



Executive summary

Missed opportunities: children and young people's mental health

Introduction

Mental health problems affect around one in ten children and young people, rising to one in five young adults. Childhood mental health problems are common, damaging, costly and persistent. They cause distress to children, young people and their families and often cast a very long shadow over children's lives.

During childhood and early adolescence poor mental health most commonly presents through severe behavioural problems (mainly affecting boys). From mid-adolescence onwards, emotional conditions (depression, anxiety and self-harming behaviours) become much more common, this time affecting more young women.

There is good evidence on what gives children and young people the best start in life in terms of their mental wellbeing, on the risk factors which compromise healthy emotional and behavioural

development, and on the particular children at greater risk due to an accumulation of these risk factors.

There is also a clear steer on what works to support children and young people with mental health needs and on the very real difference that can be made to their life chances by intervening at the very first sign of symptoms. Despite this, research suggests a **ten-year average delay** between the time that young people first experience symptoms and receive help. Furthermore, only a quarter of school-age children with a diagnosable problem receive any intervention at all, despite most parents of these children seeking professional advice. And, when children and families do seek help, they are frequently confused by a maze of largely fragmented services and often face lengthy delays to get the help they need.

There is currently contradictory evidence on whether children and young people's mental health is stabilising or deteriorating, although there are some

tentative signs of a decline in young women's wellbeing.

This document seeks to piece together the evidence about children and young people's mental health and wellbeing in the UK, based on the most recent high quality research. It breaks down findings into four age groups: pregnancy to age 4; children aged 5-10; 11-15 year olds; and young adults aged 16-25.

Access to help

For all age groups, a dominant issue has been the persistent gap between children's needs and their access to help and support, especially early on when difficulties with mental health first emerge. Getting help at the first sign of symptoms is critical, and yet at every age, only a minority of those with diagnosable mental health problems receive help to address them. Stigma can create a 'conspiracy of silence' about mental health difficulties which prevents older children from seeking help or disclosing distress. Poor mental health literacy is another major barrier for parents, children, teachers and other professionals, causing uncertainty about whether there is a need to seek help and prompting delays. Many parents, children and professionals do not know what help is available or how to get it; they find services off-putting, unappealing, frightening or experience lengthy periods waiting to get help.

1. Pregnancy to four year olds

Good mental health and wellbeing in under five year olds is shaped very early on at the first spark of life, and is determined by a complex interplay between genetic make-up and exposure to risks and protective factors in the environment.

During pregnancy, poor maternal mental health, over-exposure to excessive stress hormones and also to some substances (e.g. tobacco and alcohol) can have a toxic effect on a child's brain development and later mental health. After birth, a healthy attachment to a care-giver helps to protect babies from adversity and stress: acting as a 'buffer' with the world outside and slowly helping infants self-regulate

in the face of adversity and frustration. For toddlers, positive proactive parenting (e.g. involving praise, encouragement and warmth) and the absence of harsh, rejecting and coercive parenting are associated with better child mental health and wellbeing.

Infants and toddlers facing greater risk of poor mental health include those whose mothers have untreated mental health problems, whose parents misuse substances, who are subject to maltreatment and neglect, and who live in prolonged poverty. It is the number of risks and their multiplicative effect over time that undermines children's developing mental health (rather than any one particular risk factor).

A range of interventions can help to protect mental health from pregnancy to age five. Most need to be targeted towards families who have the highest risks or children who are showing early signs of distress. They include home visiting programmes for parents facing high risks (such as Family Nurse Partnerships); effective treatment for maternal mental ill health; and group parenting programmes for children with behavioural problems (such as Triple P).

2. Five to ten year olds

During primary school years, family environment, with all its associated strengths and risks, remains an important influence on children's mental health. However, a majority of children also now experience daily exposure to a new and highly significant environment – school. Early educational environments have the potential to provide new, nourishing and potentially protective experiences. But they can also expose children to additional risks. Schools, and the tasks they require of children, can be the context within which difficulties first begin to surface or become entrenched.

Bullying is a major risk factor for poor mental health during primary school years. Being a target of bullying in childhood not only jeopardizes young victims' mental health and wellbeing at the time, but also has significant negative lifelong effects on mental health as

well as on a range of other different areas of adult life. And children who are both bullied and bully others face higher risks of poor outcomes in adult life, including imprisonment and suicide.

Most children aged 5-10 enjoy good mental health but just over **two children in every primary school class will have a diagnosable mental health condition**. Many more will have borderline difficulties. Some children continue to face higher risk of poor mental health due to exposure to serious, prolonged or multiple risks in family and school environments (e.g. maltreatment and victimisation in both home and school). At this age, boys are more likely to have problems which meet the threshold for diagnosis than girls. And for some children in this age group difficulties can further multiply and become entrenched, which in turn raises the risk of poorer life chances.

Schools are one of the few contexts within which universal programmes to prevent mental health problems have been noted to result in population-level improvements, especially during primary school years. To be successful, mental health-promoting and anti-bullying approaches need to be threaded through the entire curriculum and embedded in school culture. Activity needs to be backed up by well-implemented policies, good relationships with parents, whole school training and commitment to being a mentally healthy school, parallel concern for teachers' mental health, swifter identification and good access to both in-house and community resources to ensure timely support.

Many evidence based programmes focus on improving social and emotional awareness and helping young people to improve their ability to self-regulate when faced with worries, frustration and setbacks. Proven programmes (like Social and Emotional Learning) need to be reproduced faithfully, not adapted or dipped into, and delivered by well trained and supervised staff. This can often be challenging for schools preoccupied with prioritising national curriculum targets even if in the longer term, these programmes promote educational attainment.

3. 11 to 15 year olds

Mental health difficulties begin to increase during teenage years. During secondary school, **one child in eight will have one or more mental health conditions at any time**. The number of children (mainly boys) with severe behavioural problems is higher among this age group; rates of anxiety, depression and self-harm (mainly affecting girls) are also higher. It is also during this age that most early symptoms of adult mental illness (including psychosis) begin, and evidence indicates that if we can limit the length and the recurrence of episodes of mental illness during adolescence, there is a lower risk of problems extending into adult years. Despite this, teenagers tend to be less likely to know when their mental health is deteriorating and feel stigma keenly.

Self-harm is also relatively common in this age group, especially among girls, LGBT young people and those with a diagnosable mental health condition. It is an important risk factor for suicide (particularly if accompanied by depression) among older teenagers.

Some studies have found rising levels of emotional problems and deteriorating life satisfaction among girls in this age group. Recent surveys suggest that girls are concerned about media-driven pressures to be thin, sexual harassment, harmful content online and academic pressures. Many also report being worried about their mental health or that of their friends.

Misuse of alcohol, smoking and drug taking are all associated with poorer mental health in this age group. There are encouraging signs that alcohol and substance misuse have been decreasing over the last decade; however, for those who continue, reliance and binge drinking may be getting worse creating greater inequalities between high and low risk children and young people.

Some young people in this age group face a particularly high risk of poor mental health, including:

- Those who are bullied at secondary school;
- LGBT young people (who also face higher levels of bullying);

- Young people who offend or join gangs;
- Those in care or with a parent in prison;
- Young carers;
- Young people excluded from school;
- Migrants and refugees;
- Those with a long term illness/disability;
- Those experiencing family conflict;
- Children in the lowest socio-economic group.

If approaching a professional, just under half would approach a teacher or member of school staff. Generic counselling services tended to be preferred to more formal mental health, clinical services or cognitive behavioural approaches. This tendency to dislike clinical services presents a difficulty as these health-based interventions (e.g. cognitive behavioural therapy) often have the best chance of helping young people recover from depression, bulimia, trauma and anxiety-related illnesses.

Young people generally value help that is genuine, warm, confidential, non-patronising, that co-produces solutions and builds on strong relationships.

Whole school approaches that create a mental health-promoting environment and secure the commitment of the entire school workforce have been found to promote the best outcomes, to improve coping skills and to reduce risk-taking.

4. 16 to 25 year olds

During young adult years, there is a significant increase in self-harm, depression, anxiety and eating disorders, and for the first time diagnosable mental health difficulties are overall more common in young women as opposed to young men. Adolescence and young adult years are the peak age for the first onset of adult mental health problems. This is also the stage at which the effects of childhood abuse and trauma may result in mental health crisis. **Three quarters of adults with a diagnosable mental health problem will have experienced first symptoms of poor mental health by the age of 24.** It is also at this time that more severe mental health diagnoses emerge, such as psychosis and personality disorders.

Around 20% of 16-25 year olds will experience a diagnosable mental health problem.

This stage provides vital opportunities for intervention. There is good evidence that intervening early in the course of many mental illnesses can significantly reduce later impairment – including for serious illnesses such as psychosis. Yet studies show that many people with mental illnesses fail to receive help for around a decade after first symptoms emerge.

Suicidal thoughts were most likely to be reported in this age band. There was also evidence of a significant increase in self-harm between 2000 and 2007 – mostly affecting young women. This age group is also more likely to screen positive for PTSD with males being more likely than females at this age to have higher rates of trauma symptoms (considered to be linked to higher risk of being violently attacked among young adult males).

Women are the most likely to have an eating disorder but only one in five is likely to be in receipt of treatment; this is despite the fact that poor outcomes have been associated with later presentation to services for anorexia nervosa. The evidence base for effective responses to eating disorders is also still developing.

Groups of young adults with the highest risks of poor mental health include:

- Young adults leaving the care system;
- Young people not in employment, education or training;
- Those in the criminal justice system;
- Homeless young people;
- Some groups of BME young people;
- Early military service leavers.

Young adults as a whole are the most likely age group to develop mental health problems, but least likely to recognise that they have a problem that might benefit from treatment. They are most likely to think that they should handle mental health problems themselves with between a third and just under a half of those with serious mental health difficulties in some studies believing this to be the best course of action. For this age group, friends, digital

sources and intimate partners often become frequent sources of help. Once again, **males were much less likely than females to seek help, sometimes with tragic results.** Those who do seek formal help, or who need continuity of support from early teenage years, can be faced with frustrating gaps between child and adult services which are counterproductive to recovery and progress.

Conclusion

All of the evidence reviewed for this report points to the importance of supporting families and schools to build firm foundations for children's mental health, and of offering effective help for any age at the first signs of difficulty.

Too often, opportunities to offer timely and effective support to children and their families are being missed. Typically, in the ten years many young people wait to get help with mental health difficulties, problems become entrenched and (for many young people) escalate until they reach a crisis.

The longer a young person is left without help for a mental health problem, and the more often it recurs, the more it is likely to cast a shadow

over their entire life. Early high-quality help, offered quickly and combined with ongoing support to prevent problems coming back, is essential. It is never too late to offer effective help to a young person in distress, but the earlier it is offered, the less it is likely to impact on their future health, wellbeing and life chances.

This review has also identified that some children and young people face greater risks of mental health problems than others. Many children face multiple risks that accumulate from early childhood into adolescence and adult life. Especial efforts are needed to support those at greatest risk and look out for the early signs of distress.

The implications of the evidence we have brought together are far-reaching. They point to the need for whole system ownership of and investment in children and families' mental health, from the first spark of life through to early adulthood. They illustrate the importance of raising awareness and mental health literacy among families, schools and young people themselves. And they highlight the importance of making effective help more accessible, more proactive, and more responsive.



**Three quarters of parents of children with a mental health problem seek help...
 ...but only one quarter of children receive NHS support.**
 (Green *et al.*, 2005)



There is an average 10-year delay between young people displaying first symptoms and getting help.
 (Wang *et al.*, 2007)

Missed opportunities

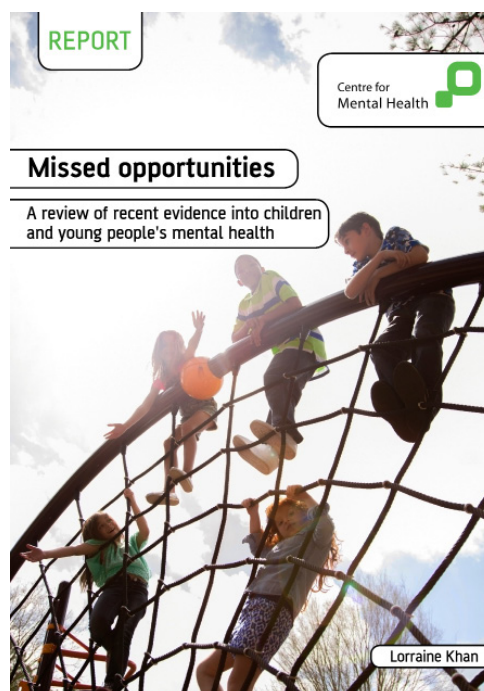
This is a chapter from the report **Missed opportunities: a review of recent evidence into children and young people's mental health** by Lorraine Khan. For the full report, or the reference list, please visit www.centreformentalhealth.org.uk/missed-opportunities

Photograph: Pamela Moore

£10 where sold

Centre for Mental Health is an independent charity and relies on donations to carry out further life-changing research. Support our work here: www.centreformentalhealth.org.uk

© Centre for Mental Health, 2016
Recipients (journals excepted) are free to copy or use the material from this paper, provided that the source is appropriately acknowledged.



Centre for
Mental Health



Realising a better future

Centre for Mental Health

134-138 Borough High Street, London SE1 1LB

Tel 020 7827 8300

Fax 020 7827 8369

www.centreformentalhealth.org.uk

Charity registration no. 1091156. A company limited by guarantee registered in England and Wales no. 4373019.