

What does the bigger picture tell us? Predictors, Prevalence and Policy

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Key Policy

Mental health problems which begin in childhood and adolescence can have a range of negative impacts on individuals and families, which can continue into adult life unless properly treated. Successive Governments have pledged to improve mental health support for children and young people.

1. The 2010-2015 Coalition Government committed to improving mental health for children and young people, as part of its commitment to achieving “parity of esteem” between physical and mental health.
2. The 2011 mental health strategy, *No Health without Mental Health*, pledged to provide early support for mental health problems.
3. *Closing the Gap: priorities for essential change in mental health*, 2014, included actions such as improving access to psychological therapies for children and young people.
4. A Children and Young People’s Mental Health and Wellbeing Taskforce which set out ambitions for improving care over the next five years (*Future in Mind*) .

Future in Mind (March 2015) and additional funding

Key objectives include:

- ❖ tackling stigma and improving attitudes to mental illness
- ❖ introducing more access and waiting time standards for services
- ❖ establishing 'one stop shop' support services in the community focusing on schools
- ❖ improving access for children and young people who are particularly vulnerable.



Key Policy

In January 2017 the Prime Minister announced a package of reforms to improve mental health, which emphasised the importance of early intervention for children and young people. It included:

- ❖ new support for schools with secondary schools offered mental health first aid training and new trials to look at how to strengthen the links between schools and local NHS mental health staff
- ❖ a major thematic review of children and adolescent mental health services across the country, led by the Care Quality Commission, to identify what is working and what is not;
- ❖ a new green paper on children and young people's mental health to set out plans to transform services in schools, universities and for families; and to eliminate inappropriate placements to inpatient beds for children and young people by 2021.

Making sense of it all

- Focus on education and mental health provision in schools
- Greater focus on prevention and early intervention
- Greater collaboration /liaison between school and NHS staff
- Providing more care to those who need it – service expansion
- Improved access to support and psychological therapies
- Appropriate and improved crisis care for young people
- Specialist pathways for eating disorders
- Greater investment in perinatal mental health

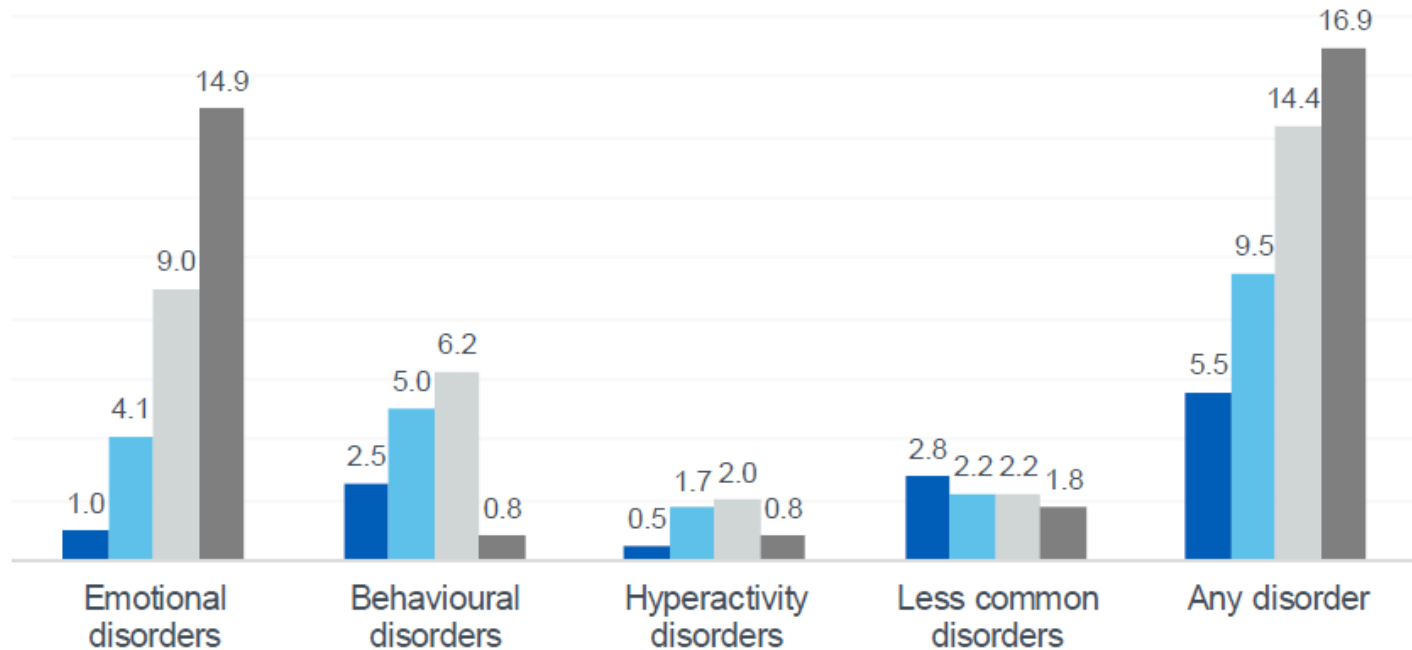


Key messages around prevalence

- **1 in 8** (12.8%) 5 to 19 olds had at least **one mental disorder** when assessed in 2017
- Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. **Emotional disorders were the most prevalent** type of disorder experienced by 5 to 19 year olds in 2017 (8.1%)
- **Rates of mental disorders increased with age** 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds.
- **Emotional disorders** have become **more common** in 5 to 15 year-olds – going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017. All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999

Rates of different types of disorder in 5 to 19 year olds by age

Per cent ■ 2 to 4 year olds ■ 5 to 10 year olds ■ 11 to 16 year olds ■ 17 to 19 year olds



Preschool children:

One in eighteen 2 to 4 year olds had a disorder

Among 2 to 4 year olds, boys were more likely than girls to have a disorder



6.8%

4.2%



Primary school years: one in ten 5 to 10 year olds had a disorder

Among 5 to 10 year olds, boys were
about twice as likely as girls to have a
disorder



12.2%

6.6%



Secondary school years: One in seven 11 to 16 year olds had a disorder

Among 11 to 16 year olds, boys
and girls were equally likely to
have a disorder



14.3%

14.4%



Transitioning to adulthood: One in six 17 to 19 year olds had a disorder

Girls aged 17 to 19 were more than twice as likely as boys that age to have a disorder



10.3%

23.9%



Trends

- **Ethnic group** - Rates of disorder in 5 to 19 year olds varied between ethnic groups and tended to be higher in White British children and lower in those who were Black/Black British or Asian/Asian British.
- **Socioeconomics** - Mental disorders tended to be more common in children living in lower income households. This was evident for emotional, behavioural and autism spectrum disorders, but not for hyperactivity or eating disorders.
- **Sexual identity** - Young people who identified as lesbian, gay, bisexual or with an other sexual identity were more likely to have a mental disorder (34.9%) than those who identified as heterosexual (13.2%).
- **Family functioning** – Poorer family functioning was associated with the presence of mental disorder.
- **Parent's mental health** - Rates of mental disorder tended to be highest in children living with a parent with poor mental health, or in children living with a parent with a disability.

Trends

- **Adverse life events** - Children with a mental disorder were more likely to have experienced adversity such as parental separation or abuse.
- **Social support and participation** - low levels of social support and smaller social networks were also associated with higher levels of prevalence.
- **Mental and physical health and impairment were closely interrelated** – children with a mental health disorder were more likely to have poor physical health, limited long term conditions or developmental problems.

Those with a diagnosed disorder were also more likely to have low self-esteem, have experienced bullying, engage in risk behaviours such as smoking, alcohol and drug use and spend more time on social media.

References

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