Child and Adolescent Mental Health
Key Facts
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This publication is due for review in May 2020. To provide feedback on its contents or on your experience of using the publication, please email publications.feedback@rcn.org.uk

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Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

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Children and young people (CYP) have a right to lead a safe and healthy life (United Nations, 1989). A child’s psychological and emotional wellbeing is paramount and poor mental health and adverse events in childhood have lifelong effects. We need to recognise the scale and impact of these effects; target resources at interventions which will reduce the likelihood of children developing mental health problems, and support those with mental illness at an early stage to aid recovery.

Mental health problems in children and young people is a growing concern, not just in the UK, but around the world (Global Burden of Disease Study Collaborators, 2013). Mental health problems constitute the largest single source of world economic burden, with an estimated global cost of £1.6 trillion (Mental Health Foundation, 2015).

At RCN Congress 2016 child mental health was debated. Members expressed concern about the current state of children and young people’s mental health across the UK, highlighted the impact of nurses and nursing roles and called for a range of actions to address the issues raised in the debate (see page 11).
According to a recent UNICEF report the UK is ranked 16th out of 29 ‘rich’ countries in the way it addresses child wellbeing (UNICEF, 2013). UK-wide data reveals:

• 20% of adolescents may experience a mental health problem in any given year (WHO, 2003)

• 50% of mental health problems are established by the age of 14, and 75% by the age of 24 (Kessler et al., 2005)

• 60% of looked after children have some form of emotional or mental health illness (Mooney A et al., 2009)

**Self-harm**

Between 1 in every 12, and 1 in 15 children and young people deliberately self-harm (Mental Health Foundation, 2006). The estimated self-harm rate for children and young people in Northern Ireland is 1 in 10, which makes it the highest rate in the UK.

From 2001-2011 the number of young people admitted to hospital because of self-harm increased by 68% (YoungMinds, 2011).

**Depression and anxiety**

In Great Britain, nearly 80,000 children and young people suffer from severe depression, 10% of these are under 10 years old (Green H et al., 2005). The number of young people aged between 15 and 16 with depression nearly doubled between the 1980s and the 2000s (Nuffield Foundation, 2013).

**Eating disorders**

In the UK, over 725,000 people (across all age groups) have an eating disorder. Out of the most severely affected, 1 in 5 will die prematurely. The rate of eating disorders in young people under 25 years of age is twice that of other age groups (Micali et al., 2013). In England, between 1 August and 31 October, there were 1,053 new referrals for people aged under 19. The estimated annual total cost of eating disorders is £16.8 billion (Beat, 2015).

**Suicide**

Suicide remains a leading cause of death in young people in the UK. In England 149 children aged between 10 and 19 years of age committed suicide in 2014; almost three children every week (Korkodilos, 2016).
Access to services

Public Health England states that 70% of children and adolescents who experienced mental health problems did not receive appropriate interventions at a sufficiently early age (Public Health England, 2015). Only 25% of children who need treatment receive it (Burstow and Jenkins, 2016). According to a survey conducted by the Scottish Youth Parliament, 74% of young people in Scotland, ‘do not know what mental health information, support and services are available in their local area,’ (Scottish Youth Parliament, 2016). In Wales, there has been a 100% increase in referrals to Child and Adolescent Mental Health Services (CAMHS) over the last four years (Together for Children & Young People Programme Wales, 2015), with 7% of boys and 2% of girls under 16 reporting a long-standing mental health illness in 2015. Early intervention helps to prevent young people reaching crisis point and long-term mental ill health in adulthood.

Across the UK access to appropriate clinical services for children and young people varies. In Northern Ireland there are up to nine-week waits (Royal College of Paediatric and Child Health, 2015). In Scotland, following reports of young people waiting for over a year for support, there is a political focus on reducing CAMHS waiting times. This has resulted in some gradual progress being made – in the last quarter of 2016, 4,025 children and young people have started treatment at CAMHS and 5,858 people were waiting to start treatment. Nearly eight out of 10 (78.8%) approved referrals to CAMHS were seen within 18 weeks. This compares with 73.1% for the quarter ending September 2015 (NHS Education Scotland and National Services Scotland, 2016a). There were 202 children under the age of 18 that were treated in adult mental health wards in England in 2015-6. A 43% increase since the period 2011 to 2012.

The nursing workforce

School nurses have a key role in promoting emotional wellbeing. The number of school nurses in England has dropped by 15% since 2010 (NHS Digital, 2016). Due to the number of pupils and schools covered, the workforce is overstretched and often not able to deliver the support required. In Northern Ireland, there is one school nurse for every 3,000 school-age children. In addition, the percentage of school nurses aged 45 and over has increased from 51% in 2010 to 62% in 2016 (Northern Ireland Statistics and Research Agency, 2016).

There is patchy workforce information about child and adolescent mental health nurses across the UK, with a complete dearth of specific published workforce data in Northern Ireland.

In Scotland, there has been a 50.2% increase overall in the CAMHS workforce from 653.7 WTE (741 headcount) to 981.8 WTE (1,147 headcount) from 2006 to September 2016 (NHS Education Scotland and National Services Scotland, 2016b). In this same period, nursing workforce numbers have increased from 279.9 WTE to 415.7 WTE in CAMHS posts (NHS Education Scotland and National Services Scotland, 2016c). As of September 2016, there were 16.3 CAMHS nursing posts vacant in Scotland (NHS Education Scotland and National Services Scotland, 2016b).
To address child health inequalities, children, young people and their families must have access to quality services, delivered in a timely manner, by the right professional with appropriate skills and in a setting that meets the needs of the child (RCN, 2016a).

Lack of relevant data impeding service development

As well as service need, the lack of up-to-date data about the CYP nursing workforce is a key issue impeding service development to meet young people’s emotional and psychological needs in many places across the UK. The Mental Health Foundation reported that UK-wide data on CYP mental health is out of date, with the most recent data being captured in 2004 and the next survey not due to be published until 2018 (Mental Health Foundation, 2016). This lack of data has also been highlighted by the Royal College of Paediatrics and Child Health in its State of Child Health Report 2017. Accurate workforce data is vital to ensure sufficient school nurses, and child and adolescent mental health nurses are trained and available in the right place to meet children and young people’s needs.

Monitoring the mental health of children and young people to target the right care in the right place

There are different systems and processes in place across the UK to monitor children and young people’s mental health and wellbeing. For example, in Scotland national indicators were finalised in 2011 and cover mental health outcomes as well as contextual factors. They are a tool for, ‘assessing and monitoring the mental health of Scotland’s children and young people over time and enabled the development of the first national mental health profile for children and young people (aged from pre-birth to 17 years), resulting in a greater understanding of the current and changing picture of mental health within this population and the factors that influence it.’


In Wales, the mental wellbeing of children and adults has been identified as one of the national indicators used to measure the nation’s wellbeing as part of the Well-being of Future Generations (Wales) Act 2016.

http://gov.wales/topics/people-and-communities/people/future-generations-act/national-indicators
Prevention and early intervention initiatives

Across the UK, initiatives have aimed to ensure young people can access the right services from the right person in a timely manner. This includes access to school nurses who have received specific training in child mental health, and child and adolescent mental health nurses who are also able to provide support and advice to those professionals working in schools and community settings.

The role of the school nurse

Initiatives run by school nursing teams provide vital services for children and young people. They can provide open access drop-in services, offering pupils a safe place to discuss a wide range of health issues, including mental health issues.

Findings from a recent survey (2016) carried out on behalf of the Children’s Commissioner in England demonstrated that school nurses are ideally placed to provide the accessible, non-stigmatised advice that children and young people need as part of everyday life.

Good practice example

An RCN Wales Nurse of the Year Winner 2016, Jacqueline Jones worked tirelessly with children, young people and families to develop and provide a model of school nursing that is highly visible, accessible and makes a difference to those who need it. It included the school nurse speaking at the school assembly each month, a presence on the school website, posters about the school nurse role and contact information, as well as increased involvement in personal, social and health education (PSHE) lessons to support young people to build emotional resilience.

Young people and fellow professionals have provided exceptionally positive feedback in terms of the way in which the role of the school nurse has been highly instrumental in supporting young people to protect, re-establish and maintain their emotional and mental health wellbeing.

Already her pupils have identified a difference in their lives, one pupil stating, ‘I would have kept cutting if I didn't have her to talk to.’ Another pupil, who was referred to the school nurse by a member of school staff (having a new awareness of what her role covered), happily commented, ‘everyone just thought I couldn’t be bothered to change my clothes and that I wanted to smell.’ School staff had referred her with hygiene issues but, in reality, the school nurse discovered home conditions had deteriorated due to her mother’s physical ill health. This school nurse could be viewed as just doing her job; however, by constantly raising her profile and making herself more visible, she is now visited by pupils who just want to update her on how they are doing following her involvement. One school teacher simply said, ‘she makes a difference to children’s lives.’
Access to specialist nurse led services

Children and Young People’s mental health nurses have a key role in providing direct support to children, young people and their families, as well as educating and supporting other professionals including teachers and school nurses to promote emotional and psychological wellbeing. Access to specialist and targeted services in a timely manner can make all the difference to a child’s long term health and wellbeing. Specialist nurses can provide a range of therapeutic interventions including cognitive behavioural therapy, dialectical therapy and family therapy, as well as the management of deliberate self-harm.

The role of the primary mental health worker

**Good practice example**

In 2009, the Southern Health and Social Care Trust in Northern Ireland initiated a partnership with Barnardo’s staff in the Newry Young People’s Project (NYPP). The aim was to raise awareness of how hidden harm affects the emotional and mental health of young people, and to develop appropriate responses. The service is aimed at children and young people between the ages of 12 and 18 who are living in homes with alcohol and/or drug misuse, or where there is parental mental ill-health.

Laura McVeigh, a mental health nurse and specialist nurse practitioner in child and adolescent mental health, played a pivotal role in the development, establishment and delivery of this exciting new project. In doing so, she demonstrated personal leadership qualities and creativity. Laura provides individualised one-to-one therapeutic sessions and works with child and adolescent mental health services (CAMHS) and the NYPP staff to deliver innovative projects that have a direct and positive impact upon the lives of children and young people, such as a young person’s film making group. She involves service users in the design, planning and evaluation of projects. Laura’s nominator said, ‘Her qualities and professionalism are a showcase for how nursing can influence practice delivery for young people living with hidden harm.’ The judging panel commended Laura’s innovation, her commitment to research and evidence-based practice, and her focus on enhancing care provision to young people through early intervention and raising awareness of emotional and mental health for young people and families living with hidden harm.
Educating the workforce and equipping families

Ensuring that the workforce and parents/carers have the knowledge to recognise and support children and young people is crucial. Many school nurses and others in the CYP workforce lack the knowledge and skills to do so effectively, often failing to recognise or initiate early help. The following resources offer free online learning and information to help educate the workforce, plus advice and information for families and carers, and an example of how technology can be utilised to communicate vital information.

**MindEd**

MindEd is a free educational resource aimed at upskilling the workforce, as well as parents and carers. There are two resources:

- MindEd for Families – online advice and information to help families understand and identify early issues and how best to support children. Specific pathways have been developed to signpost school nurses and others to key modules to complete.

- MindEd for Professionals and Volunteers – provides adults who care or work with young people the knowledge to support their wellbeing, the understanding to identify a child at risk of a mental health condition, and the confidence to act on their concern and, if needed, signpost to services that can help.

www.minded.org.uk

**Essential CAMHS**

In Scotland, NHS Education for Scotland (NES) provides an online learning resource, Essential CAMHS. The materials are designed to support the development of a range of knowledge, skills and attitudes which promote collaborative, safe and effective work with children, young people and families who attend the services.


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**Using technology**

**Good practice example**

A school nursing team, working across the boroughs of Hounslow and Richmond in London, led the development of an interactive mobile App which delivers information and advice on health care issues to young people of secondary school age. In addition to information on topics such as sexual health, drugs and alcohol, the App also provides information dedicated to mental health and emotional wellbeing, and includes a specific section for young carers. The App offers a safe and discreet place for young people to access health information and is also a means for school nurse teams to engage directly with young people whilst providing safe and reliable advice (RCN, 2016b).
Child and Adolescent Mental Health: Action needed

The RCN is calling for continued prioritisation of children and young people’s mental health across the UK, with investment in:

- school nursing services – to enhance knowledge and skills, as well as capacity within school nursing teams for early intervention and prevention of mental ill health
- children and young people’s mental health nursing teams – to improve access to support and interventions in primary and community care, and care closer to home, as well as capacity to provide supervision for the wider CYP nursing workforce
- education and training – to enhance nursing knowledge and skills in supporting children and young people with psychological and emotional wellbeing issues related to long-term conditions
- safe and appropriate inpatient child and young person focused mental health facilities
- capturing frequent robust UK and national data about child and adolescent mental health – including accurate and up-to-date workforce information so that trends, successes and weaknesses can be identified to improve the services on offer to children and young people.
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Published by the Royal College of Nursing
20 Cavendish Square
London
W1G ORN

020 7409 3333

May 2017
Review Date: May 2020
Publication code 006 021