The mental health of children and young people in England
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background and aims</td>
<td>3</td>
</tr>
<tr>
<td>The importance of mental health for children and young people (CYP)</td>
<td>4</td>
</tr>
<tr>
<td>Facts about mental health illness in CYP</td>
<td>6</td>
</tr>
<tr>
<td>Why invest in CYP mental health?</td>
<td>10</td>
</tr>
<tr>
<td>Mental health statistics</td>
<td>11</td>
</tr>
<tr>
<td>Common mental health conditions in children and young people</td>
<td></td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>15</td>
</tr>
<tr>
<td>Attention deficit hyperactivity disorder (ADHD)</td>
<td>16</td>
</tr>
<tr>
<td>Conduct disorder</td>
<td>17</td>
</tr>
<tr>
<td>Depression</td>
<td>18</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>19</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>20</td>
</tr>
<tr>
<td>Self-harm and suicide</td>
<td>21</td>
</tr>
<tr>
<td>Useful resources</td>
<td>22</td>
</tr>
<tr>
<td>References</td>
<td>24</td>
</tr>
<tr>
<td>Picture credits</td>
<td>31</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>32</td>
</tr>
</tbody>
</table>
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 services 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% 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)

Resilience is important for emotional wellbeing. Correlates of resilience in young people include:

- 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
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 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 and 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 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%

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

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).

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

<table>
<thead>
<tr>
<th>Region</th>
<th>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>

Source: fingertips.phe.org.uk
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:
- Increased risk
- 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%

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:

- Boys
- Low income families

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

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

Potential savings from each case prevented through early intervention:

- Severe: £150,000
- Moderate: £75,000

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

<table>
<thead>
<tr>
<th>5-10 years</th>
<th>11-16 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.2%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

**7x** Depression is 7x more common in older children:

- **5-10 years**: 0.2%
- **11-16 years**: 1.4%

**Prevalence (%)**

- Depression is 1.1x more common in girls aged 5-16 years
- Depression is 0.6x more common in boys aged 5-16 years

**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 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:**

- **£32** Group therapy
- **£2** Individual therapy

**Actions to manage depression include:**

**Mild depression**

- Watchful waiting
- Psychological therapy, if there are no comorbid 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 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 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 £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.

- **0.8%** 5-10 years
- **1.2%** 11-15 years
- **6.2%** No mental illness
- **9.4%** Anxiety disorder
- **7.5%** Conduct disorder/ADHD/other
- **18.8%** 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.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
References

Page 3

• 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

Page 4

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

Page 5

• 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

Page 6

• 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
References

Page 7

Page 8
Department of Health (2014) Public mental health priorities: Investing in the evidence

Page 9

Page 10
• Mental health excess costs
  Department of Health (2013) Our children deserve better: Prevention pays
• NHS expenditure, early intervention and measured benefits

Page 13
• 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%)
References

Page 15

- *Anxiety disorders, causes and prevalence*
  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
- *Actions to manage anxiety*
  Department for Education (2016) Mental health and behaviour in schools: Departmental advice for school staff

Page 16

- *Prevalence of ADHD*
  ONS (2005) Mental health of children and young people in Great Britain, 2004 (Table 4.1)
- *ADHD prevalence, risk factors and outcomes*
  Centre for Mental Health (2015) Investing in children’s mental health
- *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
- *Actions to manage ADHD*
  Department for Education (2016) Mental health and behaviour in schools: Departmental advice for school staff
  NICE guidelines (2016) Attention deficit hyperactivity disorder: diagnosis and management
References

Page 16

• Only a minority of children receive evidence-based treatment
  Centre for Mental Health (2015) Investing in children’s mental health

Page 17

• Prevalence of conduct disorders
  ONS (2005) Mental health of children and young people in Great Britain, 2004 (Table 4.1)
• Conduct disorders outcomes
  Centre for Mental Health (2015) Investing in children’s mental health
• 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
• Actions to manage conduct disorders
  The British Psychological Society and the Royal College of Psychiatrists (2013) Antisocial behaviour and conduct disorders in children and young people: Recognition, intervention and management. NICE Clinical Guideline Number 158

Page 18

• Prevalence of depression
  ONS (2005) Mental health of children and young people in Great Britain, 2004 (Table 4.1)
• Prognosis
References

Page 18

- **Risk factors for depression**
  ONS (2005) Mental health of children and young people in Great Britain, 2004

- **Cost effectiveness of behavioural therapy and parents seeking medical care**
  Centre for Mental Health (2015) Investing in children’s mental health

- **Actions to manage depression**

Page 19

- **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**
References

Page 19

- **Costs associated with eating disorders**
  BEAT (2015) *The costs of eating disorders. Social, health and economic impacts*
- **Actions to manage eating disorders**
  BEAT (2015) *The costs of eating disorders. Social, health and economic impacts*
  Department for Education (2016) *Mental health and behaviour in schools: Departmental advice for school staff*

Page 20

- **Schizophrenia - prevalence, symptoms, risk factors and physical outcomes**
  National Collaborating Centre for Mental Health (2012) *Psychosis and schizophrenia in children and young people*
- **Costs associated with schizophrenia**
  Personal Social Services Research Unit, London School of Economics and Political Science (2011) *Mental health promotion and prevention: The economic case*
- **Outcomes and management for CYP with schizophrenia**
  National Institute for Clinical Excellence (2015) *Psychosis and schizophrenia in children and young people: Evidence update*

Page 21

- **Self harm - prevalence, risk factors, support and suicide risk**
  National Workforce Programme (2011) *Self-harm in children and young people handbook*
- **Self harm - costs of hospital admission**
  Early Intervention Foundation (2015) *Spending on later intervention: How we can do better for less*
• *Suicide - risk factors*

• *Suicide - actions to reduce suicides*
  National Confidential Inquiry into Suicides and Homicides by People with Mental Illness (2016) Suicide by children and young people in England
Picture credits

- Abuse by Dr Marilena Korkodilos
- Baby by Edward Boatman from the Noun Project
- Bone by Dr Marilena Korkodilos
- Brain by Chameleon Design from the Noun Project
- Boy’s silhouette by Dr Marilena Korkodilos
- Business people by Honnos Bondor from the Noun Project
- Children by Gilad Fried from the Noun Project
- Church by Creative Stall from the Noun Project
- Community by Dr Marilena Korkodilos
- Conversation by Michael Downey from the Noun Project
- Currency by Nimal Raj from the Noun Project
- Danger by Dr Marilena Korkodilos
- Degree by Dr Marilena Korkodilos
- Doctor by Megan Strickland from the Noun Project
- Drugs by Dr Marilena Korkodilos
- Drunk by Dr Marilena Korkodilos
- Education by Chris Matthews from the Noun Project
- Face by Dr Marilena Korkodilos
- Friend by Dr Marilena Korkodilos
- Girl and boy by Dr Marilena Korkodilos
- Genetics by Edward Boatman from the Noun Project
- Grave by Dr Marilena Korkodilos
- Heart by Chameleon Design from the Noun Project
- House by Dr Marilena Korkodilos
- Individual responsibility by CO. Department of Health Care and Policy Financing, US from the Noun Project
- Intestine by Dr Marilena Korkodilos
- Mental Health by Edward Boatman from the Noun Project
- Integrated health systems by CO. Department of Health Care and Policy Financing, US from the Noun Project
- Kidney by Edward Boatman from the Noun project
- Maze by Dr Marilena Korkodilos
- Money by Dr Marilena Korkodilos
- Medicine by Dr Marilena Korkodilos
- Pathway by Dr Marilena Korkodilos
- Partners by Dr Marilena Korkodilos
- Piggy Bank by Lloyd Humphreys from the Noun Project
- Pill by Dr Marilena Korkodilos
- Plan by Dr Marilena Korkodilos
- Prison by Dr Marilena Korkodilos
- Pregnant by OCHA Visual Information Unit by the Noun Project
- Puzzle by Becky Warren from the Noun Project
- Reflect by Dr Marilena Korkodilos
- Research by Dr Marilena Korkodilos
- Ribbon by Fission Strategy from the Noun Project
- School by Dr Marilena Korkodilos
- Search by Dr Marilena Korkodilos
- Skills by Rflor from the Noun Project
- Social Services by Edward Boatman from the Noun Project
- Student by Gerald Wildmoser from the Noun Project
- Swirl by Dr Marilena Korkodilos
- 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
- Treatment by Dr Marilena Korkodilos
- Thinking by Ahmed Sagarwala from the Noun Project
- Uterus by Max Paladii from the Noun Project
- Waiting room by Edward Boatman from the Noun Project
I am grateful to the following individuals for their comments/help with the report:

- Jake Abbas, head of local knowledge and intelligence services, PHE
- Shelley Aldred, programme lead, health and wellbeing, PHE London
- Gillian Bryant, senior health intelligence analyst, Mental health, dementia and neurology network, PHE
- Eustace de Sousa, national lead, children, young people and families, PHE
- Francesca Edelmann, senior knowledge transfer facilitator, knowledge and intelligence services (London), PHE
- Lucy Fordham, press officer, PHE London
- Gregor Henderson, director of wellbeing and mental health, PHE
- Lily Makurah, deputy national lead, mental health and wellbeing, PHE
- Claire Robson, public health delivery manager, children, young people and families team, PHE
- Clare Semke, regional communications manager London, PHE
- Wendy Nicholson, national lead nurse, children, young people and families, PHE
About Public Health England

Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Dr Marilena Korkodilos, deputy director, specialist public health services, PHE (London)

© Crown copyright 2016
You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit OGL or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published: December 2016
PHE publications gateway number: 2016417