

**CHILDREN AND YOUNG PEOPLE'S
HEALTH OUTCOMES FORUM**

**REPORT OF THE CHILDREN
AND YOUNG PEOPLE'S HEALTH
OUTCOMES FORUM – MENTAL
HEALTH SUB-GROUP**

Improving Children and Young People's Mental Health Outcomes

Report and proposed outcome measures from Mental Health subgroup

Key facts and figures

- One in ten children aged between 5 and 16 years has a clinically diagnosable mental health problem. About half of these (5.8%) have a conduct disorder, 3.7% an emotional disorder (anxiety, depression) and 1–2% have severe Attention Deficit Hyperactivity Disorder (ADHD);¹
- At any one time, around 1.2–1.3 million children will have a diagnosable mental health disorder;
- Half of those with lifetime mental illness (excluding dementia) first experience symptoms by the age of 14, and three-quarters before their mid-20s;²
- The rates of disorder rise steeply in middle to late adolescence. By 11–15 it is 13% for boys and 10% for girls, and approaching adult rates of around 23% by age 18–20 years;
- Self-harming in young people is not uncommon (10–13% of 15–16-year-olds have self-harmed) but only a fraction of cases are seen in hospital settings;³
- Although effective treatments are available only around 25% of those who need such treatment receive it;⁴
- 11–16 year olds with an emotional disorder are more likely to smoke, drink and use drugs;
- Around 60% of Looked After Children and 72% of those in residential care have some level of emotional and mental health problem.⁵ A high proportion experience poor health, educational and social outcomes after leaving care;⁶
- Looked After Children and care leavers are between four and five times more likely to attempt suicide in adulthood;
- One third of all children and young people in contact with the youth justice system have been looked after.⁶ It is also important to note that a substantial majority of children and young people in care who commit offences had already started to offend before becoming looked after;^{5,7}
- Young people in prison are 18 times more likely to take their own lives than others of the same age;

1 ONS: *Mental Health of Children and Adolescents in Great Britain, 2004*.

2 Kim-Cohen J, Caspi A, Moffit T et al. *Prior juvenile diagnosis in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort*. *Archives of General Psychiatry* 60. 709–717 (2003).

3 Hawton K, Rodham K, Evans E and Weatherall R (2002) *Deliberate self harm in adolescents: self report survey in schools in England*. *British Medical Journal* 325: 1207–1211.

4 The Centre for Economic Performance's Mental Health Policy Group, LSE: *How Mental Illness Loses Out in the NHS* (2012)

5 NICE: *Promoting the quality of life of looked-after children and young people*. NICE public health guidance 28. 2010.

6 DCSF: *Children looked after in England (including adoption and care leavers) year ending 31 March 2009*.

7 Darker et al: *An Analysis of Offending by Young People Looked After by Local Authorities*, Youth Justice vol–8 No2 134–148 (2008)

- The costs of mental health problems for the English economy have recently been estimated at £105 billion pa;⁸
- Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing, poor physical and mental health, and have lower rates of economic activity in adult life;⁹ and
- Young people in prison are 18 times more likely to take their own lives than others of the same age.¹⁰

Note on Terms

The World Health Organization definition of mental health is 'a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'.

Strategic approach

1. In approaching our task, the Children and Young People's Mental Health subgroup has sought to align with the cross-Government Mental Health Outcomes Strategy and the NHS and Public Health Outcomes Frameworks in terms of objectives and guiding principles.
2. Our proposals build on and integrate with approaches taken in the Healthy Child Programme, the Children and Young People's Increasing Access to Psychological Therapies (CYP IAPT) project and the new strategy *Preventing suicide in England: a cross-government outcomes strategy to save lives* due to be launched later this year which will include a strong focus on children and young people.
3. The Mental Health Strategy¹¹ sets out a compelling vision for improving mental health and wellbeing across the life course backed by significant evidence of both the level of need and potential benefit of meeting it.
4. For children and young people, the overall aims of the Mental Health Strategy are to:
 - Improve the mental health and wellbeing of all children and young people and keep them well; and
 - Improve outcomes for children and young people with mental health problems through high quality services that are equally accessible to all.
5. It (the strategy) sets out six high level outcome based objectives to improve mental health outcomes for individuals of all ages and the population as a whole. These are described in full for children and young people at Annex A.
6. The following narrative describes our proposed outcome indicators to support delivery of each of the six objectives mapped as far as possible onto the Forum's care pathway approach and patient questions (How do I stay healthy, How can my baby's potential be maximised etc).

8 Centre for Mental Health: *The Economic and Social Costs of Mental Health Problems in 2009/10* (2010).

9 Straight Talking: *Taking Responsibility for Young Lives: A Policy Report on Teenage Pregnancy and Young Parenthood* (2010).

10 Frühwald S. and Frottier P. *Suicide in Prison*, The Lancet, vol. 366 issue 9493 (8 October 2005) cited in Legal Action, February 2008.

11 HM Government: *No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages* (2011).

Mental Health Strategy Objective 1: More children and young people will have good mental health

Starting well

7. A good start in life and positive parenting¹² are fundamental to good mental health and wellbeing, and to lifelong resilience to adversity. This is particularly important because half of lifetime mental illness (excluding dementia) have already developed by the age of 14.

8. The social and biological influences on a child's health and brain development start even before conception and continue through pregnancy and the early years of life. **Parental mental health** is an important factor in determining the child's mental health. Better parental mental health is associated with better outcomes for the child, including better relationships, improved learning and academic achievement, and improved physical health.

9. Maternal mental health problems during pregnancy increase the risk of adverse pregnancy outcomes as well as later neuro-developmental problems. Maternal depression is associated with increased rates of birth complications, stillbirths and low birth-weight babies. Anxiety and postnatal depression affect 13% of mothers shortly after birth and 22% of mothers one year after the birth. Maternal depression is associated with a five-fold increased risk of later mental health problems for the child and can affect the child's cognitive and emotional development. Whilst this is not entirely related to the impact being depressed has on the mother's ability to look after her baby, depression can affect a mother's ability to look after herself and the impact is greatest where the mother is the sole carer.

The importance of effective parenting

10. A child's early experiences lay the foundations for their future life chances. Although everyone is born with their own genetic make-up, these genes interact with the family and the environment to determine a child's future health and resilience. **Infants do better if they are cared for in a safe, warm and responsive way.** This supports their healthy development and enables them to acquire the basic skills of emotional regulation and social communication. It also helps them to learn more easily, develop better social relationships and be less likely to engage in at-risk behaviours later in life. Effective parenting brings multiple benefits to children and is, therefore, fundamental to giving every child the best start in life. In emphasizing the importance of effective parenting we are not taking the view that a particular family structure is important – what is more vital is that children and young people experience stable, loving relationships with their parents or principal carers.

11. Children who experience **negative parenting, poor-quality relationships and other adversity in early life** are at particular risk of a number of poor outcomes later on, including mental health problems. **Good parent–child or carer–child relationships promote emotional, social and cognitive development, emotional resilience and healthy lifestyles.** They are also associated with increased resilience against a range of difficulties, including mental illness. There are a number of well validated evidence based parent support programmes.¹³ A good relationship between the child's parents is also important: children of these parents tend to have high levels of wellbeing. In general, whether parents

¹² HM Government: *No Health without Mental Health : Delivering better mental health outcomes for people of all ages* (2011).

¹³ See National Academy for Parenting Research website www.parentingresearch.org.uk/

remain together or not, the quality and content of fathers' involvement matters more for children's outcomes rather than simply how much time they spend with their children.

12. We have linked our recommendations for improved delivery of this objective to the Healthy Child Programme (HCP) which places greater emphasis on health promotion, prevention and early intervention. We would advocate adopting the principle of progressive universalism and that the screening, surveillance and other measures are implemented within the approach and philosophy outlined within the HCP.¹⁴ In particular it is important to ensure that screening is linked to appropriate support and intervention and is carried out in a supportive, sensitive manner to avoid a sense of parents being or feeling stigmatized – for example because of their own mental health problems.

13. The HCP stipulates that the following are the most appropriate opportunities for screening tests and developmental surveillance, for assessing growth, for discussing social and emotional development with parents and children, and for linking children to early years services:

- **by the 12th week of pregnancy;** Parental mental health problems, picking these up early decreases risk of later parenting problems;*
- **the neonatal examination;**
- **the new baby review** (around 14 days old);
- **the baby's six to eight-week examination;**
- **by the time the child is one year old as above** we recommend an assessment of parental mental health problems and also Parent–infant bonding or attachment quality and again at...
- **two and two-and-a-half years old.**

* If parent/s have mental health problems this can raise the risk of subsequent parenting difficulties and bonding or attachment problems, although it should not be assumed that this is an inevitable consequence. In order to mitigate such negative developmental pathways it is known that early identification and intervention helps.

Parenting is conceptually distinct from attachment and bonding. Attachment and bonding can be considered consequences of parenting. Measures of parenting do not however tell us what the attachment or bonding is like or vice versa.

14. We would also recommend development of measures for:

- (a) the **School Readiness Assessment** as part of the Foundation Stage Profile – to review interventions for any physical, emotional or developmental problems that may have been missed or not addressed;
- (b) **Primary/Secondary School Transfer (age 10–11 years)** stage – as part of a wider survey to measure **child wellbeing** – we would recommend that priority be given to investigating development of this measure. **Note: expert advice to the Forum is that it is important to keep child wellbeing on the child health agenda alongside the ONS (Office for National Statistics) work on rates of disorder.** We recommend development of the child wellbeing measure as part of a wider child health survey which could include enquiry about experiences of stigma/discrimination related to mental health problems/disability;
- (c) **other Key Transition Points including particularly age 15–16 years.**

14 DH/DCSF *Healthy Child Programme: Pregnancy and the First Five Years of Life* (2009) *Healthy Child Programme: From 5–19 years old* (2009).

Mental health and educational attainment: the role of schools and colleges

15. **Schools and colleges play an important role in relation to health and wellbeing.** Good schools and colleges develop the right culture and ethos to support all children and young people's wellbeing. They embed the right skills, behaviour and support systems to remove barriers to learning and build confidence and self-esteem. Good schools recognise the link between mental wellbeing and good educational and wider outcomes and have effective systems in place for monitoring and responding to children and young people's issues.¹⁵
16. Schools and colleges can provide access to targeted, evidence-based interventions for children and young people who have, or are at risk of developing, emotional and behavioural problems, alongside universal mental health promotion approaches.
17. Colleges and schools, in particular Academies, are increasingly able to use the resources devolved to them to commission additional services for children and young people. This can include support to improve outcomes for all vulnerable groups including those with behavioural or emotional problems. They are therefore essential contributors to, and partners in, local JSNA and commissioning processes.

What schools and colleges can do:

- **Have a 'whole school' approach to supporting all pupils' wellbeing and resilience:** This includes both universal approaches (such as developing skills for wellbeing or parental support), and targeted services for children and young people with, or at risk of developing, behavioural difficulties or emotional problems. Evidence-based interventions to improve wellbeing and build resilience include behavioural support, school-based counselling and parenting interventions and provision of evidence informed self help materials based on the evidence that help guide children and young people as to self help strategies. This may be particularly important in primary schools. NICE has produced guidance on social and emotional wellbeing which schools may find useful.^{16,17}
School leaders can support this through creating a whole-school culture and ethos which supports good outcomes through a strong focus on high-quality teaching and learning, enriching extra-curricular activities and good pastoral care.
- **Address bullying:** Bullying puts children and young people at significant risk of developing mental health problems.
- **Ensure staff are aware of how mental health relates to their work:** Mental health awareness can help staff recognise signs of mental ill-health and understand the link between mental health and behaviour, attendance and attainment and will know when a child needs extra help.

15 DH: *No health without mental health: implementation framework* (2012).

16 NICE: *Social and emotional wellbeing in primary education (PH12)* (2008).

17 NICE: *Social and emotional wellbeing in secondary education (PH20)* (2009).

- **Know what specialist mental health support is available:** Schools and colleges can ensure they are aware of the services offered by local Child and Adolescent Mental Health Services (CAMHS) and by the independent and voluntary sector, and of how children, young people and their families can access them. They can contribute to shaping specialist provision through input to JSNA and commissioning processes. This may be particularly important in secondary schools.
- **Know when to intervene early to tackle mental health problems:** Schools and colleges can proactively seek to identify children and young people with the risk factors for, or the early signs of, emotional and behavioural problems and intervene early by securing access to evidence-based support.
- **Challenge mental health stigma** by ensuring students and staff know about mental health, how and when to seek help, and how to improve their own mental health and wellbeing. Time to Change¹⁸ are piloting approaches to tackling mental health stigma and discrimination amongst young people. They provide useful resources that can help schools and youth groups in overcoming stigma.

Mental Health Strategy Objectives 2 and 4:

- More children and young people with mental health problems will recover; and
- More children and young people will have a positive experience of care and support.

18. Our proposed approach uses **Patient and Parent/Carer Rated Outcomes, Clinician Rated Outcomes** and **Patient Experience of Service**. **The group recommended that use of such measures should be done in a way that is meaningful to children, young people and their families as well as to clinicians and that this is used to enhance clinical practice.**

19. The group *proposed mental health measures* to monitor referral rates by problem type as well as the demographic profiles of children and young people referred to the service. These measures enable Health and Wellbeing Boards, commissioners and service providers to gain an estimate of likely unmet need in terms of referrals as well as whether particular groups of children and young people are less likely to access the services.

20. *Proposed measures for school attendance and attainment for CYP with mental health problems* will be available over time through the CYP IAPT dataset and will eventually be included in the CAMHS MDS (Minimum Data Set).

21. For services participating in the CYP IAPT programme¹⁹ the measures mandated by CYP IAPT should be used.

22. For services not directly involved in the CYP IAPT programme, who may not be using the CYP IAPT framework, we would recommend use of the SDQ and goals focussed tracking methodology and clinician rated measures, such as HONOSca CGAS at assessment and at 6 months and end of

¹⁸ See www.time-to-change.org.uk/

¹⁹ DH: See www.iapt.nhs.uk/

treatment if beyond 6 months and use of patient reported experience of service questionnaires such as CHI ESQ – these are included in the CAMHS dataset.

23. Where children and young people are treated as in-patients the data-sets and Dashboards being developed for such services will include outcome measures which will be linked to those in use in community services.

24. **CYP Involvement in shared decision making about care plans and in service design, delivery and evaluation** are associated with positive experiences of care, support and enhance recovery through greater sense of agency. The CYP and their parents/carers involvement in shared decision making can be measured at the level of individual experience by measures of experience of the service which are included in the CYP IAPT dataset and the CORC datasets. At the level of service design, delivery and evaluation this can be measured at a service level in, for example, returns to commissioners.

Mental Health Strategy Objective 3: More children and young people with mental health problems will have good physical health and more children and young people with physical ill-health will have better mental health

25. Routes into poor physical health via mental ill health include:

- increased rates of smoking and other substance misuse;
- weight gain, high blood fats, raised blood sugars as a side effect of antipsychotic medication;
- inappropriate prescribing that can lead to adverse physical side effects;
- lower levels of exercise in some conditions due to loss of motivation e.g. depression, psychosis;
- eating disorders which are associated with a range of short and longer term physical problems in some cases;
- chronic stress is associated with later heart disease and possibly some cancers (USA ACE study);²⁰ and
- maltreatment is associated with later heart disease and possibly some cancers (USA ACE study).

26. We would expect that CYP with mental health problems would be included in and benefit from the interventions aimed at general population, and measured through the public health theme groups proposed indicators.

27. Children and young people on anti-psychotic medication should have monitoring to (POMH) standards and children and young people on medications for ADHD should have appropriate monitoring. We have identified these two groups of medicines as requiring particular attention because in the case of ADHD medications these are more commonly used and in the case of anti-psychotics whilst less commonly prescribed there are concerns about the longer term health risks with some anti-psychotics if not properly monitored (links to medicines cross cutting theme). However, we would expect that whenever medication is prescribed due care and attention is paid to monitoring effects/side-effects.

²⁰ Centers for Disease Control and Prevention: Adverse Childhood Experiences Study.

28. **We have not recommended specific indicators on** smoking/exercise/weight gain etc in CYP with mental health problems (as opposed to any other population group) as the group were concerned that this might distort practice for little gain. We would however recommend that children and young people with mental health problems should have access to the health promotion initiatives. Further for young people in higher risk groups, such as those in in-patient settings, young people with severe mental illness, young people prescribed medications such as anti-psychotics which may be associated with weight gain, there is access to health promotion and initiatives including exercise, smoking cessation.

29. For children and young people with long term and chronic conditions the requirement for a needs assessment with respect to mental health will be indexed by the LTC theme group proposed indicators.

Mental Health Strategy Objective 5: Fewer children and young people will suffer avoidable harm

30. Children and young people and their families should have confidence that care is safe and of the highest quality.

31. A new strategy *Preventing suicide in England: a cross-government outcomes strategy to save lives* is due to be launched later this year. As part of a whole population approach, it will include a strong focus on children and young people, including tailored measures for groups with particular vulnerabilities or issues of access to services such as looked after children and care leavers. We have fed into developing thinking as part of integrating our work to improve CYP mental health outcomes across national programmes. Public Health England will support work on suicide prevention as one of the key public health challenges in improving mental health and wellbeing.

32. Two indicators addressing **suicide rates** and hospital statistics **on self-harm** are included in the *public health theme indicator set*.

33. In addition the success of treatments for mental disorders that are associated with increased risk of suicide, such as depression and repeat self harm, are indexed by the recovery measures addressing Mental Health Strategy objectives 2 and 4.

34. We have suggested an indicator to monitor rates of admission to **age inappropriate environments**, including those within secure settings, because of the literature highlighting the negative consequences of such admission.

35. The reporting of **safety incidents** for CYP with mental health problems in in-patient services, which include secure in-patient settings, provided on behalf of the NHS will be available via the Generic Mental Health Dashboard for Secure and Specialised Services.

36. **Medication errors** may be included in data on safety incidents – see medications cross cutting work.

37. Finally, **transitions** between agencies and services that fail lead to discontinuities in care and may be seen as avoidable harm.

Mental Health Strategy Objective 6: Fewer children and young people and families will experience stigma and discrimination

38. Stigma and experiences of discrimination continue to affect significant numbers of children and young people with mental health problems and their families. Stigma can also affect the attitudes and behaviours of clinicians, including mental health clinicians and commissioners. It can stop people seeking help, keep people isolated, and stop children and young people being educated, realising their potential and taking part in society. We have proposed a survey on children and young people's wellbeing that will include within it measures of stigma and discrimination faced by children and young people with mental health problems and of bullying.

Key Recommendations from the Mental Health subgroup

39. All the mental health subgroup's proposed outcome measures are included in the full list of Forum recommendations for the NHS, Public Health and Commissioning Outcomes Frameworks.

40. To support the proposed mental health outcome measures in Chapter 3 of the overview report we recommend:

- **a survey on a three yearly basis** with two inter-related strands of activity as follows:
 - (i) on prevalence of mental health problems in children and young people; and
 - (ii) for a school based survey of wellbeing that would include within it a measure of children and young people's experience of stigma and discrimination due to mental health problems and of bullying, and
- **draw attention to NICE guidelines, a useful source of evidence based best practice, which are accessible to schools** and others as they contain useful information and guidance eg on management of ADHD, conduct disorder, depression, social and emotional aspects of learning and could help schools, colleges and Academies in their new commissioning role.

Mental Health subgroup
Children and Young People's Health Outcomes Forum
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Annex A

Mental Health Strategy: Six High Level Objectives

For children and young people these can be described as:

More children and young people will have good mental health

- More children and young people of all ages and backgrounds will have better wellbeing and good mental health; and
- Fewer children and young people will develop mental health problems by starting well, developing well, learning well, working and living well.

More children and young people with mental health problems will recover

- More children and young people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they needs for living and working, improved chances in education, better employment rates and a suitable and stable place to live as they reach adulthood.

More children and young people with mental health problems will have good physical health and more children and young people with physical ill-health will have better mental health

- Fewer children and young people with mental health problems will be at risk of premature morbidity and mortality in adult life. There will be improvements in the mental health and wellbeing of children and young people with serious physical illness and long-term conditions.

More children and young people will have a positive experience of care and support

- Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give children and young people and their families the greatest choice and control over their own lives and a positive experience of care. Where in-patient care is required this should be in an age appropriate setting and in the least restrictive environment.

Fewer children and young people will suffer avoidable harm

- Children and young people and their families should have confidence that care is safe and of the highest quality.

Fewer children and young people and families will experience stigma and discrimination

- Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to children and young people with mental health problems will decrease.

Theme Group Membership

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