Children and young people's mental health has never been so high on the public agenda. But it's vital that we have the basic facts if we are to see realised our vision of better mental health for all children, wherever they live, whatever their background or class. The Elliot Simmons Foundation have generously supported the creation of this fact sheet to ensure that everyone in the conversation has access to the best evidence.

### Mental health spectrum tool

At any one time, a child or young person may be anywhere on a spectrum between being healthy and unwell. Many children move along the spectrum at different times.

Every year, one young person in ten experiences a mental health problem.

75% of adults with a diagnosable mental health problem experience the first symptoms by the age of 24.  
(Kessler et al., 2005; McGorry et al., 2007)

5% children aged 5-10 have conduct disorder; this increases to 7% as young people approach secondary school years.  
(Green et al., 2005)

Severe and persistent behavioural problems starting before secondary school years which go unsupported can have long term impact on children's mental health and life chances.  
(Brown et al., 2012)

Suicide is the largest cause of mortality for young people under 35.  
(Papyrus, 2018)

Among LGBT+ young people, 7 out of 10 girls and 6 out of 10 boys described experiencing suicidal thoughts. These children and young people were around 3 times as likely as others to have made a suicide attempt at some point.  
(Statham et al., 2012)

Children from low-income families are 4 times more likely to experience mental health problems than children from higher-income families.  
(Morrison Gutman et al., 2015)

They can generate benefits of at least £3 for every £1 invested.  
(Parsonage et al., 2014)

Group parenting programmes for conduct disorder in young children are effective.
Young people in the youth justice system are 3 times more likely to experience a diagnosable mental health condition than children who don’t offend. (Mental Health Foundation, 2002).

Children affected by learning disabilities are:
- 6 times more likely to experience conduct disorder;
- 4 times more likely to have a diagnosable emotional mental health problem;
- Nearly 2 times as likely to experience a depressive episode. (Emerson & Hatton, 2007)

Young people in the youth justice system are 3 times more likely to experience a diagnosable mental health condition than children who don’t offend. (Mental Health Foundation, 2002).

In 2015, 22% of young people aged 15 reported having ever self-harmed (Brooks et al., 2015). Young women in this age group were 3 times more likely to self-harm than young men. (Hawton et al., 2002).

PTSD affects around 1 in 10 children and young people with refugee histories which is twice as high as rates among children from non-refugee communities. (Almqvist & Brandell-Forsberg, 1997; Sack, et al., 1999).

In the last 20 years, young women’s experiences of anxiety and depression have increased by around 38%, whereas young men’s experiences of the same conditions have decreased by around 2% in the same period. (McManus et al., 2009)

Men and women from African Caribbean communities have a higher risk of being affected by some mental health difficulties. Young men from these communities are more likely to receive mental health support through criminal justice routes rather than through health routes. (McManus et al., 2009)

Young South Asian females in the UK seem to have a particularly raised risk of self-harm.* (Hawton & James, 2005)

*But good quality data remains poor

Every £1 spent on group cognitive behavioural therapy for anxiety in adolescence produces benefits of nearly £7. (WSIPP, 2018)

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If you’re struggling and would like to speak to someone, please reach out to:

- Childline: 0800 1111 / www.childline.org.uk
- Papyrus: 0800 068 4141 / www.papyrus-uk.org / pat@papyrus-uk.org
- The Mix: 0808 808 4994 / www.themix.org.uk

YoungMinds has lots of information: www.youngminds.org.uk and a parents’ helpline: 0808 802 5544