

Mental Health in Children and Young People

Introduction

Mental ill-health in children can manifest in different ways to adults, often resulting in behavioural and conduct problems, such as Attention Deficit Hyperactivity Disorder (ADHD) or Oppositional Defiant Disorder (ODD), as well as emotional problems such as depression or anxiety. These conditions can also be symptoms of underlying problems, which may be environmental (for example, parental conflict) or developmental (for example, Autistic Spectrum Disorders).¹

Summary

1 in 10 children aged 5 to 16 years have a clinically diagnosable mental disorder, and research suggests that over half of these children will go on to suffer from mental ill-health as adults.² Good mental health allows children to develop resilience and grow into well-rounded, healthy adults, which is important in its own right and because it affects their physical health and can determine how well they do at school. Good social, emotional and psychological health helps protect young people against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol.³ Child and adolescent mental health services are currently being redesigned under the Local Transformation Plan, including better engagement with universal services, more specialist services, and improved crisis services.

Headlines

A survey carried out in Norfolk schools in 2015 found that 5% of secondary school pupil scored very low on the Warwick-Edinburgh Mental Wellbeing Scale (a validated screening tool), similar to the national average.⁴ National studies suggest 1 in 10 children aged 5 to 16 years have a clinically diagnosable mental disorder, and when this estimate is applied to the Norfolk population – it equates to 10,790 people aged 5-16 (see Figure 1 below).⁵

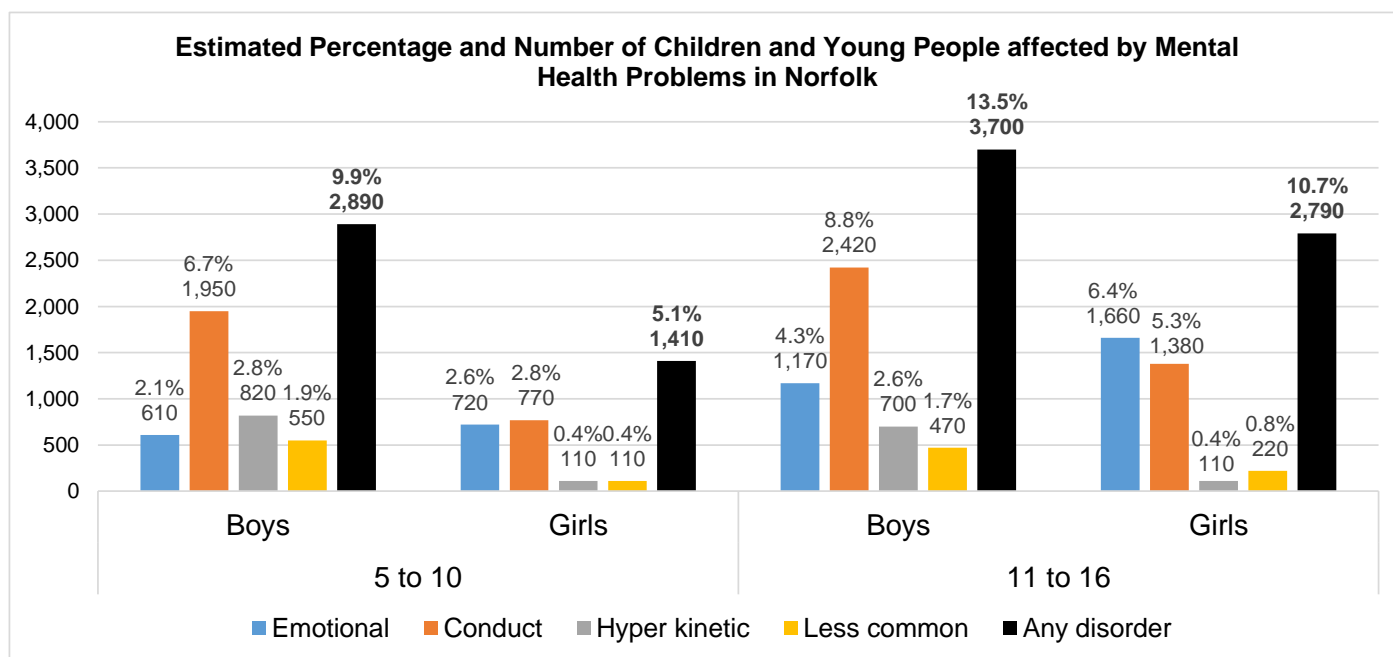


Figure 1: Estimates of the prevalence of common mental health problems using national survey results applied to ONS 2015 population estimates, controlling for age, sex and socio-economic grouping⁶

¹ ONS (2015) Insights into children's mental health and wellbeing

http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766_420239.pdf

² <http://worldhappiness.report/summary/>

³ NICE (2008) *PH12 Social and emotional wellbeing in primary education*. National institute for Health and Care Excellence.

⁴ Norfolk County Council (2015) Norfolk's Health Related Behaviour Survey of Children and Young People

<http://www.norfolkinsight.org.uk/resource/view?resourceId=1282>

⁵ Green et. al. (2004) 'Mental health of children and young people in Great Britain

⁶ Estimates use the prevalence from the most recent national survey (Green et. al. 'Mental health of children and young people in Great Britain, 2004) applied to the local population, controlling for age, sex and socio-economic grouping (NS-SEC).

Being bullied was strongly related to mental ill-health; children who were bullied frequently were four times more likely to report poor mental health. Other significant factors that influence a child's wellbeing are quality of relationship with parents, body image and satisfaction with appearance, happiness with school, use of social media.⁷

Eating disorders are a significant mental health issue for young people. Young women are most likely to develop an eating disorder, particularly those aged 12 to 20, but children as young as seven have developed anorexia and there is a greater proportion of boys in this younger age group. Eating disorders claim more lives than any other mental illness – one in five of the most seriously affected will die prematurely from the physical consequences or suicide.⁸ Locally referrals for treatment for eating disorders Norfolk Community Eating Disorder Service increased from 100 in 2013/14 to 170 in 2014/15.⁹

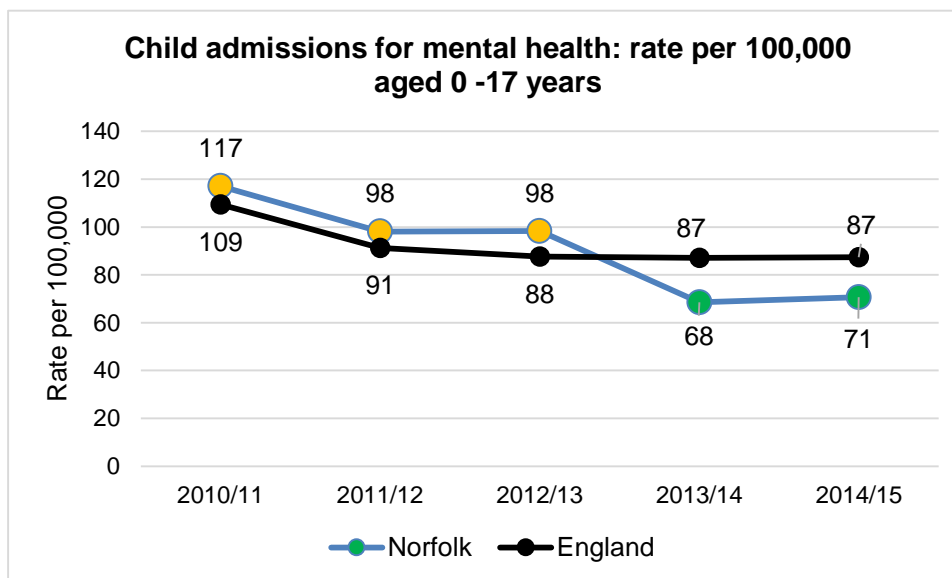


Figure 2: Hospital Admissions due to mental health conditions, rate per 100,000, trend. Source Hospital Episode Statistics.

Each year in Norfolk just over 100 children are admitted to hospital for conditions relating to mental health (113 in 2014/15). The trend in Figure 2 above is largely due to changes in the number of *regular planned* admissions between 2012/13 and 2013/14 – suggesting a change in the pathway for these children rather than a specific trend in prevalence of conditions. Emergency admissions have remained stable over the period (around 80 each year). The most common cause of emergency hospital admissions relating to mental health are eating disorders (33 in 2014/15, 91% female) followed by alcohol-related admissions (12 admissions), anxiety disorders (7 admissions) and depressive episodes (6 admissions).¹⁰

Influences on Health and Wellbeing

Children with mental disorders are more likely than those without to have time off school, especially unauthorised absences, and are less likely to have a network of family and friends with whom they feel close^{11, 12} Both of these are important factors in developing resilience to cope with adult life. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.¹³

⁷ ONS (2015) Insights into children's mental health and wellbeing

http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766_420239.pdf

⁸ B-EAT <https://www.b-eat.co.uk/about-eating-disorders/types-of-eating-disorder>

⁹ Norfolk County Council (2015) Norfolk CAMHS Transformation Plan Needs Analysis

¹⁰ Hospital Episode Statistics 2012-2015. Copyright © 2016, re-used with the permission of The Health & Social Care Information Centre. All rights reserved.

¹¹ <http://www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/previous-foi-requests/people--population-and-community/mental-health-of-children-from-separated-parents/report-on-mental-health-of-children-and-young-people.pdf>

¹² Green et. al. (2004) 'Mental health of children and young people in Great Britain

¹³ Public Health England

Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders. The 2015 Child and Young People Health and Wellbeing Survey carried out in Norfolk schools demonstrated that Norfolk Year 10 pupils with medium-low resilience scores were more likely to smoke, drink alcohol and less likely to have a healthy diet. This study also found that 5% of Norfolk school children disclosed having 'cut or hurt themselves' in response to emotional stress.¹⁴

Over the last ten years there have been nine suicides of Norfolk residents aged under 18.¹⁵ For more information about suicide of Children and Young People see Child Suicide Thematic Review carried out by the Norfolk Child Suicide Review Group on behalf of the Child Death Overview Panel and Norfolk Safeguarding Children Board.¹⁶

Social, environmental, population context

Social disadvantage and deprivation increase the risk of developing mental health problems. Children and young people from the poorest households are three times more likely to have a mental health problem than those growing up in better-off homes. Almost three quarters (72 per cent) of children in residential care experience some form of emotional and mental health problem. Evidence has also linked mental health problems in boys to the absence of a father or significant male attachment figure.¹⁷

One large-scale study conducted in 2004 found that boys were more likely to have conduct and hyperkinetic disorders than girls (see figure 1 above), and that girls were slightly more likely to have emotional problems, which also increase with age.^{18, 19} The Adult Psychiatric Morbidity Survey 2014 found a pronounced gender gap in mental illness in young people but that:

- 26% of women aged 16-24 reported symptoms of common mental disorders, compared to just 9% of men in the same age group.
- Post-traumatic stress disorder was seen in 12.6% of women of that age compared with 3.6% of men.
- One in five 16-to-24-year-old women (25.7%) reported having self-harmed at some point, twice the rate for men in this age group (9.7%).²⁰

So this may suggest that while young boys have more obvious mental health problems in childhood, girls are developing emotional problems that manifest later in adolescence and as young adults - as such young women present a high risk group for mental health problems. The 2015 Health Related Behaviour Survey carried out in Norfolk schools demonstrated that emotional resilience declined with age, especially in girls (just 11% displayed high resilience, compare to 23% of boys, and 10% of Year 10 girls self-harmed compared to 2% of boys).²¹

Current services, local plans and strategies

Norfolk has an Early Help and Prevention Strategy that includes developing locality Early Help Hubs where a range of teams and services (including mental health teams) can collaborate to better meet the needs of the population. One of the four priorities of the Norfolk Health & Wellbeing Board's Strategy is to promote the social and emotional wellbeing of preschool children, and another is improving mental health in general.

Specialised Child and Adolescent Mental Health Services (CAMHS) services are provided by Norfolk and Suffolk Foundation NHS Trust (NSFT) for children with moderate to severe needs (including an eating disorder service and inpatient services). Targeted services for children with mild to moderate needs are provided by the

¹⁴ Norfolk County Council (2015) Norfolk's Health Related Behaviour Survey of Children and Young People <http://www.norfolkinsight.org.uk/resource/view?resourceId=1282>

¹⁵ In 2016, the National Statistics definition of suicide has been modified to include deaths from intentional self-harm in 10- to 14-year-old children in addition to deaths from intentional self-harm and events of undetermined intent in people aged 15 and over.

¹⁶ Available on request from Bianca Finger-Berry: Bianca.finger-berry@norfolk.gov.uk

¹⁷ Frith, E (2016) CentreForum Commission on Children and Young People's Mental Health: State of the Nation.

¹⁸ <http://www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/previous-foi-requests/people--population-and-community/mental-health-of-children-from-separated-parents/report-on-mental-health-of-children-and-young-people.pdf>

¹⁹ Green et. al. (2004) 'Mental health of children and young people in Great Britain <http://content.digital.nhs.uk/catalogue/PUB06116>

²⁰ Adult Psychiatric Morbidity Survey (2016) Survey of Mental Health and Wellbeing, England, 2014. <http://content.digital.nhs.uk/catalogue/PUB21748>

²¹ Norfolk County Council (2015) Norfolk's Health Related Behaviour Survey of Children and Young People <http://www.norfolkinsight.org.uk/resource/view?resourceId=1282>

Point 1 consortium. There are also specialist services for children and young people with learning disabilities and ADHD.

In March 2015 the government pledged £1.25 billion to improve children and young people's mental health services over the next five years. In tandem with this announcement the Department of Health and NHS England published 'Future in mind' identifying ways of improving mental health services and access to these services for children and young people.

In July 2016 NHS England published an Implementation Plan to set out the actions required to deliver the Five Year Forward View for Mental Health in the years up until 2020/21 – including the need for local authorities to develop Local Transformation Plans (LTPs) and what these are expected to achieve.²² LTP specific priorities in the NHS England Implementation Plan include explicit numeric targets each year until 2020/21 for improved access to services. One of the key national expectations is that by 2020/21 at least 35% of children with diagnosable mental health problems will be able to access support and treatment. In Norfolk & Waveney this is already achieved, with 36% of under 18 year olds (7,011) with a diagnosable mental health problem accessing support and treatment during 2014/15.²³ However, Norfolk's ambition is to reach as many of the 13,000 (64%) of under 18s with diagnosable mental health conditions who do not currently access support and treatment.

The Norfolk 'Local Transformation Plan' (LTP) sets out the vision for Norfolk CAMHS. This will include building on current provision:

- Perinatal Infant Mental Health provision for infants on the edge of care (and their primary care giver/s),
- Promoting Alternative Thinking Strategies (PATHS) programme in primary schools
- Compass Centres - specialist school provision with onsite, integrated therapy and specialist support/training for carers of children with mental health needs and challenging behaviour.
- High quality substance misuse service offer for children and young people and their families
- Integrated Mental Health Team – specialist mental health nurses based in the Police Control Room providing advice and support to police staff and others
- A vibrant and diverse voluntary sector offer for children young people with mental health needs

There is a rich supply of providers and services in Norfolk and Waveney, the majority of which are provided by the voluntary sector and offer a wide variety of provision: training, whole-school programmes, group work, drop-in sessions and one-to-one support. Examples include, PATHS, Thrive, Nurtured Heart Approach, Young Mental Health Champions, Early Action and Time For You. However, awareness about these services can be improved, especially with schools. The majority of the current provision and programmes are aimed at and delivered via schools, and there are opportunities to use of other universal settings such as children's centres, early help hubs and other community provision.

There is an identified need to train staff in universal settings to identify early signs of poor mental health, deal with emerging issues and escalate when required. Current provision of this training is not currently sufficient to meet demand, and requires better co-ordination and consistency across the county. As part of the Local Transformation Plan all schools and universal settings will have a named 'lead' for emotional well-being and mental health. There will also be 'link workers' in specialist mental health services offering support to emotional well-being and mental health in universal settings.

The Local Transformation Plan also specifies the development of a Single Point of Contact for requests for help, advice and referrals – crucial to navigating a complex system of provision. There will also be investment in unified, safe online support and treatment options for children, young people and families through a range of web and mobile phone app based routes. This will allow service users to make use of self-help, peer and professional support during and beyond usual hours of provision.

²² NHS England (2016) Implementing the five year forward view for mental health <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

²³ East of England Clinical Network Benchmarking Report, 2016, not published

Opening hours for core Specialist Mental Health services will be extended and delivered by a re-modelled, integrated workforce with sufficient numbers of skilled staff to respond to needs, including those from vulnerable or hard to reach groups. This has meant an increase in capacity for the CAMHS Eating Disorders service (11 new clinical posts have been recruited to). As well as increased capacity to Point 1 the countywide Targeted CAMHS (six new posts have been recruited to).

Currently, crisis support and specialist assessment in Norfolk is very limited and there is a recognition that 'out of hours' staff availability is inadequate to meet the growing need. There is also a very urgent need to improve access to specialist inpatient CAMHS beds as the current waiting period can contribute to use of inappropriate settings. This will be delivered by extending the emergency and Out of Hours offer/availability of CAMHS and Learning Disability CAMHS Crisis services, increasing the size and capacity of teams and establishing robust collaborative commissioning arrangements with NHS England for patients requiring inpatient specialist CAMHS bed.

The following groups have been identified as being in need of additional services:

- children and young people on the edge of care and those who are looked after or adopted
- looked after children being considered for reunification with their family
- children and young people who have been affected by domestic abuse, sexual exploitation (or at risk of) and trauma
- children and young people who display sexually inappropriate or harmful behaviours

Under the LTP there will be increased CAMHS support for Children & Young People affected by domestic abuse and sexually harmful behaviours.

Voice – the perspective from the public, service users, referrers and front line staff

The Norfolk Youth Parliament selected mental health as its key priority through a vote of children and young people in Norfolk schools, demonstrating the importance of this issue for young people. The Child and Young People Health and Wellbeing Survey carried out in Norfolk schools (next in October 2017) provides an opportunity to gather experiences of young people and their views on how well schools support mental health. Service user views are important to the development of mental health services and young people have been consulted in the development of the Local Transformation Plan.

Considerations for Health and Wellbeing Board and Commissioners

This is a time of significant change for mental health services for children and young people. There is a recognition that the Norfolk CAMHS system is fragmented, hard to access and navigate for children, families, and partner organisations. Commissioners will need to support the redesign of services and make the most of this opportunity to resolve some of the complexities of the current system. Improvements will be achieved by joint commissioning, the standardisation of services across the county and by consistent performance management frameworks that supply the right information to develop services in the future.

Commissioners should also endorse the Time to Change anti-stigma campaign and support the development of a local action plan for Norfolk, ensuring that children and young people are involved in its design and delivery.

The National Children's Bureau has created a new toolkit for schools to help them face the issue of student mental health and wellbeing.²⁴ In addition Public Health England commissioned a toolkit to encourage schools and colleges to measure student mental wellbeing and advice on how to make use of a range of validated survey questions and instruments available,²⁵ which should be promoted to schools.

²⁴https://www.ncb.org.uk/sites/default/files/uploads/documents/Policy_docs/Briefings/NCB%20School%20Well%20Being%20Framework%20Leaders%20Tool%20FINAL.pdf

²⁵ <http://www.annafreud.org/services-schools/schools-in-mind/resources-for-schools/mental-health-toolkit-for-schools/>

References and information

Other relevant JSNA Briefings – Self-harm in Children and Young People, Substance Misuse in Children and Young People, Children with Disabilities and Special Educational Needs, Mental Health in Adults.

Norfolk and Waveney's CHAMHS Local Transformation Plan

<https://www.norfolk.gov.uk/care-support-and-health/health-and-wellbeing/childrens-health/mental-health-camhs/professionals>

Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

The National Children's Bureau Mental Health Toolkit for Schools

https://www.ncb.org.uk/sites/default/files/uploads/documents/Policy_docs/Briefings/NCB%20School%20Well%20Being%20Framework%20Leaders%20Tool%20FINAL.pdf

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