Mental Health of Leicester's Children

Chapter 6

Introduction

Mental health problems in children and young people are common and a significant burden of illness.[1] They can have wide-ranging and lasting effects; for example most lifelong mental illness begins by age 14.[2] Childhood mental illness can lead to significant distress and poor outcomes in educational attainment, employment prospects, social relationships and long term physical health problems.

Mental wellbeing is important for healthy development. It is influenced by social and economic circumstances, the wider environment, individual and family characteristics. As a city with high rates of deprivation, inequality and variable attainment at school, the risk factors for poor mental health in Leicester children are high.

Policy Drivers for Young People's Mental Health

The story of the causes, effects and impact of mental illness in young people is well known. It underpins a number of policy initiatives to protect and promote mental wellbeing in children and young people. These are especially important at a time of challenging economic outlook and increasingly disproportionate social disadvantage.

The report of the Chief Medical Officer 2012, which placed prevention of childhood illnesses at the centre of health policy, was a call to arms to tackle the vulnerabilities and risk factors which have an impact on childhood wellbeing. For mental wellbeing this was reinforced by Future in Mind, which sets out a strategic approach by which health and social care, and the wider resources involved in looking after children and young people, can work together to protect mental wellbeing.

The level of need in the population

3.1 Population profile[3]

There are high rates of mental health problems in boys and girls across England. The Office of National Statistics estimates that 10% of children have a clinically diagnosable mental disorder; that is a problem with significant impairment. There is some variation according to age group and gender.

Among 5 to 10 year olds, 10% of boys and 5% of girls have a mental disorder; in Leicester that would be equivalent to more than 2,000 children. In the 11 to 16 year age group the prevalence is 13% for boys (n =1,015 in Leicester) and 10% for girls (n = 955). The prevalence of conduct disorder is 4.5-5%

[1] Chief Medical Officer (CMO), 2012, Our Children Deserve Better: Prevention Pays

[2] Kessler, R et al., 2007, Age of onset of mental disorders: a review of recent literature. *Current Opinion in Psychiatry* 20(4) p 359-64

[3] Based on 2014 mid-year estimates 10% boys aged 5-10 years in Leicester is 1,400 and 5% of girls is 670

(n = 886-985); anxiety disorders 2-3% (n = 394-591); depression 0.9% (n = 200); ADHD 1.5% (n = 295) and autism spectrum disorders 0.9% (n = 200).[4] Conduct disorders and autism spectrum disorders are more common in boys and emotional disorders more common in girls.[5]

For people aged 16-24 years 2.2% (n = 1,234) experience a depressive episode, 4.7% were screened for post-traumatic stress disorder, 16.4% experienced anxiety disorder, 0.2% a psychotic illness and 1.9% a diagnosable personality disorder.[6]

Self-harm is a concern among young people. The rate in children aged 5-10 years with no diagnosed mental health disorder was 0.8%, rising to 6.2% in children with anxiety and 7.5% in those with conduct or hyperkinetic disorder. The prevalence is higher in adolescence where the prevalence was 1.25% in young people with no diagnosed mental health disorder, 9.4% with anxiety and 18.8% depression.

The Household Survey found that 6.2% of 16-24 year olds had attempted suicide and 8.9% had self-harmed in their lifetime. Nationally, suicide is the leading cause of death in young people. The suicide rate among 10-19 year olds is 2.2 per 100,000; it is higher in males (3.14) than females (1.3), and in older adolescents (4.04 among 15-19 year olds).

3.2 Families, Parenting and Early Years

Individual mental health can be influenced by events or circumstances occurring before birth. Unwanted pregnancy or those which occur in teenage years can increase the chance of childhood mental health problems.[7] Use of tobacco, alcohol and drugs in pregnancy, and low birth weight increases the risk to brain development.[8]

Neonatal attachment is important for social and emotional development.[9] It lays the foundations for social and emotional development and protect against stress, anxiety and insecurity. Through early interactions young children learn how to recognise and regulate their own emotions, and build the foundations for later relationships.

Perinatal mental health problems compromise the health, emotional, cognitive and physical development of the child, with serious long term consequences.[10] Paternal depression has been shown to have a negative impact on children.[11] Between 10% and 20% of women develop a mental

[4] All numbers which refer to Leicester are mid-year estimates 2014 based on the proportions in the evidence. 2014 mid-year estimate totals for Leicester are: 5-10 years: Male (M) 13,926; Female (F) 13,398: 11-16 years: M 10,149; F 9,549: 16-24 years: M 27,726; F 28,377.
[5] CMO, 2012, ibid
[6] Meltzer, S., et al., 2009, Adult psychiatric morbidity in England 2007: Results of a Household Survey. Leeds, The health and social care information centre
[7] Kieling, C., et al Child and adolescent mental health worldwide: evidence for action. *Lancet,* 378 pp 1515-25
[8] WHO, 2005, Promoting Mental Health: concepts, emerging evidence, practice. World Health organisation, Geneva
[9] Walker, S., et al 2011, Inequality in early childhood: risk and protective factors for early child development. *Lancet*
[10] Bauer, A., et al., 2014, The costs of perinatal mental health problems. Centre for Mental Health and London School of Economics at https://www.centreformentalhealth.org.uk/costs-of-perinatal-mh-problems
[11] Paulson, J. et al, 2006, Individual and combined effects of postpartum depression in mothers and fathers on parenting behaviour. Paediatrics, 118 pp 659-68

health problem in pregnancy or in the first year of having a baby. The exact number of men having mental health problems in the same period is not known.

There are large differences between lone parents and those who are in couples. Both lone mothers and lone fathers are more likely to have mental health problems than are mothers or fathers who live in couples. Evidence also points towards younger mothers being more likely to have a mental health problem than older ones.

3.3 School Aged Children

Childhood years are vital for developing life skills. Negative experiences at home or school, linked for instance to conflict or bullying, can damage cognitive and emotional development.[12]

Meltzer et al[13] found that:

- 10% of children aged 5 -15 years had a mental disorder: 5% had clinically significant conduct disorders; 4% were assessed as having emotional disorders (anxiety and depression), and 1% was rated as hyperactive.
- Less common disorders (such as autistic disorders, tics and eating disorders) were attributed to half of one per-cent of the sampled population.
- Among 5-10 year olds, 10% of boys and 6% of girls had a mental disorder. In the older age group, the 11-15 year olds, the proportions of children with any mental disorder were 13% for boys and 10% for girls.

The prevalence rates of mental disorders were greater among children in the following circumstances:

- In lone parent compared with two parent families (16% compared with 8%)
- In reconstituted families rather than those with no step-children (15% compared with 9%)
- In families with five or more children compared with two-children (18% compared with 8%)
- Parent with no educational qualifications compared with a degree level or equivalent qualification (15% compared with 6%)
- In families with neither parent working compared with both parents at work (20% compared with 8%)
- In families of social class V compared with social class I (14% compared with 5%) whose parents are social sector tenants compared with owner occupiers (17% compared with 6%)
- In household with a striving rather than a thriving geo-demographic classification (13% compared with 5%)

Risks to mental health include family violence or conflict, negative life events, low sense of connection to learning environments. Socio-economic conditions and poor living conditions may reduce opportunities for learning and social interaction, increasing a child's exposure to disease and injury.

[12] Kieling, C. et al ibid
[13] Melzer, H., et al., 2000, The mental health of children and adolescents in great Britain. London, ONS

Children with a parent who has mental illness or substance use disorder are at high risk of mental health problems.[14] Depression and anxiety account for most cases of parental mental illness. A small proportion will have a psychotic disorder such as schizophrenia. According to SCIE Guide 30[15] it is probable that, among the working age adult population 9 -10% of women and 5-6% of men in Britain will be parents with mental health problems. It is possible that up to 25% of children aged between 5 and 16 years have mothers who would be classed as at risk for common mental health problems. Other estimates suggest that 25% of children aged 5 to 16 has a mother who is at risk of a common mental health problem such as depression or anxiety.

In an average primary school class this might mean six or seven children living with a mother with a mental health problem. In classes where there are a high proportion of children living with lone mothers, the numbers are likely to be even higher. At least one in four adults in contact with mental health services is likely to be a parent.

3.4 Adolescence

Adolescence is the period when mental disorder is more likely to become apparent. Adverse experiences, conditions or environments that apply to children apply at this stage with the emergence of other risks such as tobacco, drug and alcohol use. Adolescents who are exposed to family unrest or those who exhibit behavioural problems are more likely to engage in psychoactive substance use.[16] Adolescents may also be susceptible to peer pressure and media influences which may encourage risk taking behaviour.

Some specific severe mental health problems are common among young people, such as worries about weight, shape and eating and hyperactivity disorders.

Concerns with eating happen in young people of all backgrounds and cultures. They may be more prevalent among young girls, but anecdotal evidence from local colleges suggests that boys are increasingly affected. Being very overweight can cause a lot of problems, particularly with physical health. Some young people, many of whom are not overweight in the first place, want to be thinner; this can evolve into a serious eating disorder, such as anorexia nervosa and bulimia nervosa.

The incidence of anorexia nervosa in the general population has been calculated from 12 cumulative studies at 19 per 100,000 per year in females and 2 per 100,000 per year in males. In community-based studies, the prevalence of bulimia nervosa has been estimated as 0.5-1.0% in young women with an even social class distribution. About 90% of people diagnosed with bulimia nervosa are female.

[14] Hetherington, R., et al, 2001, The welfare of children with mentally ill parent: Learning from inter-country comparisons. Wiley et al, Chichester

[15] Think child, think parent, think family: a guide to parental mental health and Child Welfare, Social Care Institute for Excellence Families' and Children's Services Guide 30 at https://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf

[16] Fisher, J., et al, 2011, Adolescent Mental Health in Resource-Constrained Settings: a Revie sot the Evidence of the nature, prevalence and determinants of common mental health problems and their management in primary health care. *International Journal of Social Psychiatry* 57 Supplement 1

Attention Deficit Hyperactivity Disorder (ADHD) is a disorder characterised by poor concentration, which includes a combination of additional symptoms including impulsiveness and over activity. Another medical term for ADHD is hyperkinetic disorder. ADHD affects 2-5% of UK school-aged children, with rates being higher in boys than in girls.

The most vulnerable children are likely to be at higher risk of mental health problems. Meltzer found that the rate of mental ill health disorder amongst looked after children to be significantly higher than that in the general population. This is likely to be because they may not have access to stable education, experience a difficult transition to adulthood, and are disproportionately associated with crime, homelessness and unemployment. Some looked after children may have particular needs, such as those from black and minority ethnic backgrounds, unaccompanied asylum seekers or those who are gay or lesbian.

3.5 Young Adults

Individuals who have a secure and supportive childhood and adolescence are generally better equipped to exercise control and react to challenging adult circumstances. Generally young adults who are not in employment or education are more vulnerable to mental health problems. However, there are increasing numbers of students presenting with mental health problems. This perhaps reflects growing rates of mental health problems among young people generally, the rapidly increasing access of young people to higher education and the concomitant growth in student numbers.

The Student Psychological Health Project at Leicester University[17] surveyed more than a thousand second-year students and found that 13% of undergraduates recorded scores suggesting they were moderately distressed by feelings of depression. Females scored significantly higher than males. This study also showed that 12–14% of the undergraduate population recording had self-assessed symptoms suggestive of moderate obsessive–compulsive distress (trouble remembering things, trouble concentrating, difficulty making decisions, checking). Eating disorders were also a problem, with 4% of undergraduates reporting self-induced vomiting and 2% the use of diuretics and laxatives.

Alcohol and substance misuse increases the risk of mental illness and mental ill health increases the risk of increased intake of alcohol and substance misuse. In Leicester[18], 14% male and 31% female undergraduates admitted harmful levels of alcohol consumption; but 50% and 25% respectively also admitted binge drinking at least once per week.

Females are more likely to show increased evidence of emotional problems during the course of higher education with female students demonstrating increased levels of depression, anxiety and phobias compared with their male counterparts. With regard to homesickness, there was no significant difference between males and females. In the UK and elsewhere, female students have

[17] Leicester University (2002) *Student Psychological Health Project*. http://www.le.ac.uk/edsc/sphp.
[18] Grant, A. (2002) Identifying students' concerns: taking a whole institutional approach. In *StudentMental Health Needs: Problems and Responses* (eds N. Stanley & J. Manthorpe). London: Jessica Kingsley.

been found to be more likely to demonstrate increased levels of psychological symptoms. The University of Leicester study[19] showed that students from ethnic minorities were also at higher risk.

3.6 Prevalence of Mental Health Problems for Leicester's Children and Young People

27% of the population of Leicester is aged below 20 years. 66.4% of school children in Leicester are from BME backgrounds. General health and wellbeing of children in Leicester is mixed compared with the England average. The infant mortality rate is worse and the child mortality rate is worse than the England average. The level of child poverty in Leicester is worse than the England average, with 30% of children aged below 16 years live in poverty; the distribution of poverty in Leicester is wide.

Childhood educational attainment is correlated to socio-economic circumstances in adult life. Given the distribution of poverty and deprivation in Leicester, education provides an opportunity to tackle disadvantage. The Child Health Profile suggests that Leicester has the worst value for the level of child development at the end of reception year at school. It also indicates that Leicester has a significantly worse proportion of attainment at GCSE than the national average.

In terms of wider activity, the 2009-10 Tell Us Survey found that young people in Leicester were less likely than to participate in a group activity outside school. The rates of obesity in children aged 4-5 and 10-11 are significantly higher in Leicester than the national average. Tell Us Surveys showed that bullying in Leicester was slightly higher than the national average.

If 9-10% women and 5-6% of men are likely to be parents with a mental health problem, then this is equivalent to 9,700 women and 6,400 men in Leicester. If 25% of children aged 5-16 years have mothers at risk of common mental health problems then this is equivalent to 12,000 children in Leicester. 10-15% of children and adolescents in the general population suffer from mental ill health, equivalent to a range of approximately 3,500 to 5,250 for a city the size of Leicester. In Leicester 3 in every 1,000 residents under the age of 20 are registered with mental health services, a figure which reaches 5 in every 1,000 in the most deprived areas. In Leicester cases of suicides registered amongst people aged 18 or under are rare. The self-harm admissions for 15-19 years olds vary roughly between 200 and 300 per year (based on 2004/5-2006/7 data) for the Leicester, Leicestershire and Rutland area. In 2011/12 the Leicester rate of inpatient admissions for children because of self-harm was lower than the England average.

Current services in relation to need

The integrated approach between mental health services, social services, education, offender management services and adult mental health is crucial to enable children and adolescents to reach their full potential. Only a small proportion of the mental health needs of children will be met by specialist mental health services.

[19] Grant ibid

The local Future in Mind Transformational Plan will influence commissioning so that children and young people will get timely access to specialist services, and ensure that universal and specialist services are more joined up, with shared frameworks to enable integrated working.

The resources available, in addition to Children's Centres, include Health visitors, School Nurses, GPs, Educational Psychologists, Schools, Community Paediatricians, as well as the range of specialist mental health services for children and young people. Better use of universal services, escalating to the more specialist CAMHS tiers when appropriate, may contribute to more effective prevention of mental health problems and better treatment. This improvement should be underpinned by prevention and earlier intervention, developing the workforce and tackling stigma.

The table below shows that there are opportunities to develop public mental health approaches at different levels and in different groups to protect mental wellbeing in children and young people in Leicester.

Table 1: Key opportunities for childhood mental health promotion and protection[20]

Strategic direction	Key interventions
Developing and protecting individual attributes	Enable early attachment, provide appropriate parent training and natal care (including protecting perinatal mental wellbeing; develop safe, stable, nurturing relationships between children and care givers Ensure sufficient diet and stimulation, regular physical activity, discourage tobacco, alcohol and drug use
Supporting households and communities	Ensure secure living conditions for children and adolescents; target prevention on those with behavioural disorders and those with parents with mental illness; prevent domestic violence Support increased employment opportunities and promote safe working conditions Improved living conditions, including social and financial protection Make neighbourhoods safe, social networks, restrict availability of drugs, alcohol and tobacco
Supporting vulnerable groups	Develop and implement social inclusion policies Tackle stigma and discrimination, including gender equalities Awareness raising campaigns

Projected service use for Mental Health

The population of children and young people, aged 5 to 24 years, in Leicester is projected to increase from 104,700 to 120,100 a rise of 14.7%. A crude estimate of the prevalence of mental illness based on this increase suggests that up to 6,400 children in Leicester could have a diagnosed mental illness by 2035, the current estimate is 5,250.[21]

[20] Adapted from WHO, 2012, Risks to Mental Health: an overview of vulnerabilities and risk factors World Health Organisation

[21] See section 3.6 of Mental Health Chapter