

3.6 Children and adolescent mental health

Mental health problems in childhood and adolescence can have tragic circumstances, including suicide, substance misuse, inability to live independently, on-going mental health issues involvement in the criminal justice system, failure to complete school and other health problems.

Children from the poorest fifth of areas in England (including Barking and Dagenham) are three times more likely to suffer from mental health problems than those in the most affluent fifth of boroughs. Also looked-after children (LAC) and children with learning disabilities (LD) are more likely to suffer mental health problems than other children. Nationally it is estimated that around 68%¹ of looked after children in residential care have mental health problems, however for those in stable placements reported mental health is similar to health in the general child population.

Looked after children (LAC)

There are currently over 92,000 Looked-after Children (LAC) in the UK. Looked after children have the same health risks as their peers but the extent is often exacerbated due to their previous experiences. Looked after children show significantly higher rates of mental health issues, emotional disorders (such as anxiety and depression), hyperactivity and autistic spectrum disorder conditions. Research has demonstrated that LAC have greater health needs than other children², but often struggle to access services with previous studies showing that 45% of LAC have mental health problems (MHPs), but only 44% of these children are known to Child and Adolescent Mental Health Services (CAMHS) (Beagley, et.al. 2014).

As of 31 March 2015, Barking and Dagenham was the “corporate parent” for 457 children. This was comparable with the previous year (457 in 2013/14) but an increase on the 2012/13 and 2011/12 figure of 420 and 427 LAC respectively. The rate of LAC per 10,000 children under 18 years old from 78 in 2011 has increased to 80 in 2015. Applying national research prevalence figures to Barking and Dagenham suggests that approximately 206 of our LAC would have experience of some form of mental disorder.

The emotional and behavioural health of children looked after is assessed through the completion of the Strengths and Difficulties Questionnaire (SDQ) for each looked after child from parents or carers collected by social workers. All local authorities are required to monitor the mental health of looked after children using mean Strengths and Difficulties Questionnaire (SDQ) and data is submitted to the Department of Education annually along with other LAC outcome data. Good performance is a low SDQ score.

¹ Beagley, E, Hann, G, Bustani, N, 2014. ‘G156(P) Mental Health Needs of Looked After Children in One of the Most Deprived Boroughs in England [online] available from: http://adc.bmj.com/content/99/Suppl_1/A69.1.abstract [Accessed 9th July 2015]

In 2014/15, Barking and Dagenham submitted 183 score for LAC out of 235, a coverage rate of 78%. This is above the national average of around 68%. Table 3.6.1 shows the average SDQ of LAC also fell slightly to 14.7 compared to 14.9 in 2013/14, slightly higher than national and similar areas. We have, however, significantly closed the gap on national and SNs with the average SDQ LAC score declining from a high average of 18.6 back in 2009/10.

Table 3.6.1 SDQ scores for LBD 2009/10 to 2014/15, Statistical Neighbours, London and National average 2014/15

	Barking and Dagenham						SN Average	National Average	London Average
Year	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2014/15	2014/15	2014/15
SDQ Score	18.6	18.4	18.4	13.5	14.9	14.7	13.8	13.9	13.4

Analysing the SDQ data shows that for 2014/15, the range of SDQ scores is wide, varies from 1 to 35 (Table 3.6.2). Over half 58% of LAC had an SDQ score of 15 or below with 42% having a SDQ score above the local authority average.

Table 3.6.2 Range of SDQ for male and female, LBD 2014/15

Gender	Average	Lowest	Highest
Male	15	1	31
Female	14.4	3	35

Table 3.6.3 shows that 17 and 12 year old LAC reported the highest averages SDQ score, 18.1 and 17.8 respectively.

Table 3.6.3 Average, lowest and highest SDQ score by age, LBD, 2014/15

Age	Average	Lowest	Highest
5	14.7	8	24
6	15.7	6	26
7	14.3	7	30
8	13.8	1	29
9	15.9	6	24
10	12.6	6	25
11	14.7	4	29
12	17.8	7	35
13	12.6	4	25
14	15.0	4	31
15	13.1	3	34
16	15.5	6	32
17	18.1	5	31

Examining gender (Table 3.6.2 above) and ethnicity (Table 3.6.4) shows that males were more likely to report a higher SDQ score and white British LAC had the highest average SDQ score at 15.5, compared to 'Other' which is 12.3.

Table 3.6.4 SDQ scores (average, lowest and highest) by ethnicity, LBB, 2014/15

Ethnicity	Average	Lowest	Highest
White British	15.5	1	34
White Other	15.1	3	30
Black African	13.0	4	35
Black Other	14.1	5	22
Asian	14.5	10	23
Mixed	13.7	5	25
Other	12.3	4	22

Mental health disorders in children and adolescents

Some of the more common mental health problems affecting children and adolescents are depression, anxiety, behaviour disorders and attention deficit and hyperactivity disorder (ADHD). Increasing children and adolescents' self-esteem are more likely to develop mental health problems.

In Barking and Dagenham it is estimated that 4500 children and adolescents with a diagnosable mental health problems. The conditions with the highest prevalence rate in Barking and Dagenham are emotional disorders, conduct disorders and hyperkinetic disorders³.

Most mental illnesses begin before adulthood and often continue throughout life. Half of all lifetime cases of diagnosable mental illness begin by age 14, and three-quarters by mid-20s, therefore early intervention and prevention are important. In terms of the burden of disease, mental illness is the single largest cause in the UK. This has a huge impact on society.

Mental health has a considerable impact on other areas of the public health agenda, as lifestyle risk factors such as smoking and hazardous alcohol consumption are significantly greater in people with mental health problems than the general population.

Also those with long term conditions are significantly more at risk from mental health problems than people that don't suffer from long term conditions. In Barking and Dagenham with our population having poor health this could be a significant issue as many people have a long-term condition.

NICE has issued three guidance documents relating to children and young people's emotional wellbeing.

³ Barking and Dagenham Mental Health Needs Assessment (2015) [online] available from: <https://www.lbbd.gov.uk/residents/health-and-social-care/health-and-wellbeing/mental-health/mental-health-needs-assessment/> [accessed 12 July 2015]

Public Health Guidance 28⁴ promotes the quality of life of looked after children and young people and encourages educational achievement, supporting transition to independent living, meeting particular needs of LAC (e.g. BME, disabilities) and putting the LAC at the heart of decision making.

Public Health Guidance 12⁵ and Public Health Guidance 20⁶ offer evidence on social and emotional well-being in primary and secondary education settings. Recommendations for primary settings include providing secure environments that prevent bullying and promote support for children and families, programmes to develop children’s social and emotional wellbeing, planning activities to develop children’s social and emotional skills and to train staff to identify signs of social and emotional problems in children.

The guidance on secondary education recommends that establishments should have access to specialist skills required, that practitioners have knowledge and skills to develop young people’s social and emotional wellbeing, that a safe environment is provided which encourages self-worth and reduces the threat of bullying and promotes positive behaviour and that social and emotional skills education is tailored to the young person’s needs.

Local services

In Barking and Dagenham services for child and adolescent mental health are organised in 4 tiers in line with NHS England 2014⁷

Table 3.6.5: Children and Adolescent Mental Health Tiers

Tier	What is provided and by whom
Tier 1	Universal services to assess and support children and young people who have a mental health problem; provided by GPs, health visitors, schools, early years provision, children’s centers.
Tier 2	Targeted services for children and young people with milder problems and those at risk of developing mental health problems; provided by Youth Offending Teams, Looked After Children’s teams, pediatric psychologists based in acute settings.
Tier 3	Specialist services accessed by referral from GPs, schools and other agencies; provided by multidisciplinary teams of child and adolescent mental health professionals and parent and infant mental health professionals.
Tier 4	Specialised CAMHS providing day and inpatient services and some highly specialist outpatient services.

CAMHS services in Barking and Dagenham are provided by North East London Foundation NHS Trust and are available to children from 5 years old.

⁴ <http://www.nice.org.uk/guidance/ph28>

⁵ <http://www.nice.org.uk/guidance/ph12>

⁶ <http://www.nice.org.uk/guidance/ph20>

⁷ NHS England(2014) CAMHS The forward view into action: planning 2015/16

Tier 1

A school counselling service is available in the borough and across all schools.

Tier 2 and 3

The Listening Zone (TLZ) which is the young people's counselling service available to those aged between 14 and 21 who live or study in the borough, and is consistent with Tiers 2 and 3 above. This operates via self-referral and by referral from a range of professionals. Counselling provided is short-term (1-4 sessions) or longer term (1-12 months and sometimes longer) is available (North East London NHS Foundation Trust 2015).

IAPT for children and young people is currently under development in Barking and Dagenham, as part of a national programme that aims to improve CAMHS working in the community. Unlike IAPT for adults, it will not form a standalone service. Barking and Dagenham is part of the London and the South East learning collaborative (NHS England 2014).

Following referral to Tier 3 CAMHS services all children have initial triage within 5 days. The triage process consists of up to six appointments.

An eating disorders service is based in Dagenham and access is also via referral. An early psychosis service supports young people 14-35 with psychosis and is available on referral from CAMHS.

Tier 4 adolescent care is available in Redbridge at Brookside, one of 10 units in London, and with 14 acute beds and 4 high dependency beds for 12-18 year olds. Whilst there is a higher level of bed provision in London than elsewhere, there are issues with patients being sent to London from other areas of England. (Barking and Dagenham Health & Wellbeing Board 2014).

Peri-natal Parent and Infant Mental health service (PPIMHS) provided by NELFT PPIMHS is a specialist psychiatric and psychological service. The psychiatric component of the service works with women with mental health problems during pregnancy and up to a year postnatally.

The psychological component of the service works with parents and children up until the age of three to address attachment difficulties to prevent complex mental health problems when the babies and toddlers become older.

There is a clear pathway of support for both mild/moderate and moderate/severe emotional distress.

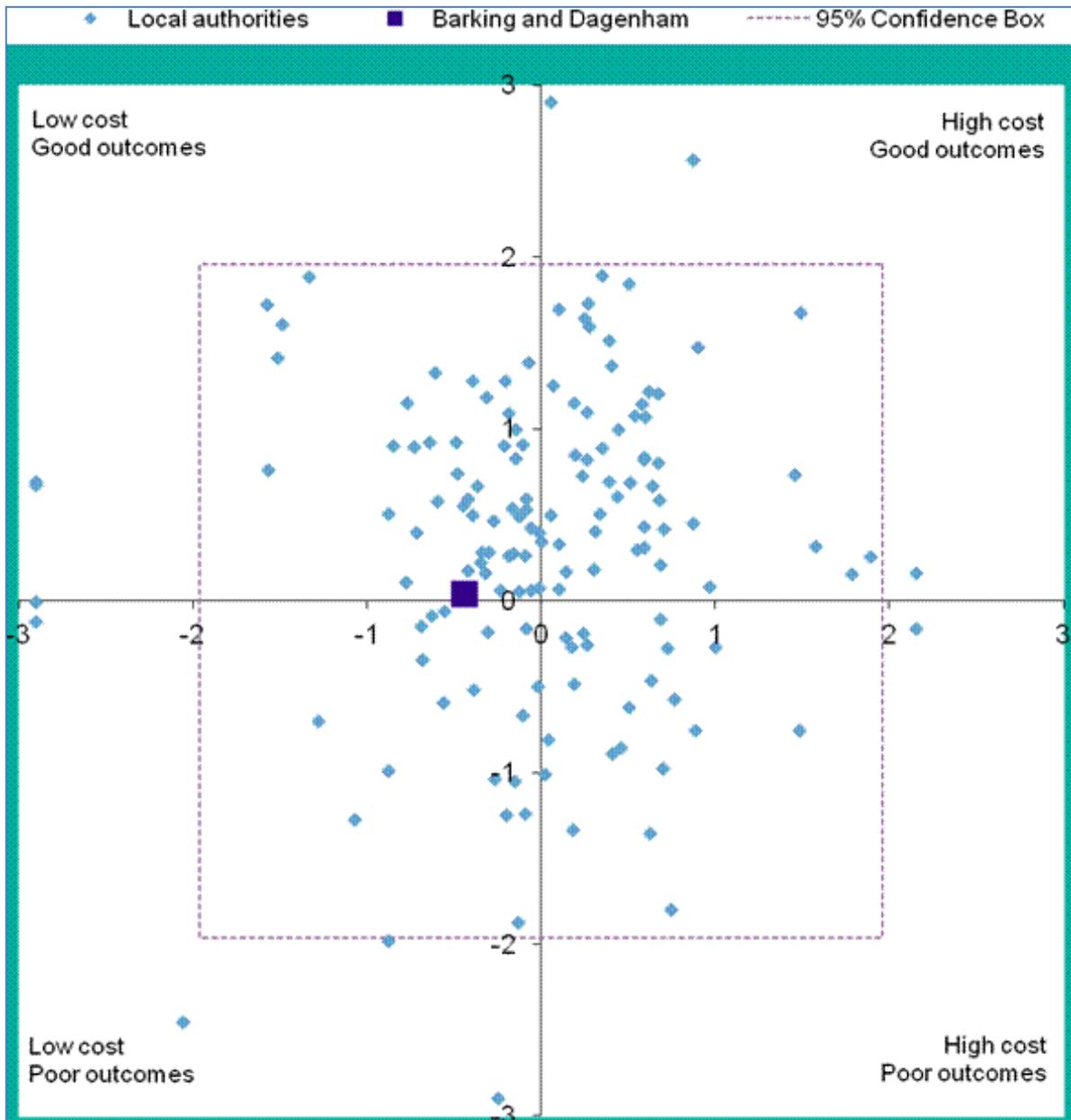
Difficulties with feeding and introduction to solids support is also available by referral.

Outcomes versus expenditure

Figure 3.6.1 shows the expenditure on services for young people compared to hospital admissions for mental health problems for Barking and Dagenham. The local authority expenditure on services for young people in Barking and Dagenham is

£150.67 per head of the 13 to 19 year old (inclusive) population. The hospital admission rate for mental health problems in Barking and Dagenham is 91.1 per 100,000 population aged 0 to 17 years (inclusive)⁸.

Figure 3.6.1 LBBB expenditure on services for young people per head of the population aged 13 to 19 years (inclusive) compared to Hospital admission rate for mental health problems per 100,000 population aged 0 to 17 years (inclusive)



Source: PHE-CHIMAT

⁸ PHE-CHIMAT, 2015 'Outcomes versus Expenditure Tool - CAMHS

Recommendations

A 2015 mental health needs assessment made 25 recommendations for improving mental health services universally, 6 of these recommendations were specific to children in Barking and Dagenham for improving mental health in children and adolescents. A more details CAMHS needs assessment will be undertaken in 2015/16.

Mental Health Needs Assessment: Recommendations to improve mental health in children and adolescents are as follows:

THEME: *Lack of emphasis on prevention of mental illness and promotion of wellbeing in communities, addressing poor social and home environments*

Recommendation 4:

Children and young people in Barking and Dagenham need greater awareness and tools for protecting their mental health, for promoting positive mental health, and for reducing stigma relating to mental health disorders. Commissioners across education, health and social care should ensure that promotion of positive mental health and, for example, the five ways to wellbeing, are embedded throughout local children and young people's strategies. It should be noted that the content of such development differs substantially from mental health first aid. Best practice in commissioning children's mental health services should be considered (Mental Health Foundation 2014) and efforts should be made to continue to engage with children and young people on mental health commissioning.

Recommendation 5: Action taken under the Emotional wellbeing, psychological wellbeing and resilience strategy for children and young people, 2011-2013, should be reviewed with a view to developing a new strategy.

THEME: *Lack of peer support as a means of helping recovery and as additional capacity*

Recommendation 6:

Commissioners across health and social care should agree to invest in the development and establishment of a peer support programme in mental health, seeking advice from areas where good practice is in place as necessary. The programme should have sufficient capacity to offer meaningful access to mental health service users across the borough, and provide funded coordination and appropriate training and development for those in peer support roles.

THEME: Agreed approach for children and young people moving into adult mental health services

Recommendation 13:

A local clinical pathway should be developed, implemented and publicised which identifies the care to be provided for the various CAMHS client groups, as they move into adult services if appropriate. This should include the support to be given during transition and clarify arrangements for those whose care will change as a result of transition. Service user and carer engagement should be central to the development of the pathway.

THEME: Dual diagnosis – services for people who have both mental health problems and alcohol/drugs problems, both adults and children/young people

Recommendation 18:

The service response for those who have 'dual diagnosis' should be clarified and, if necessary, a clear care pathway developed, implemented and publicised across the health and social care system, including housing, and with service users, carers and the public.

THEME: Consistent information and awareness of services which respond to mental illness (both professionals and public)

Recommendation 22:

Commissioners and providers should ensure that all web-based and printed information regarding mental health services for adults and for children and young people is consistent and up to date. Consideration could be given to deploying 'mystery shoppers' (from the service user and carer community, and from youth forums) to check information and telephone numbers.