The Mental Health Needs of children and Young people

CHILDREN & YOUNG PEOPLE'S MENTAL HEALTH: THE FACTS

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.

healthy — coping — struggling — unwell

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.

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)

About **one in twenty** (4.6%) 5-19 year olds has a behavioural disorder, with rates higher in boys than girls.

(NHS Digital, 2018)

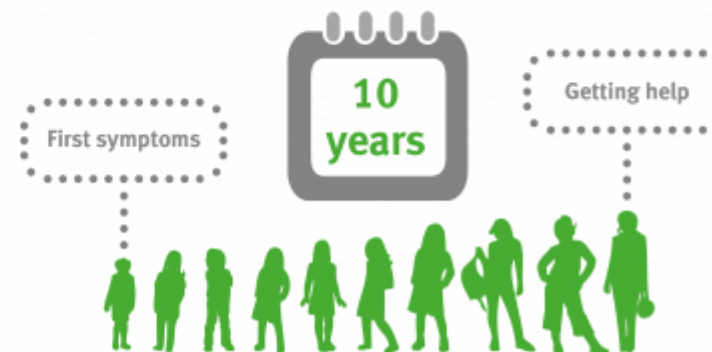**One in six** school-aged children has a mental health problem.

This is an alarming rise from one in ten in 2004 and one in nine in 2017.

(NHS Digital, 2020)

Common mental health issues, such as depression and anxiety, are **increasing amongst 16-24 year olds**, with 19% reporting to have experienced them in 2014, compared to 15% in 1993.

They are about **three times** more common in young women (26.0%) than men (9.1%)

(McManus *et al.*, 2016)

70% of children with autism have at least one mental health condition.

(Simonoff *et al.*, 2008)

People who identify as **LGBT+** have **higher rates** of common mental health problems and lower wellbeing than heterosexual people, and the gap is greater for older adults (over 55 years) and those under 35 than during middle age.

(Semlyen *et al.*, 2016)

First symptoms

10 years

Getting help

There is an average **10-year delay** between young people displaying first symptoms and getting help.

ROALD DAHL'S *Marvellous* **Children's Charity**

Risk and protective factors for CYP's mental health

RISK FACTORS

Child

- ✗ Genetic influences
- ✗ Low IQ and learning disabilities
- ✗ Specific development delay
- ✗ Communication difficulties
- ✗ Difficult temperament
- ✗ Physical illness
- ✗ Academic failure
- ✗ Low self-esteem

Family

- ✗ Family disharmony, or break up
- ✗ Inconsistent discipline style
- ✗ Parent's with mental illness or substance abuse
- ✗ Physical, sexual, neglect or emotional abuse
- ✗ Parental criminality or alcoholism
- ✗ Death and loss

School

- ✗ Bullying
- ✗ Discrimination
- ✗ Breakdown in or lack of positive friendships
- ✗ Deviant peer influences
- ✗ Peer pressure
- ✗ Poor pupil to teacher relationships

Community

- ✗ Socio-economic disadvantage
- ✗ Homelessness
- ✗ Disaster, accidents, war or other overwhelming events
- ✗ Discrimination
- ✗ Other significant life events
- ✗ Lack of access to support services

Child / Family / School / Community
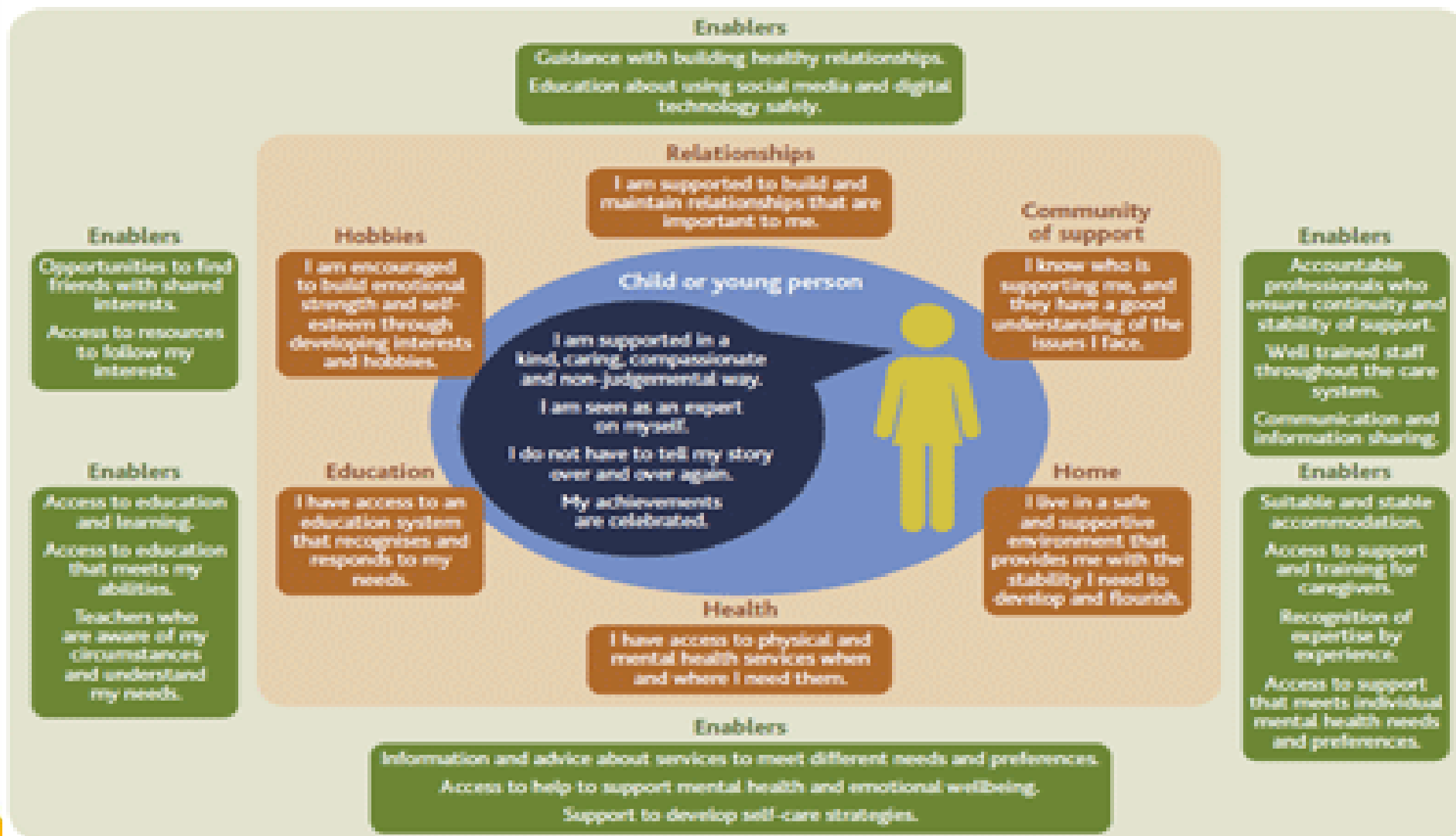
Child

- ✔ Secure attachment experience
- ✔ Good communication skills
- ✔ Having a belief in control
- ✔ A positive attitude
- ✔ Experiences of success and achievement
- ✔ Capacity to reflect

Family

- ✔ Family harmony and stability
- ✔ Supportive parenting
- ✔ Strong family values
- ✔ Affection
- ✔ Clear, consistent discipline
- ✔ Support for education

School

- ✔ Positive school climate that enhances belonging and connectedness
- ✔ Clear policies on behaviour and bullying
- ✔ 'Open door' policy for children to raise problems
- ✔ A whole-school approach to promoting good mental health

Community

- ✔ Wider supportive network
- ✔ Good housing
- ✔ High standard of living
- ✔ Opportunities for valued social roles
- ✔ Range of sport/leisure activities

PROTECTIVE FACTORS

Community care

Caseloads

1,638 children & young people receiving community-based support per 100,000 population

Referral acceptance

79% of referrals received were accepted by the team

Waiting times

32% of referrals started treatment within 4 weeks

Inpatient care

Occupancy

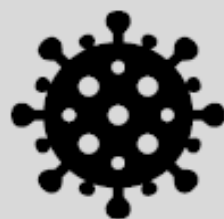64% bed occupancy (excluding leave) in general admission beds

Length of Stay

67 days (excluding leave) in general admission beds

Workforce

38 WTE per 10 general admission beds

Covid-19

Referral rates

52% fewer referrals to community services in April 2020 than normal

Contacts

82% of contacts were delivered in a non-face to face format in April 2020 (phone or digital tech)

Digital technologies

20% of all contacts delivered using digital tech by September 2020

Mental Health Needs of the Nursing Workforce

Prevalence of mental illness appears higher in NHS staff when compared to the general population

### MH prevalence NHS vs General Population

Depression   Anxiety
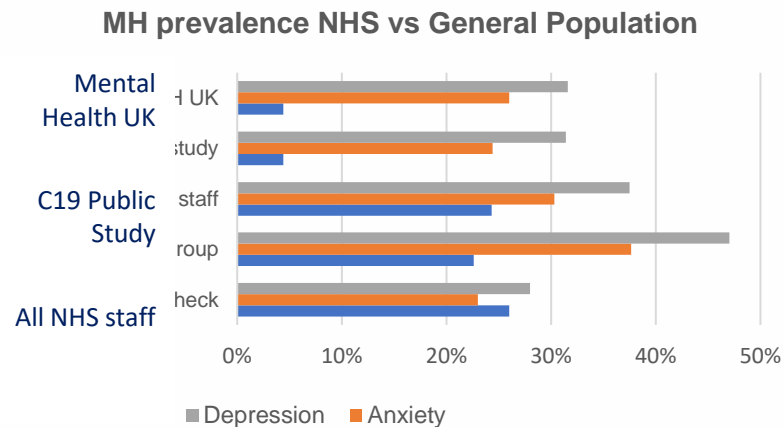
DRAFT analysis: requires further interpretation

Mental Health in the UK

PTSD	Anxiety	Depression
24.31%	**38.32%**	**37.51%**
4.4%	25.2%	31%

General population   NHS staff
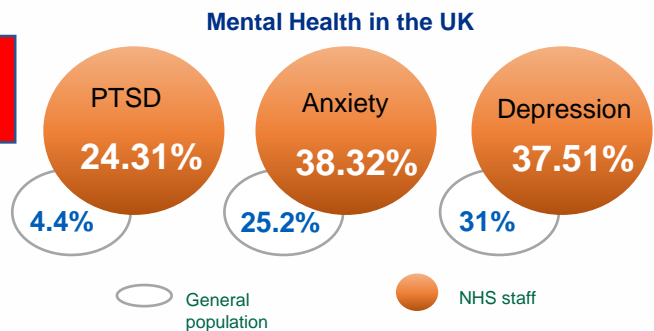
- Mental Health UK Study – N=3097(UK Public) – C19 UK Public Survey N=53,328 (UK Public)
- NHS Check N = 10,281 (NHS Staff) – NHS Trauma Group -N = 1,211 (NHS & Social Care Staff)

Key findings from academic research

- This data requires further analysis and interpretation , e.g. noting that participation in surveys skewed to those with more negative experiences, but is indicative of need for action.

- Correlates with international evidence : Frontline health care workers engaged in direct diagnosis, treatment, and care of patients with COVID-19 in China were associated with a higher risk of symptoms of depression (Lai et al. 2020)

- Up to half of HCWs (49.4%) will experience significant acute mental health symptoms during a pandemic, with more than one in ten having ongoing mental health consequences (Harvey et al. 2020)

- Kevin Fong's study on critical care staff shows elevated levels of need for staff in those settings.

- However, it is line managers, peers and teams who can provide best level of support for each other, and "resilience resides in teams". **This is focus of People Directorate HWB plan and actions in train.**

- It is key not to over-medicalise the response, **but to ensure rapid access to evidence based treatment is there for staff who need it.**

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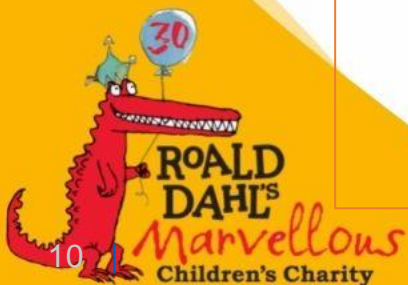
A range of support is needed and available

From staff member feeling distressed

To needing specialist mental health intervention

Self help	Need to talk	More intensive support	Mental Health intervention	Crisis
• **Access to apps:** • Umind • Headspace • Stayalive • Daylight • Sleepio • Cityparents • Yoga platform • Brightsky • Liberate mindfulness **Digital resources:** • People.nhs.uk website • Silvercloud for mental well health self-guided tools • Support from family, friends & community	• Line manager discussion • Team support conversations • Local Peer supporter • Freedom to Speak up guardians • Occupational Health and EAP support • NHS Helpline • NHS Text line • NHS Bereavement helpline • Tagalog speaking helpline • Financial support helpline	• **Common rooms** – Groups of staff coming together around critical issues • **Project5** – 1-1 support and coaching • **Ass. Clin Psy** – for Senior staff, access 6 sessions of Psychologist time free • Access our **screening website** and answer mental health questions to help understand next steps	• Self refer to IAPT/local Psychological services • Mental health & Wellbeing hubs- Wave 1 being established - who can outreach, assess, and support rapid access to evidence based NHS treatment • Brief interventions from EAP services	• NHS Urgent mental health helplines , available 24/7 across the country will provide a confidential service for staff. • https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline

Local, System and Regional support

Professional Nurse Advocates
The A-EQUIP Model

www.england.nhs.uk

- The A-EQUIP model is made up of four distinct functions: restorative, personal action for quality improvement, education and development; and monitoring, evaluation and quality control

- The model aims to support the nurse through a process of restorative clinical supervision, personal action for quality improvement and preparedness for professional revalidation

- The deployment of the model supports a continuous improvement process that builds personal and professional resilience, enhances quality of care and supports preparedness for appraisal and professional revalidation

- The ultimate aim of using the A-EQUIP model is that through staff empowerment and development, action to improve quality of care becomes an intrinsic part of everyone's job, every day in all parts of the system.

PNA Roadmap and Allocation Across England
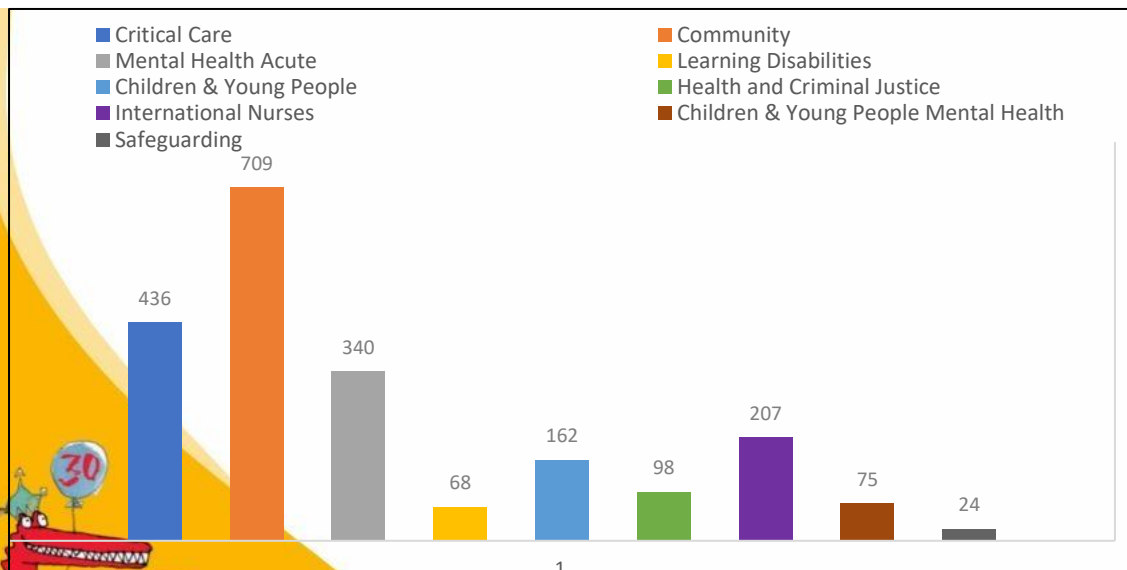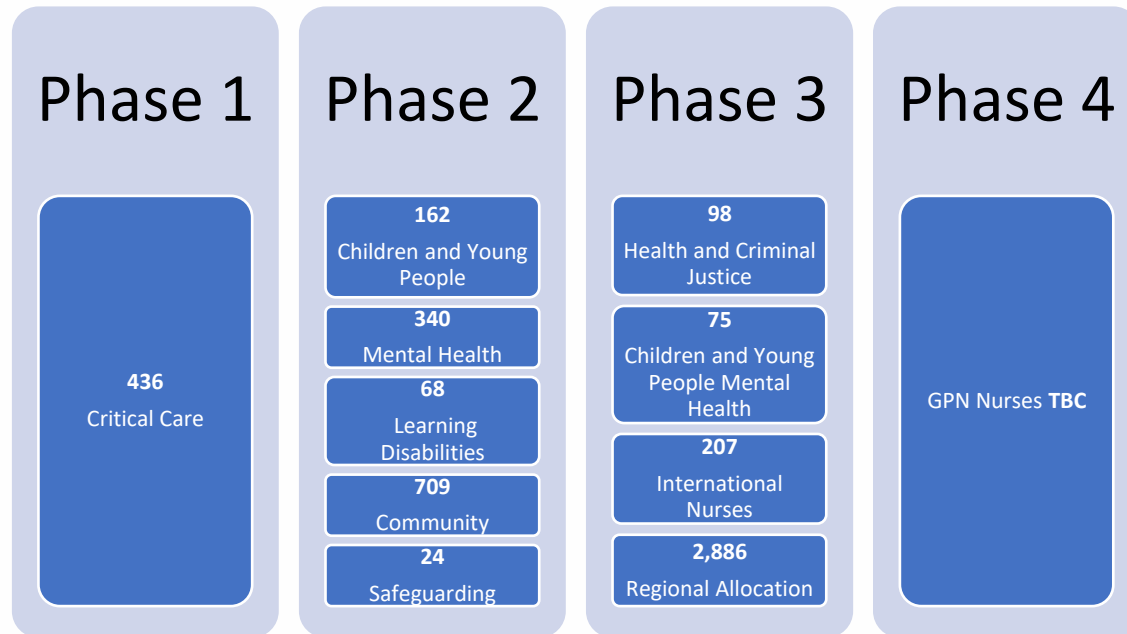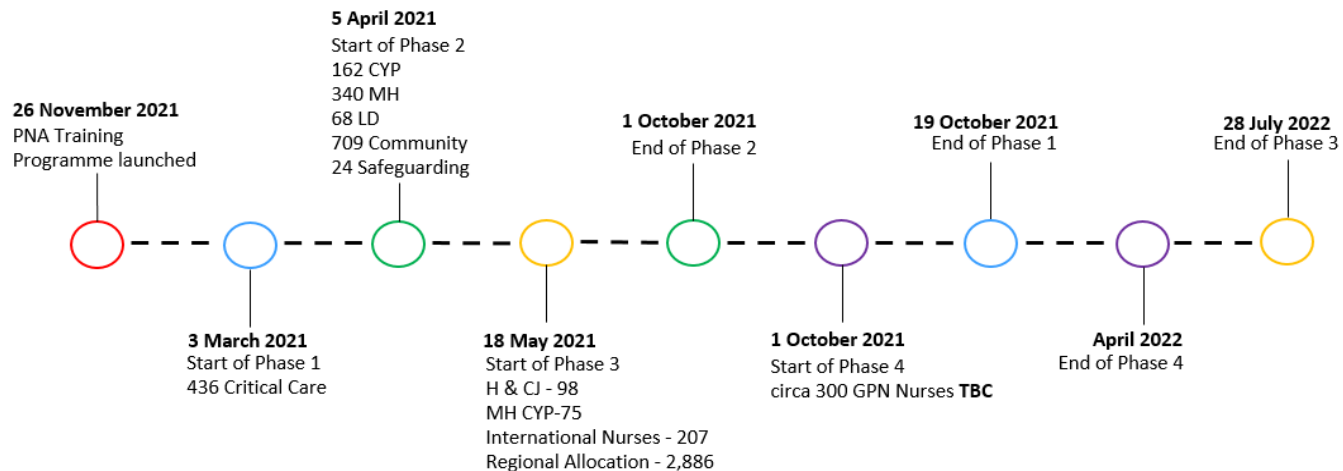
NHS England and NHS Improvement

Key Points

- There is no health without Mental health
- Prevention is better than cure
- COVID- 19 Pandemic has had a huge impact on all of our lives
- Need to work together in partnership
- To meet the needs of children, young people and their families Nurses need to take care of themselves
- self-care = excellent patient care

Thank you

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