



Public Health
England

Protecting and improving the nation's health

The mental health of children and young people in London

December 2016

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Background and aims

Background

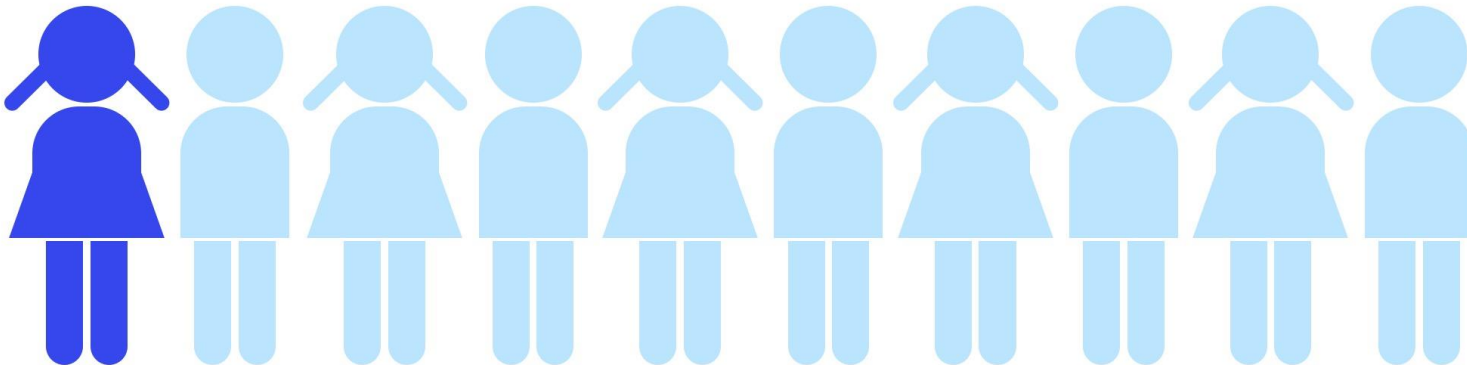
The emotional health and wellbeing of children is just as important as their physical health and wellbeing. Over the past few years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people (CYP). This has resulted in:

- 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

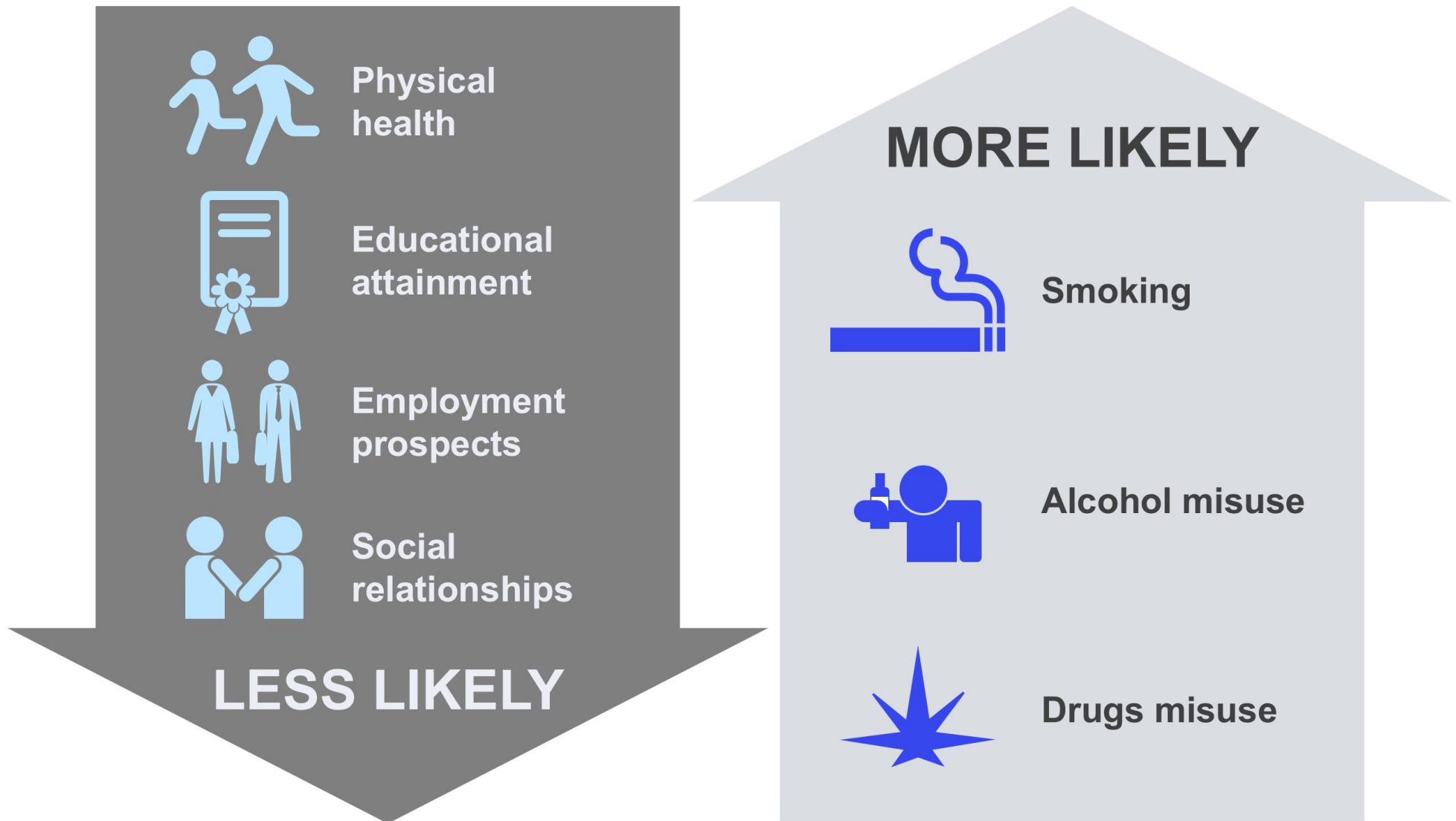
Aims

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 London
- 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



Child

- ✗ 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



Family

- ✗ Bullying
- ✗ Discrimination
- ✗ Breakdown in or lack of positive friendships
- ✗ Deviant peer influences
- ✗ Peer pressure
- ✗ Poor pupil to teacher relationships



School

- ✗ Socio-economic disadvantage
- ✗ Homelessness
- ✗ Disaster, accidents, war or other overwhelming events
- ✗ Discrimination
- ✗ Other significant life events
- ✗ Lack of access to support services



Community

- ✓ Secure attachment experience
- ✓ Good communication skills
- ✓ Having a belief in control
- ✓ A positive attitude
- ✓ Experiences of success and achievement
- ✓ Capacity to reflect

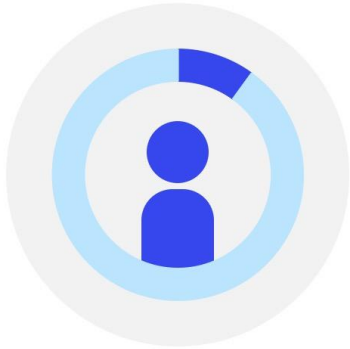
- ✓ Family harmony and stability
- ✓ Supportive parenting
- ✓ Strong family values
- ✓ Affection
- ✓ Clear, consistent discipline
- ✓ Support for education

- ✓ 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

PROTECTIVE FACTORS

Facts about mental health illness in CYP



10%

children aged 5-16 years suffer from a clinically significant mental health illness



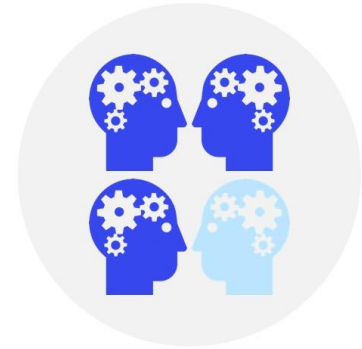
25%

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%

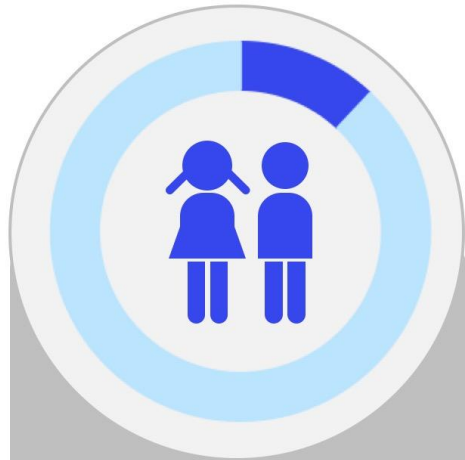
of looked after children have some form of emotional or mental health illness



18x

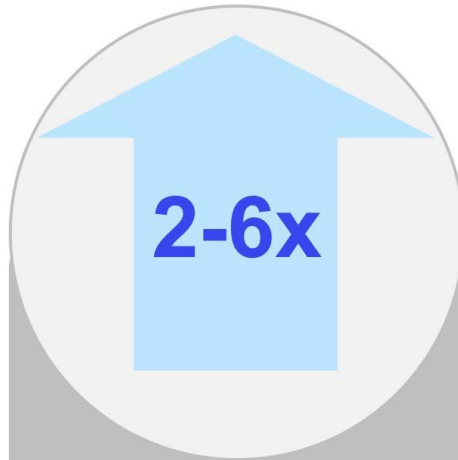
young people in prison are 18x more likely to take their own lives than others of the same age

The relationship between mental and physical health



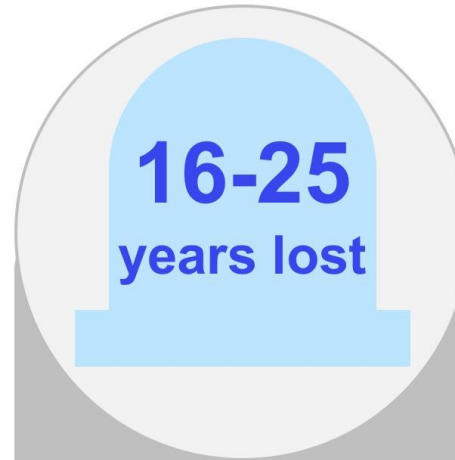
12%

of young people
live with a long
term condition



2-6x

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



16-25
years lost

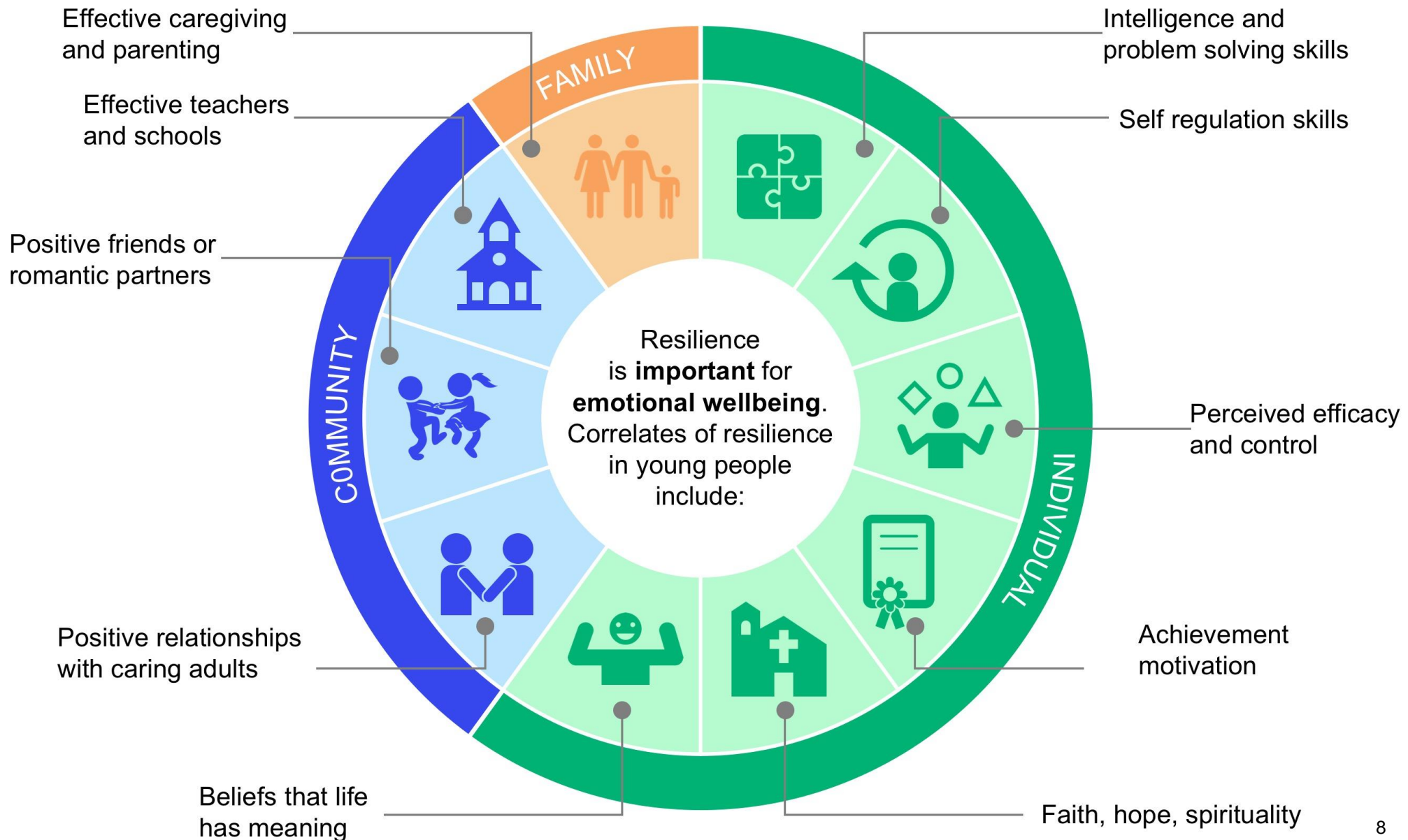
People with mental
health illness e.g.
schizophrenia or
bipolar disorder die
on average
16-25 years
sooner than the
general population



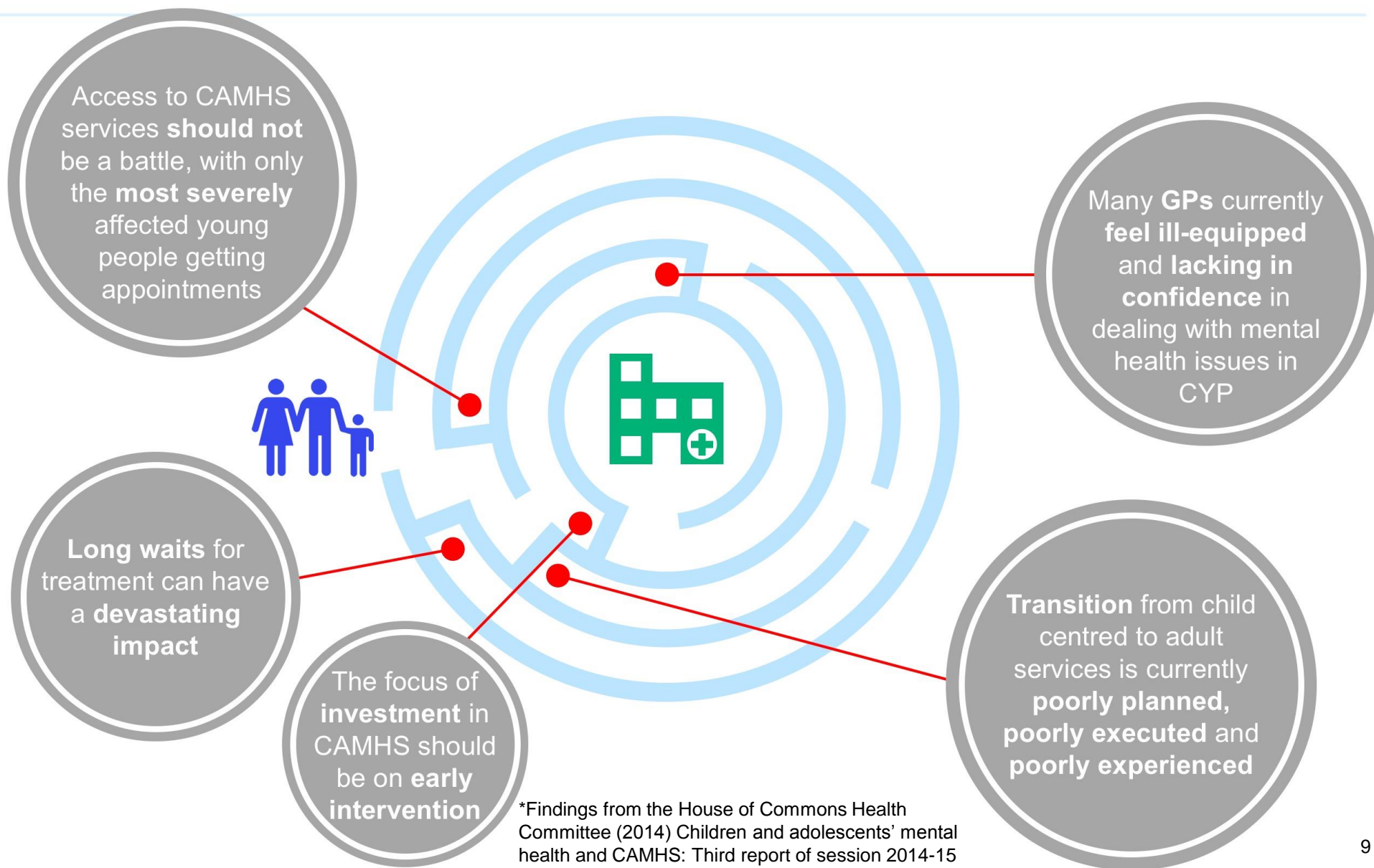
50%

increased risk of
mortality in people
who are depressed

Building resilience (the ability to cope with adversity and adapt to change)



There are **serious problems** with the **commissioning** and **provision** of children's and adolescents' mental health services*



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**

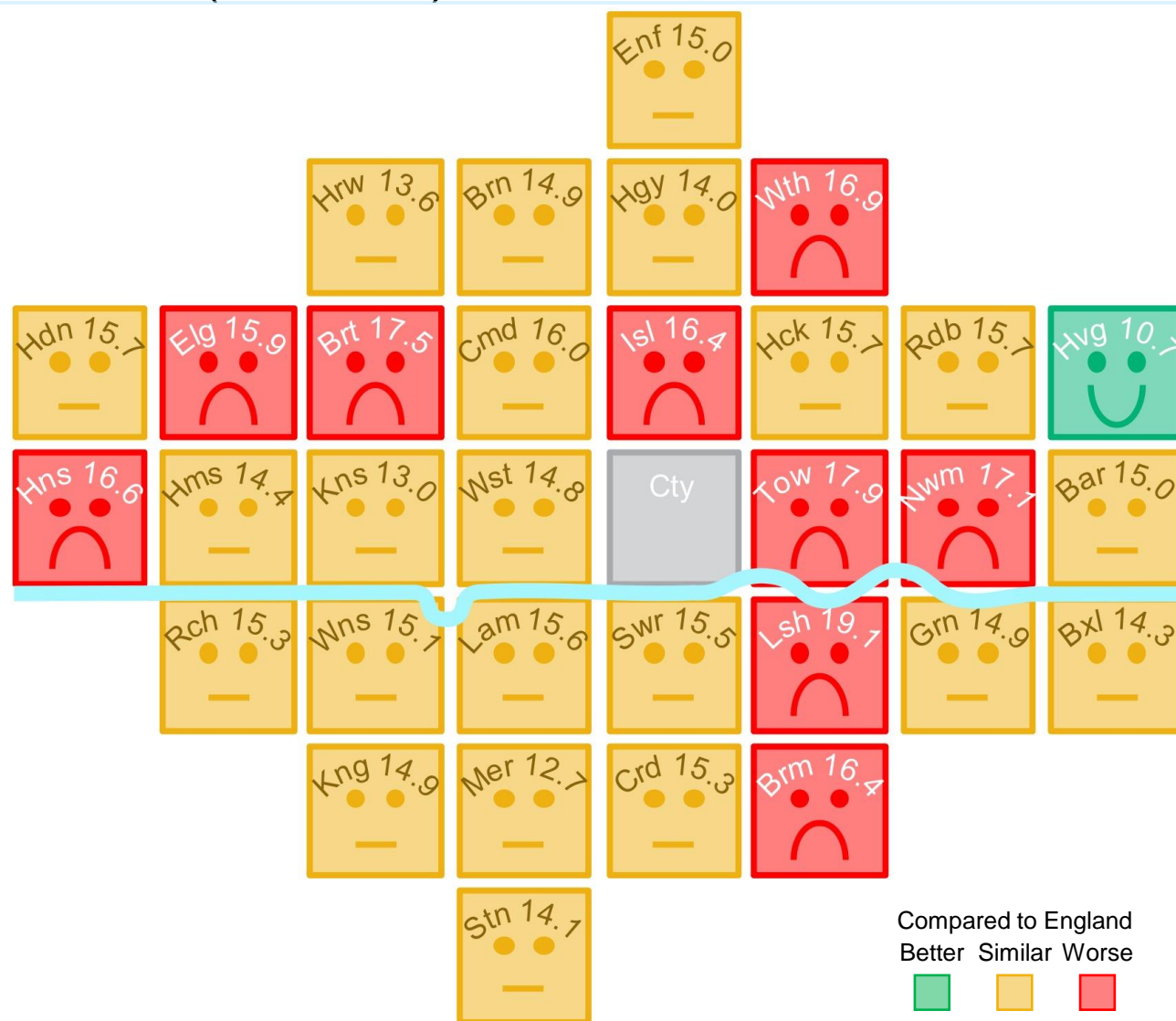
Percentage of 15-year-olds in London reporting low life satisfaction (2014/15)

About **1 in 6** (15.5%) 15-year-olds in London reported low life satisfaction in 2014/15

This is **significantly higher** than the proportion of 15-year-olds in England (13.7%) reporting low life satisfaction and is the **highest** of all regions in England

The proportion of 15-year-olds reporting low life satisfaction was **significantly better** than the England average in only Havering

There are wide variations in the proportion of 15-year-olds reporting low life satisfaction, ranging from 10.7% in Havering to 17.9% in Tower Hamlets



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



Most deprived

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



Asian



Black

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

Percentage reporting low life satisfaction



Boys



Girls

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

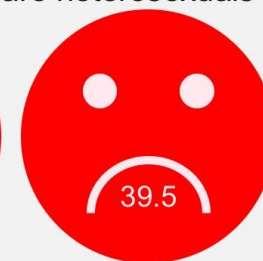
Percentage reporting low life satisfaction



Heterosexual



Gay/Lesbian



Bisexual

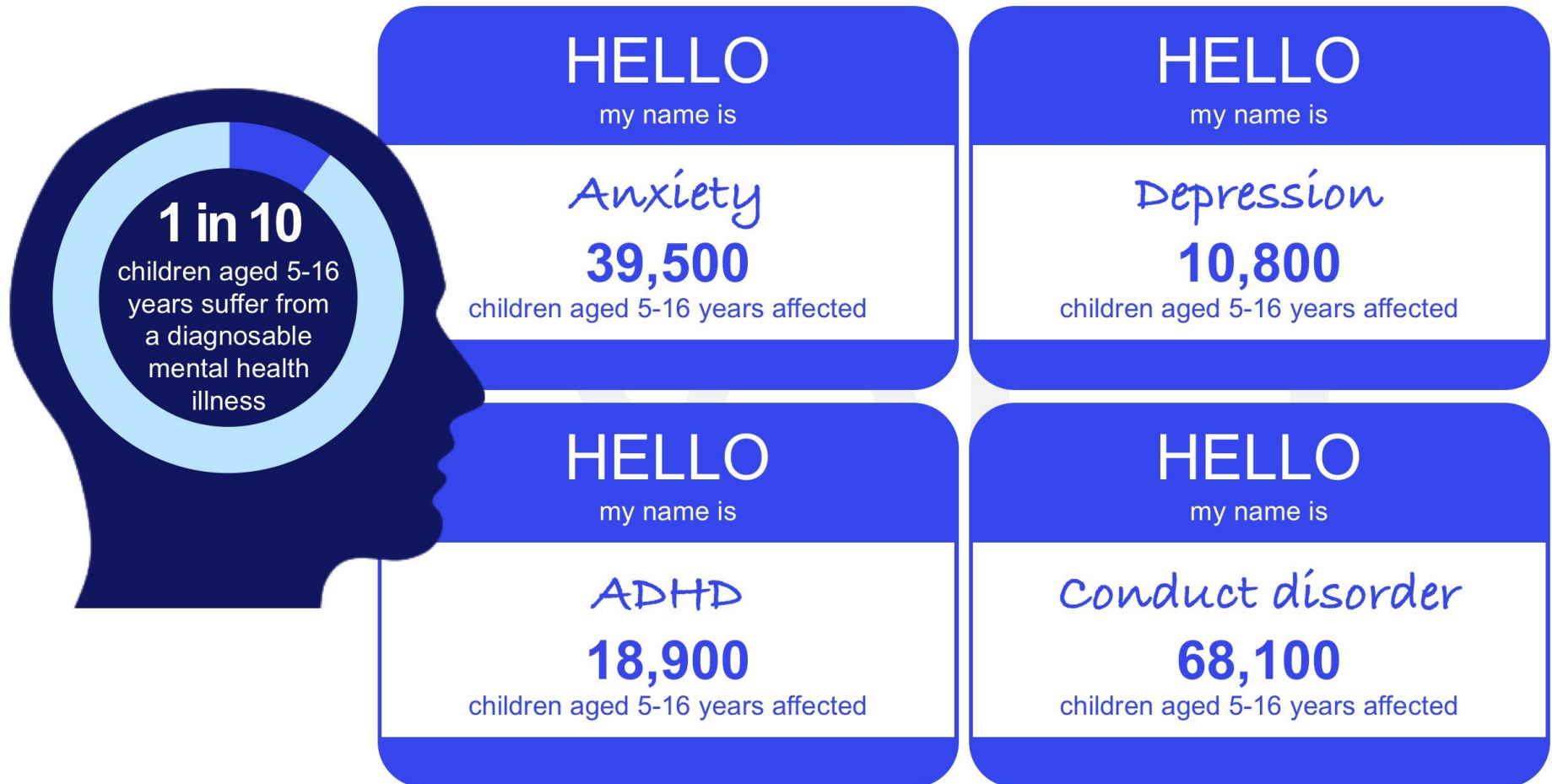
Better Similar Worse

Compared to England



Source: fingertips.phe.org.uk

About **111,600** children aged 5 to 16 years in London have a clinically significant mental health illness

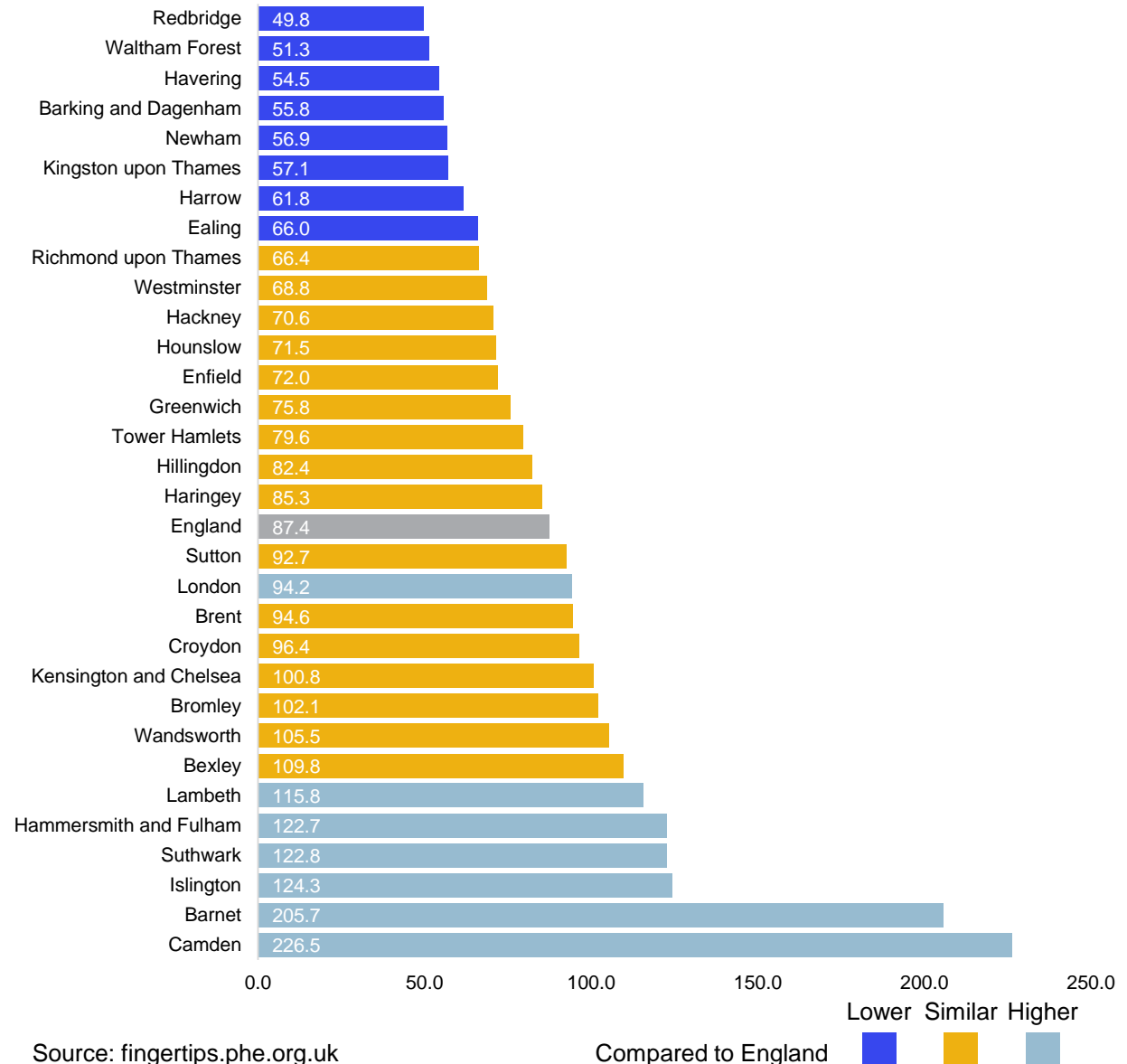


Hospital admission rate for mental health illnesses for children per 100,000 population aged 0-17 years (2014/15)

The rate of children aged 0-17 years being admitted to hospital in London (94.2 children per 100,00 population) was **significantly higher** than the rate of admissions for England (87.4 children per 100,000 population)

There is a **wide variation** in the rate of children aged 0-17 years admitted to hospital in London for mental health illnesses

Hospital admissions were **4.5x higher** in the **Camden** (226.5 children per 100,000 population) compared to **Redbridge** (49.8 children per 100,000 population)



Anxiety disorders

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

They include:

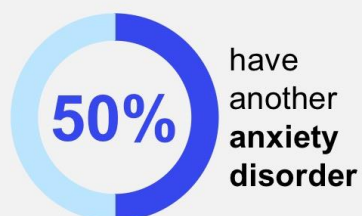
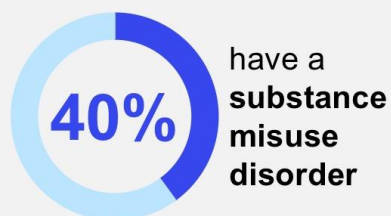
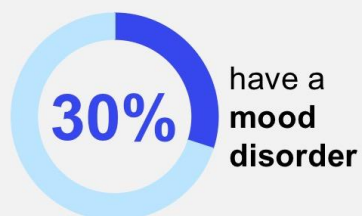
- Generalised anxiety disorder
- Panic disorder
- Obsessive-compulsive disorder
- Specific phobias
- Social phobia
- Agoraphobia

They occur in:

- **2.2%** of 5-10 year olds
- **4.4%** of 11-16 year olds



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



Anxiety disorders are associated with:



Depression
later in life
Suicidal behaviours



Poor educational attainment
Truancy



Lower earnings
due to dropping out of school early

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



Group therapy



Therapy via parents

Actions to manage anxiety include:

Early intervention

Targeted work with small groups of children to develop problem solving approaches and other skills

Specific approaches

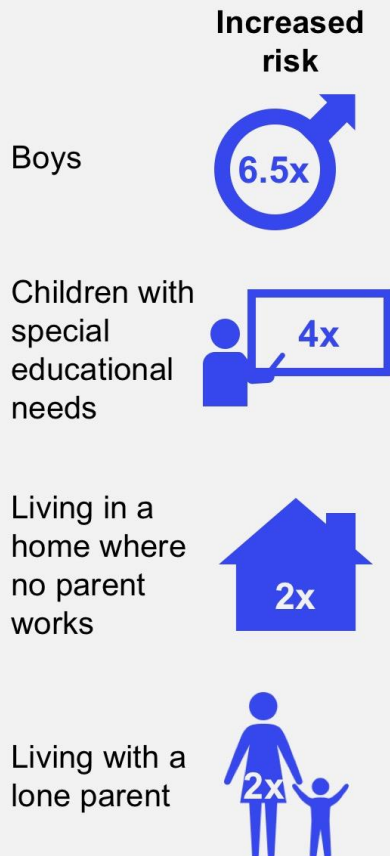
These are dependent on the anxiety disorder and include:

- ✓ 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

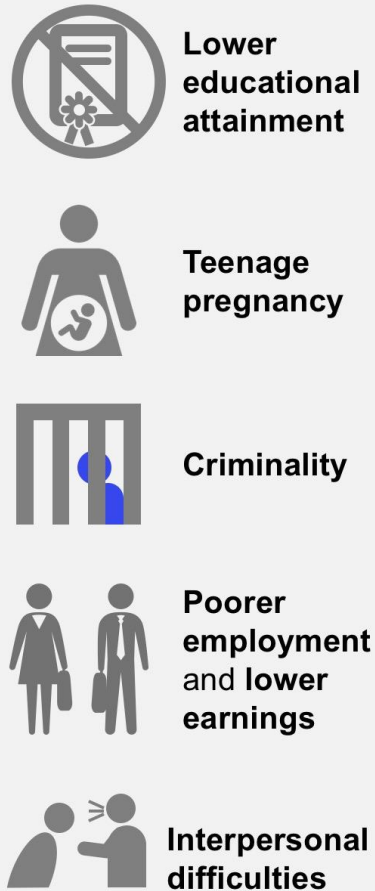
Attention deficit hyperactivity disorder

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

Factors that **increase** the **risk** of ADHD include:



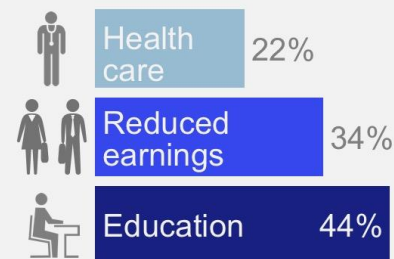
ADHD is associated with **poorer outcomes** in later life:



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



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

Actions to manage ADHD include:

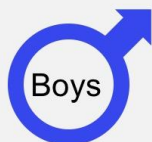
- ✓ Parenting programmes to give parents the skills and strategies to help their child
- ✓ Behaviour therapy with children to replace behaviours that don't work or cause problems
- ✓ Advice for teachers about how to teach children with ADHD
- ✓ Medication for severe cases



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

Potential savings from each case prevented through early intervention:

Severe: **£150,000**

Moderate: **£75,000**

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 **10,800**
CYP in London are
seriously depressed

7x

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

Prevalence (%)



Prognosis

10% **40%**
recover by recover by 1 year
3 months



20% **30%**
recover by do not recover
2 years 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
temperament
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:



Group
therapy



Individual

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



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 impacts**

Schizophrenia

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 is caused by a **combination** of **risk factors**, including:



Genetic makeup



Family history of schizophrenia



Birth complications



Emotional distress



History of abuse



Cannabis use in adolescence

Schizophrenia places very **substantial costs** on society

Every **£1** spent
on **early**
intervention
psychosis
teams saves

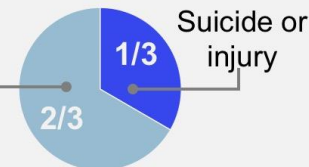


CYP with schizophrenia have **poorer physical health** than the general population when they get older



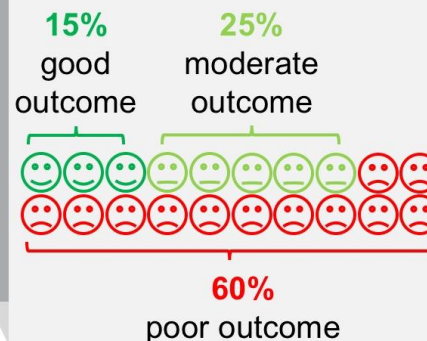
Life expectancy is **reduced** by **16-25 years**

Causes of **premature** deaths



Cardiovascular, pulmonary and infectious diseases

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



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

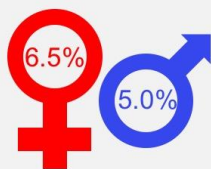
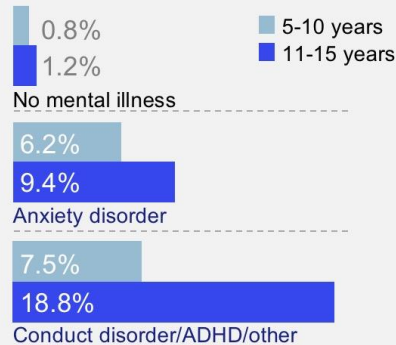


Discuss and plan transition to adult services

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



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

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

Risk factors for self-harm include:



Mental health illness

Depression



Family issues

Poverty
Parental criminality
Parental separation or divorce



Being abused

Supporting CYP who self-harm includes:

- ✓ Appropriate medical and surgical care
- ✓ Prevention e.g. building resilience
- ✓ Individual support and/or group counselling

100x

Those who have self-harmed are **100x more likely** than the general population to die by suicide in the following year

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

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.orh.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
- Department of Health (2014) Annual Report of the Chief Medical Officer 2013 Public Mental Health Priorities: Investing in the Evidence
- Department of Health, Public Health England (2015) Promoting emotional wellbeing and positive mental health of children and young people
- Department of Health and NHS England (2015) Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing
- 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 (2015) Measuring mental wellbeing in children and young people
- PHE and Evidence Based Practice Unit (2016) Measuring and monitoring mental wellbeing – a toolkit for schools and colleges

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- NHS England (2015) Local transformation plans for children and young people's mental health and wellbeing
- NHS England (2016) The five year forward view for mental health
- NHS England (2016) Implementing the five year forward view for mental health

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- Department of Health (2011) No health without mental health

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- Commonwealth of Australia (2012-13) Kids matter: Australian primary school mental health initiative
- 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*
Kessler R, Berglund P, Demler O et al Arch Gen Psychiatry. 2005;62(6):593-602 Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey
- *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*
Children and young people's health outcome forum (2012) Report of the children and young people's health outcomes forum – mental health subgroup
- *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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Department of Health and NHS England (2015) Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing

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Department of Health (2014) Public mental health priorities: Investing in the evidence

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House of Commons Health Committee (2014) Children and adolescents' mental health and CAMHS: Third report of session 2014-15

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- *Mental health excess costs*
Department of Health (2013) Our children deserve better: Prevention pays
- *NHS expenditure, early intervention and measured benefits*
Department of Health and NHS England (2015) Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing

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- Overall prevalence rate, prevalence of ADHD and depression in 2014 from Children and young people's mental health and wellbeing Fingertips tool available at fingertips.phe.org.uk
- Prevalence rates of anxiety and depression from ONS (2005) Mental health of children and young people in Great Britain, 2004 (Table 4.1) applied to 2014 population estimates from fingertips.phe.org.uk (anxiety: 3.3%, depression: 0.9%)

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Centre for Mental Health (2015) Investing in children's mental health
- *Anxiety disorders prevalence*
ONS (2005) Mental health of children and young people in Great Britain, 2004 (Table 4.1)
- *Anxiety disorders associated with other mental health conditions*
Centre for Mental Health (2015) Investing in children's mental health
- *Outcomes of anxiety disorders and cost-benefit of cognitive behavioural therapy*
Centre for Mental Health (2015) Investing in children's mental health
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Department for Education (2016) Mental health and behaviour in schools: Departmental advice for school staff

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- *Prevalence of ADHD*
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