing – a toolkit for schools and colleges
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• Department for Education (2016) Mental health and behaviour in schools: Departmental advice for school staff

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• **10% of children aged 5-16 years suffer from a clinically significant mental health illness**
  Department of Health (2013) Our children deserve better: Prevention pays
• **Percentage of people with lifetime mental illness who experience symptoms in childhood**
• **25% of children who need treatment receive it**
• **60% of looked after children have some form of emotional or mental health illness**
• **Young people in prison are 18x more likely to take their own lives than other of the same age**
• **Boys aged 11-15 years are 1.3x more likely to have a mental illness compared to girls aged 11-15 years**
  Department of Health (2013) Our children deserve better: Prevention pays
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  ONS (2005) Mental health of children and young people in Great Britain, 2004 (Table 4.1)

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• Estimated annual UK costs associated with ADHD in adolescents

• Long term costs of ADHD
  Mental Health (2014) The lifetime costs of attention deficit hyperactivity disorder

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  NICE guidelines (2016) Attention deficit hyperactivity disorder: diagnosis and management
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• Case for prevention of conduct disorders
  Department for Health (2012) Our children deserve better: Prevention pays
• Cost of managing conduct disorders
  Department for Health (2012) Our children deserve better: Prevention pays
  Centre for Mental Health (2015) Investing in children’s mental health
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  Centre for Mental Health (2015) Investing in children’s mental health

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• *Eating disorder definition and prevalence*

• *Anorexia and bulimia nervosa statistics*

• *1 in 5 of the most seriously affected will die prematurely*
  Centre for Mental Health (2015) Investing in children’s mental health

• *Risk factors for eating disorders*
  https://www.imperosoftware.co.uk/national-eating-disorder-awareness-week-nedaw-what-you-need-to-know/

• *Physical impacts of eating disorders*
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- Suicide - risk factors

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- Mental Health by Edward Boatman from the Noun Project
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- Search by Dr Marilena Korkodilos
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- Student by Gerald Wildmoser from the Noun Project
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- Tablet by Dr Marilena Korkodilos
- Teacher by Dr Marilena Korkodilos
- Television by Edward Boatman from the Noun Project
- Tooth by Edward Boatman from the Noun Project
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About Public Health England

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