Mental and emotional health and wellbeing

Introduction

The emotional wellbeing of children is fundamental to their future health and life chances. Undiagnosed and untreated emotional and mental difficulties impact negatively on a child's development and are the leading cause of disability in young people and present a challenge for families and the wider community.[i]

Mental health is defined as: "A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".[ii]

Emotional wellbeing is defined as: "A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."[164]

Mental ill-health is defined as "a clinically recognisable set of symptoms or behaviour associated in most cases, with considerable stress and substantial interference with personal function".[iii,iv]

The burden and impact of mental ill health on children and young people nationally is:

- Approximately 10% of adolescents suffer from a mental health problem at any one time.[v]
- 50% of people with lifetime mental health problems experienced their first symptoms by the age of 14 and 75% before they were 18 years.[167, vi]
- 25% of children are likely to have some sort of mental health problem from mild anxiety to a mental disorder requiring complex treatment.[vii]
- The short terms costs of emotional, conduct and hyperkinetic disorders among children aged 5-15 to be £1.58 billion and the long term costs £2.35billion each year.[167]

Risk factors and vulnerable groups

Resilience and vulnerability are not individual personality characteristics, but are closely related to socioeconomic factors.[viii] Age, gender, class, race/ethnicity, disability, sexuality and physical health influence risk and protective factors for mental health and the way in which mental distress is expressed. The relative impact of population characteristics is in turn affected by wider factors: the experiences of childhood, old age, coming from a working class family, belonging to a Black or Minority Ethnic community, being gay or lesbian, living with a physical or learning disability or suffering from chronic illness vary considerably. Fiscal policy, welfare benefits, housing, education, legislation on age, racial and sex discrimination all contribute to the mental health impact of growing up.[164]

In adolescence, protective factors include attachment to school, family and community, positive peer influence, opportunities to succeed and problem solving skills. 'Social capital' indicators (friends, support networks, valued social roles and positive views on neighbourhood) predict onset and persistence of emotional and behavioural disorders.[164]

Table 23 identifies groups known to have a higher risk of poorer mental ill health.

Table 23: Risk factors for mental ill-health in children and young people.

Vulnerable groups	• Children in care • Children in need of protection (including children subject to abuse), • Refugees or asylum seekers • Young carers
Education/ employment	• Young People Not in Education or Employment Training(NEET) • Low educational attainment
Family risks for child and young person	• Parental Unemployment • Parental mental health • Single-parent household • Low income households • Living in rented accommodation
Lifestyle	• Substance misuse • Teenage parent • Youth offender
Health	• Physical illness • Disabilities
Demography	• Children and young people from BME communities • Sexuality – Lesbian, Gay, Bisexual, Transgender

What is the evidence base?

NICE have produced guidance on the social and emotional wellbeing for children and young people[ix] and recommends that arrangements are put in place for integrated commissioning of universal and targeted services for under-5s. This includes services offered by general practice, maternity, health visiting, school nursing and all early years providers and children and families with multiple needs have access to specialist services, including child safeguarding and mental health services.

For children in primary education:

- There should be developed and agreed arrangements to ensure all primary schools adopt a comprehensive whole school approach to children's social and emotional wellbeing. They should provide specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems.
- Include social and emotional wellbeing in all relevant local and school policies for attaining improved outcomes for children and young people.

Secondary education:

- All secondary education establishments to adopt a comprehensive organisation-wide approach to promote the social and emotional wellbeing of young people. This should encompass organisation and management issues as well as the curriculum and extra-curricular activities.
- Ensure secondary education establishments have access to the specialist skills, advice and support they need.

NICE also recommend that local authority scrutiny committees for health and wellbeing should review delivery of plans and programmes designed to improve the social and emotional wellbeing of vulnerable children and assess the progress made by education establishments in adopting an organisation-wide approach to social and emotional wellbeing.

The Department of Health and Public Health England have produced guidance for schools nurses and health visitors and recommend that, along with partner agencies, they have a crucial role in positive mental health within a family context and in creating confident communities[x]. The guidance ensures emotional health and wellbeing is promoted and ensures that seamless services are provided. The following need to be addressed:

- Raising the profile of health visitors and school nurses' contribution to emotional wellbeing and mental health.
- Developing guidance / tools for transition with clear role definition for health visitors and school nurses to ensure clear transition pathways.
- Actively engaging promoting transition points across the life course for children and young people – providing a joint and holistic approach to support the child and family.
- Ensuring shared training opportunities and regular updating of resources.
- Ensuring effective support during transition paths.

Local picture

Pre-school children

In 2007, a local Mental Health Needs Assessment for the under 5s reported 2,657 0-4 year olds having psychological problems, a prevalence of 20%. This was lower than expected given Luton's levels of poverty and the numbers of vulnerable families. Of 194 participants, almost half (48%) had an issue related to emotional wellbeing and a third due to neglect (36%). Luton's high birth rate is likely to have a significant impact on future planning and capacity of services.[xi]

School age children

The estimated prevalence of mental health disorders for children and young people aged 5-16 years in Luton is 9.82% compared with 9.6% in England (Figure 43). This is slightly lower than comparator

areas with the exception of Slough. Early intervention for mental health is key to a positive and successful long-term prognosis.[168]

Figure 43: Estimated prevalence of any mental health disorder: % population aged 5-16 (2013)
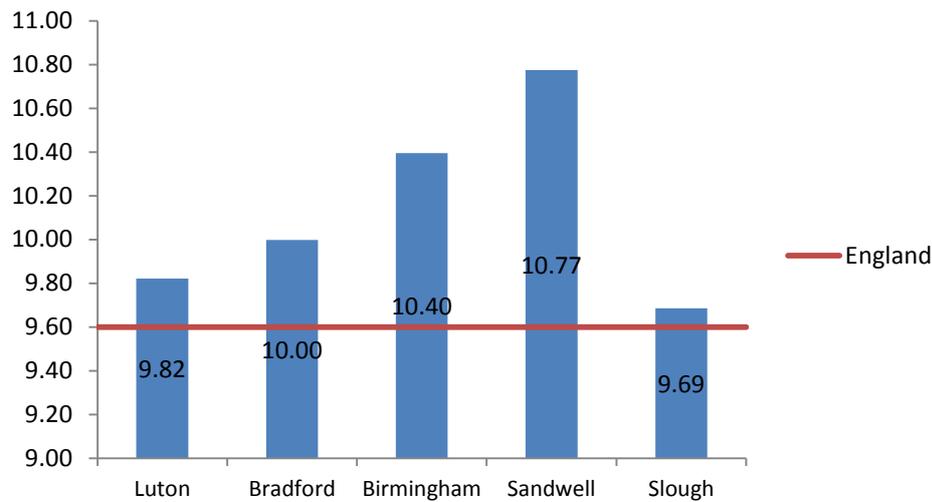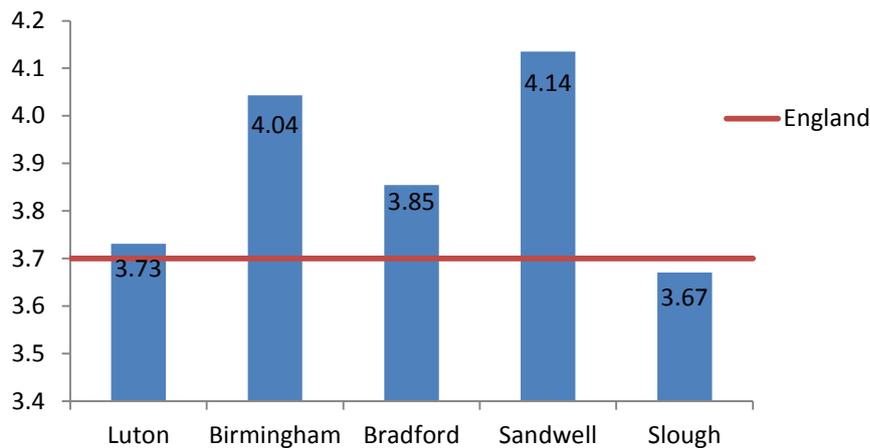

Source: PHE

It is more likely that older children and adolescents will be identified as experiencing classifiable mental health disorders as these tend to manifest more often in adolescence if mental health problems and risk are not resolved earlier in childhood.

For young people aged between 17-19 years, prevalence estimates indicate 1,898 young people have diagnosable mental health disorders in Luton. More than two thirds of these are young women with their mental ill-health stated as 'mixed anxiety depression'.[xii]

Whilst there is no local evidence to suggest that ethnicity by itself is a risk factor for mental ill-health, the impact of ethnicity on mental ill-health is complex. There is national evidence to suggest that there are inequalities in accessing mental health services from BME communities and this affects all age ranges including children and young people.[xiii]

The estimated prevalence of emotional disorders for children and young people aged 5-16 years in Luton is 3.73% compared with an England average of 3.7% (Figure 44). For children with normal development and for children with developmental delays, high quality early intervention services have been shown to positively impact outcomes across developmental domains.[xiv]

Figure 44: Estimated prevalence of emotional disorders: % population aged 5-16

Source: PHE

What is being done locally?

East London Foundation Trust currently provides child and adolescent mental health services (CAMH) services for Luton.

The Tier 2 service focuses on early detection through schools and children's' centres by identifying children who may be at risk of mental ill-health or showing signs of emotional health and wellbeing issues and allowing schools to directly commission additional CAMHs services to support a child requiring additional support. There is a children and young people's Increasing Access to Psychological Therapy (IAPT) service and a single access route to services to improve service access.

Training is to staff in cognitive behaviour therapy (CBT) or CBT-based parent training for individuals and groups.

Tier 3 service focuses on specialist work for children and young people with complex, severe and/or persistent needs.

LCCG will commission multi-disciplinary teams and a range of assessment and treatments for children and young people with complex mental health problems or learning disabilities for specialist tiers. This can involve individual, joint work or medication related treatments, often working with other professionals.

Views of children and young people

In 2011, Relate Bedfordshire and Luton surveyed 890 young people (30% in Luton, 267) aged between 6 and 23 years across the county about their main health and wellbeing concerns[xv]. Questions were asked about their perception of counselling and wellbeing services. The results showed:

- Females had greater concerns about body image and self-esteem compared with males.
- The nature of concerns varied by age group.
- Up to 13 years of age: bullying, family relationships, puberty and physical development.
- Aged 14-17 years: drugs and alcohol, crime and violence, peer pressure, sex pressure.

- 16-19 year olds: relationships, jobs, money and drug issues.

Priorities

Carry out a CAMHS needs assessment to:

1. Develop prevention and early intervention programme for both children and their families to prevent mental health problems escalating and therefore reduce avoidable demands on services with specific focus on adolescent resilience.
2. Ensure there is a universal and targeted programme of mental wellbeing support is commissioned across general practice, maternity, health visiting, school nursing and children's centres.
3. Continue to survey mental health needs of children and young people to build an evidence base upon which to commission improvements and carry out an annual audit of services and expenditure.

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