The mental health of children and young people in London
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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
- Family disharmony, or break up
- Inconsistent discipline style
- Parent/s with mental illness or substance abuse
- Physical, sexual, neglect or emotional abuse
- Parental criminality or alcoholism
- Death and loss
- Bullying
- Discrimination
- Breakdown in or lack of positive friendships
- Deviant peer influences
- Peer pressure
- Poor pupil to teacher relationships
- Socio-economic disadvantage
- Homelessness
- Disaster, accidents, war or other overwhelming events
- Discrimination
- Other significant life events
- Lack of access to support services

**PROTECTIVE FACTORS**

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

10% of children aged 5-16 years suffer from a clinically significant mental health illness.

25% of children who need treatment receive it.

50% of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 14.

75% of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 24.

5x maternal depression is associated with a 5 fold increased risk of mental health illness for the child.

1.3x boys aged 11-15 years are 1.3x more likely to have a mental illness compared to girls aged 11-15 years.

60% of looked after children have some form of emotional or mental health illness.

18x young people in prison are 18x more likely to take their own lives than others of the same age.
The relationship between mental and physical health

- **12%** of young people live with a long term condition
- People with a chronic condition have a **2-6x** higher risk of mental health illness
- People with mental health illness e.g. schizophrenia or bipolar disorder die on average **16-25 years** sooner than the general population
- **50%** increased risk of mortality in people who are depressed
Building resilience (the ability to cope with adversity and adapt to change)

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

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

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

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

Compared to England: Better, Similar, Worse
About **111,600** children aged 5 to 16 years in London have a clinically significant mental health illness.

Numbers do not add up as individuals may meet the criteria for more than one category.
The rate of children aged 0-17 years being admitted to hospital in London (94.2 children per 100,000 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).

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

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

- **£31** Group therapy
- **£10** 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:
- 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

### Potential savings from each case prevented through early intervention:

<table>
<thead>
<tr>
<th>Level</th>
<th>Savings</th>
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<tbody>
<tr>
<td>Severe</td>
<td>£150,000</td>
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<tr>
<td>Moderate</td>
<td>£75,000</td>
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The cost of managing conduct disorders is very low relative to the potential benefits

Every £1 invested in the early years saves

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Cost</th>
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<td>Family nurse partnership</td>
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<td>Parenting programmes</td>
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<tr>
<td>School based interventions</td>
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<td>Whole school anti-bullying interventions</td>
<td>£14</td>
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</table>

Every £1 invested in adolescence saves

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggression replacement therapy</td>
<td>£22</td>
</tr>
<tr>
<td>Functional family therapy</td>
<td>£14</td>
</tr>
<tr>
<td>Multi-systemic therapy</td>
<td>£2</td>
</tr>
</tbody>
</table>

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 (%)
Depression is more common in girls aged 5-16 years

1.1
0.6

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 for Group therapy
- £2 for 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

### 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

### Interpersonal
Troubled relationships
Being bullied
History of abuse

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

### Actions to manage eating disorders include:
- **Prevention** through school-based peer support groups
- **Family therapy**
- **Cognitive-behavioural therapy**
- **Hospital care**
  - Inpatient or outpatient

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*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.

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<th>Family issues</th>
<th>Being abused</th>
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<td>Parental criminality</td>
<td>Parental separation or divorce</td>
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**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

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

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

Websites

- www.addfoundation.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
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- www.mind.org.uk
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- www.papyrus-uk.org
- www.place2be.org.uk
- www.rcpsych.ac.uk
- www.themix.org.uk
- www.youngminds.org.uk
Useful resources

Reports

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• 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
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- **1 in 5 of the most seriously affected will die prematurely**
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- 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
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- Swirl by Dr Marilena Korkodilos
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About Public Health England

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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)

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