Youth facilities and Schools play a fundamental role in supporting mental health

Learning Aims:

To look at the prevalence of CYP mental health difficulties in the UK

To develop a shared understanding of mental health and wellbeing.

To discuss examples of how your service supports resilience and mental wellbeing

Youth facilities and Schools play a fundamental role in supporting mental health:

- ▶ Mental health is not necessarily the domain mental health professionals or statutory services.

- ▶ There are professional hierarchies that do not always help young people.

- ▶ Many schools and youth services are the only agencies support children and young people.

- ▶ There is a need to better train, prepare and support frontline services regarding mental health

Breakout

- **What % of young people have at least one mental disorder?**

- **What is the most common type of disorder experienced by 5-19 yr olds? (Emotional-Behavioural-Hyperactivity-Other)**

- **Do you think mental health disorders increase with age?**

- **Has the prevalence of mental disorders increased over time?**

Prevalence

Mental Health of Children and Young People in England 2017 prevalence study

About the Mental Health of Children and Young People surv

This survey series provides England's best source of data on trends in child mental health.

Major surveys of the mental health of children and young people in England were carried out in 1999, 2004, and 2017.

While many surveys use brief tools to screen for nonspecific psychiatric distress or dissatisfaction, this series applied rigorous, detailed and consistent methods to assess for a range of different types of disorder according to International Classification of Disease (ICD-10) diagnostic criteria (WHO 1992). All cases were reviewed by clinically-trained raters.

The latest survey was funded by the Department of Health and Social Care and commissioned by NHS Digital. The survey was carried out by:

The 2017 survey collected informati and wellbeing from a stratified proba and young people living in England GP. Information was collected on 9, 19 between January and October 2 combines reports from children, the (depending on the age of the select

This survey for the first time provide prevalence of mental disorder in 2 t the transition into adulthood by cov Unless specified otherwise, 'childre to refer to 5 to 19 year olds and 'you refers to those aged 11 to 19.

NatCen Social Research

Office for National Statistics

youth*in*mind

About the survey

Provides England's best source of data on trends in child mental health.

Major surveys of the mental health of children and young people in England were carried out in 1999, 2004,and 2017.

Collected information about mental health and wellbeing from a stratified probability sample of children and young people living in England and registered with a GP.

Sample 9,117 children aged 2 to 19 between January and October 2017.

Mental health disorders

Specific mental disorders were grouped into four broad categories:

Emotional

Behavioural

Hyperactivity

Other less common disorders.

Emotional disorders

Anxiety disorders (characterised by fear and worry)

Depressive disorders (characterised by sadness, loss of interest and energy, and low self-esteem)

Mania and bipolar affective disorder.(characterised by moods, which can swing from one extreme to another.)

Emotional disorders

- One in twelve (8.1%) 5 to 19 year olds had an emotional disorder, with rates higher in girls (10.0%) than boys (6.2%)

- Anxiety disorders (7.2%) were more common than depressive disorders (2.1%).

Behavioural

Conduct Disorders

Characterised by repetitive and persistent patterns of disruptive and violent behaviour in which the rights of others, and social norms or rules, are violated.

Behavioural

Conduct Disorders

- About one in twenty (4.6%) 5 to 19 year olds had a behavioural disorder, with rates higher in boys (5.8%) than girls (3.4%).

Hyperactivity disorders

Characterised by inattention, impulsivity, and hyperactivity.

The number of children with a hyperactivity disorder is lower than the number of children with ADHD as hyperactivity disorders have a more restrictive set of criteria

Hyperactivity disorders

- About one in sixty (1.6%) 5 to 19 year olds had a hyperactivity disorder, with rates higher in boys (2.6%) than girls (0.6%).

Other less common disorders

Include autism spectrum disorders (ASD), eating disorders, tic disorders, and a number of very low prevalence conditions.

Other less common disorders

- About one in fifty 5 to 19 year olds were identified with one or more of these other types of disorder:

- 1.2% with ASD,

- 0.4% with an eating disorder,

- 0.8% with tics or another less common disorder.

Key Findings

- One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017

- Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%)

- Rates of mental disorders increased with age. 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds.

Key Findings

- Increase over time in the prevalence of mental disorder in 5 to 15 year olds. Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017

- All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999.

Pandemic and mental health

A large-scale survey commissioned by the NHS Digital found that the prevalence of clinically significant mental health conditions amongst children was **50% higher** than in the previous large-scale clinical survey, conducted three years earlier

Key facts from latest U.K prevalence survey

- Increase over time in the prevalence of mental disorder in 5 to 15 year olds. Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017

- Emotional disorders have become more common in five to 15 year-olds – going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017.

- All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999

Lancet, Institute for Social and Economic Research

- By late April, 2020, mental health in the UK had deteriorated compared with pre-COVID-19 trends

- Mean population GHQ-12 score increased from **11·5** in 2018–19 to **12·6** in April, 2020.

- Not simply a continuation of previous upward trends.

- The average score was 0·48 points higher than would have been expected

- using the 12-item General Health Questionnaire (GHQ-12).

- UK Household Longitudinal Study (2009 to present) N=100,000

ONS and Princes Trust

- Men in particular are 2 times more likely during the pandemic to suffer from anxiety and depression

- Rising from 7.5% to 15% (ONS 2020)

- More than one in four young people say they have felt unable to cope.

- Half of 16-25 year olds said their mental health had worsened since pandemic (Princes Trust, Youth Index, 2020)

How poverty harms mental health

Figure 1: Correlation between deprivation and common mental health difficulties

Map of County & UA (pre 4/19)s in England for Estimated prevalence of common mental disorders: % population aged 16 & over (Percentage point - per 100 2017)

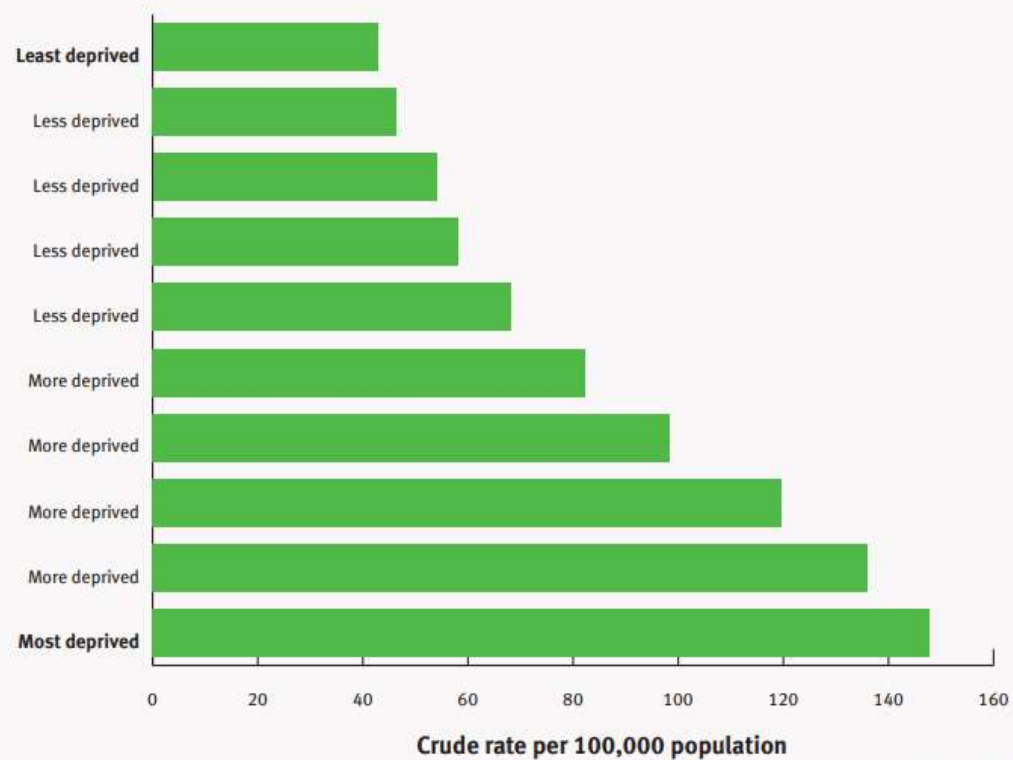Map of County & UA (pre 4/19)s in England for Deprivation score (IMD 2015) (Score - 2015)

Continuous: Lowest — Highest

Used with permission from Public Health England

How poverty harms mental health

Figure 2: Sections under the Mental Health Act by indices of deprivation

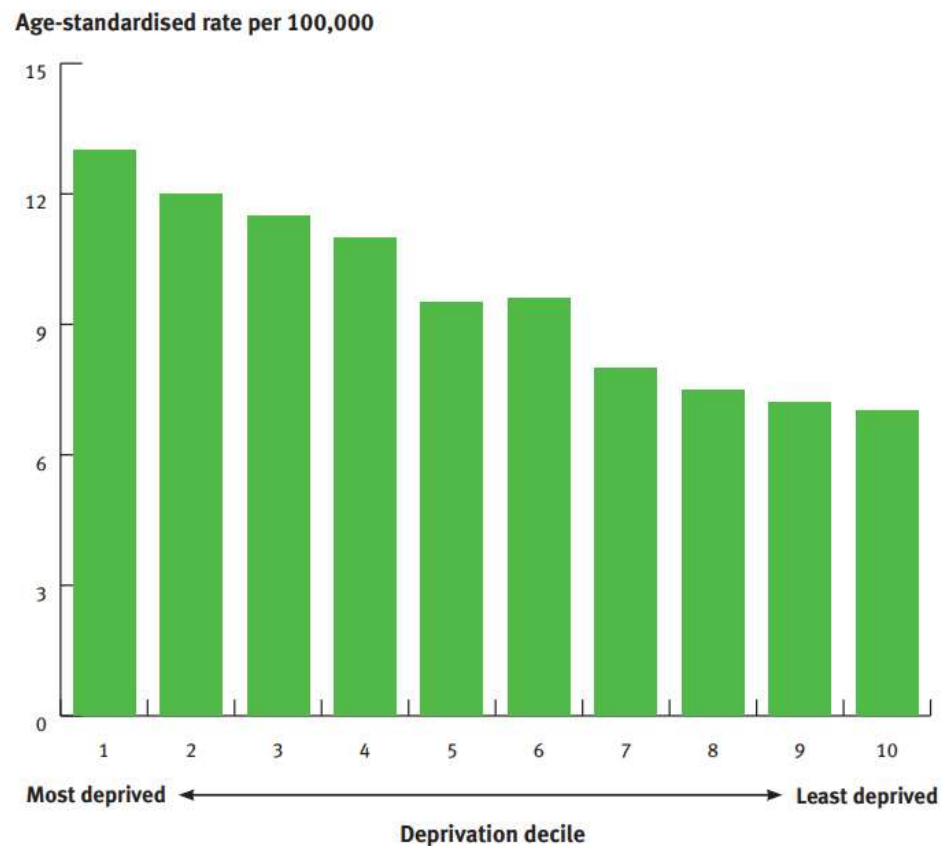| Deprivation	
Least deprived	
Less deprived	
Less deprived	
Less deprived	
Less deprived	
More deprived	
More deprived	
More deprived	
More deprived	
Most deprived	

Crude rate per 100,000 population

Source: NHS Digital

How poverty harms mental health

Figure 3: Age-standardised mortality rate for suicide, by deprivation decile, persons, England, 2014 to 2016

Age-standardised rate per 100,000

Most deprived ← Deprivation decile → Least deprived

Source: Public Health England analysis based on mortality and population data from ONS and Index of Multiple Deprivation 2015 from Ministry of Housing, Communities and Local Government
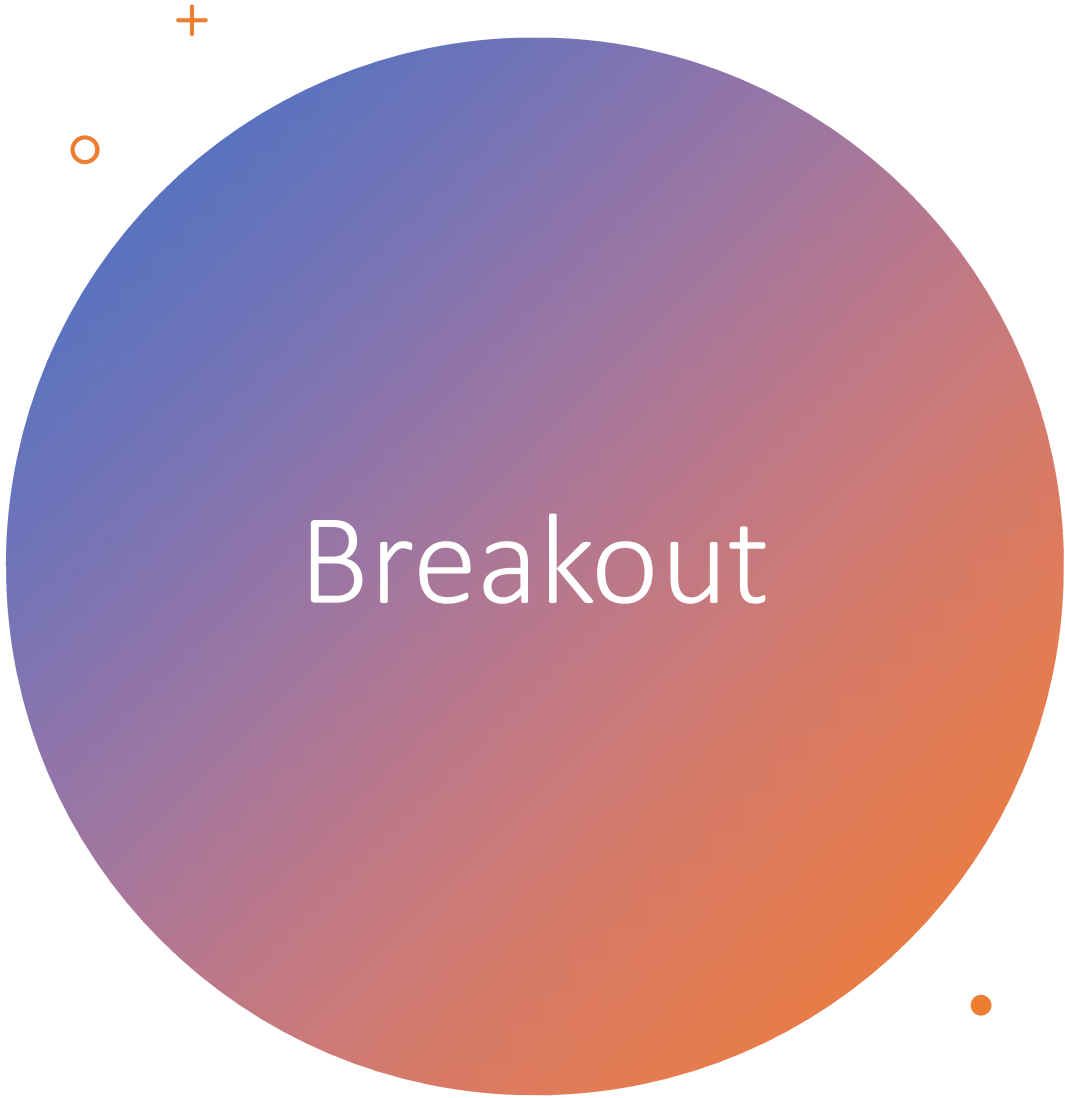
Breakout

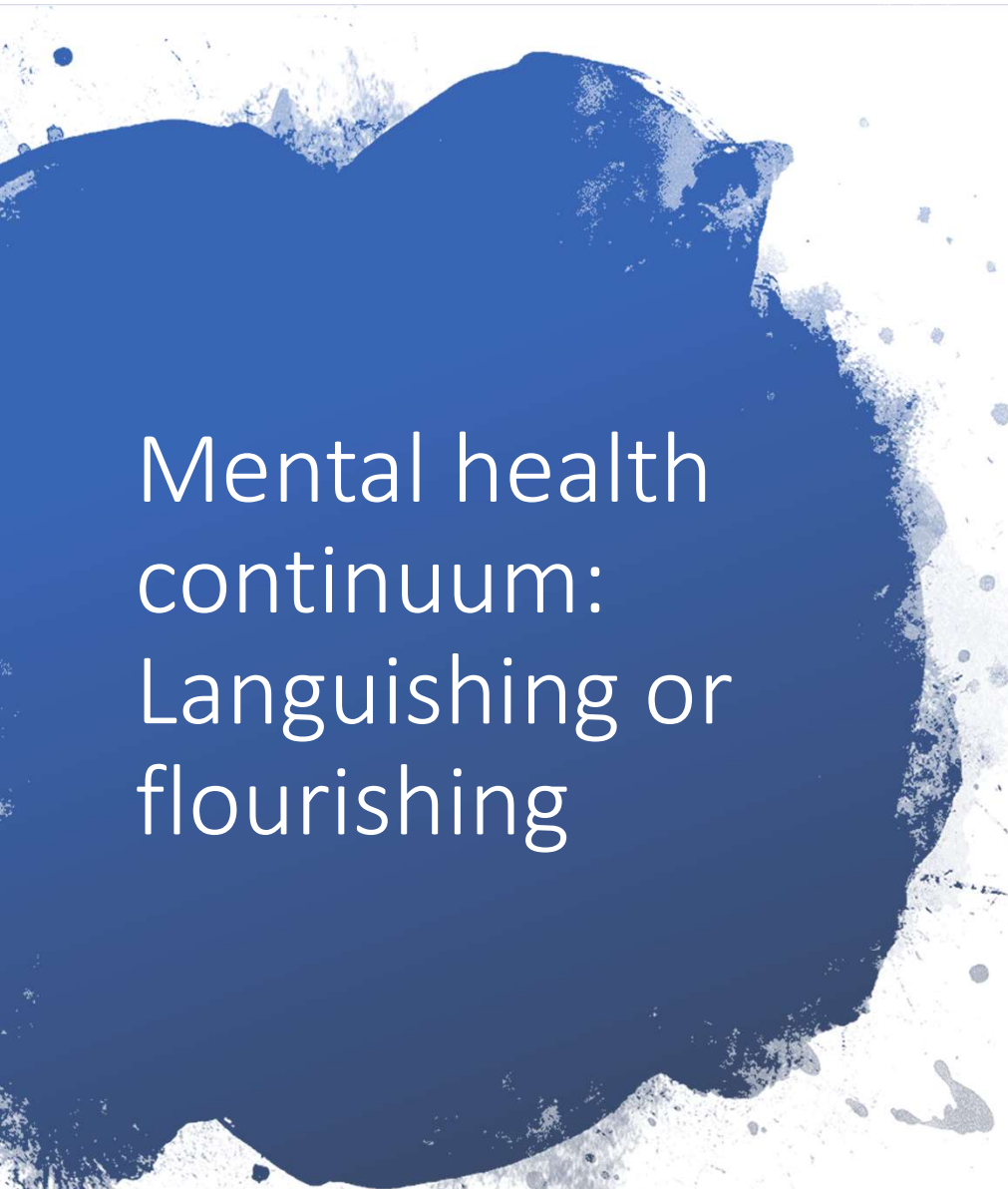**What does Mental Health mean to you?**

World Health Organization

- Positive mental health is defined as:

- 'A state of well being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'

- A helpful way to think about mental health is as part of a continuum ranging from minimum mental wellbeing to maximum mental wellbeing, taking in maximum mental health problems to minimum mental health problems.

  The four quadrants in the mental health continuum represent different possible times and situations in a person's life.   (adapted from **K. Tudor, I. Hubbard)**
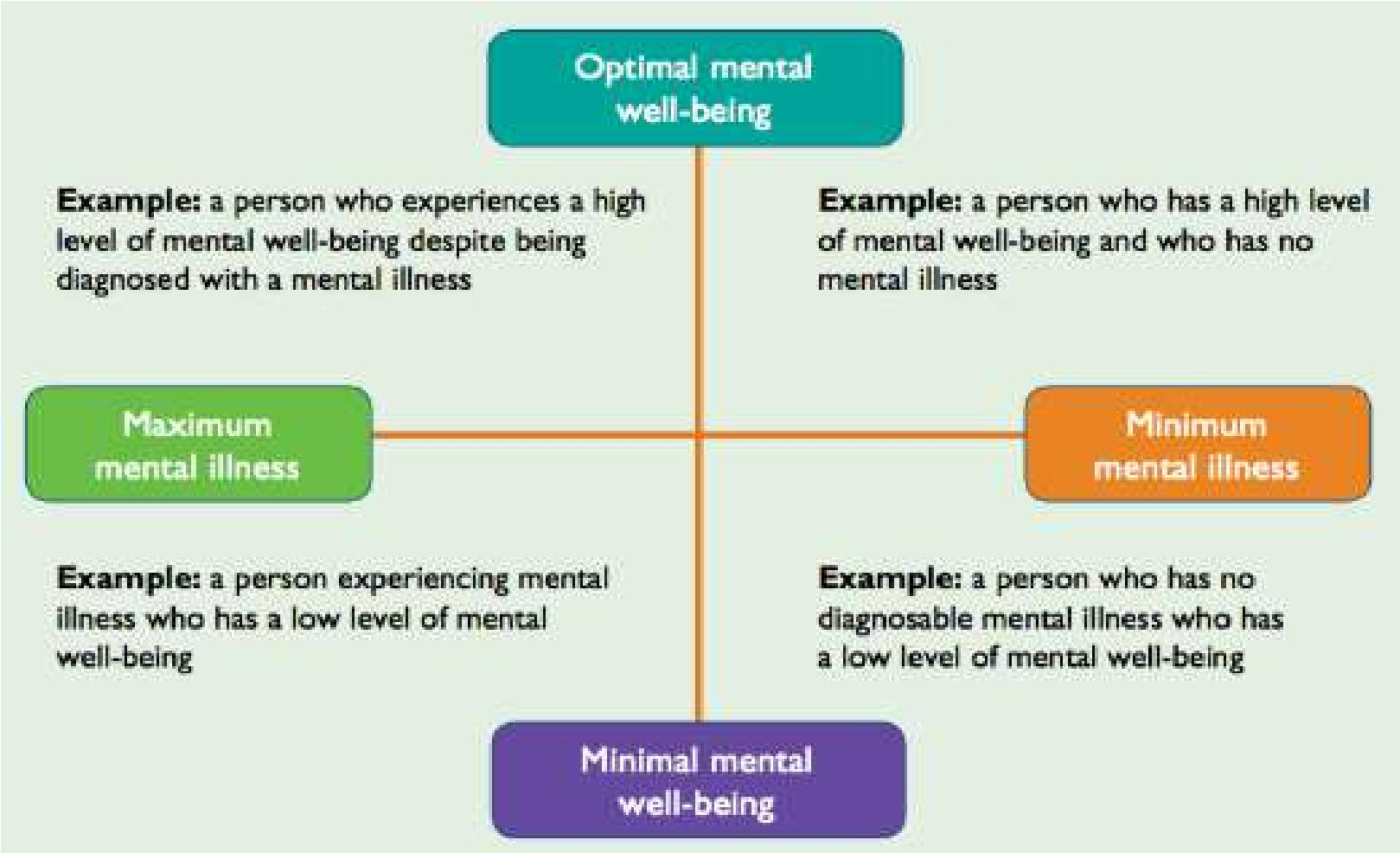
- We can move around the continuum for many reasons. Our mental wellbeing can be affected by circumstances outside our control, as well as by the way we look after ourselves.

- When things that we cannot control have a negative effect on our mental wellbeing, we can do something positive by taking good care of ourselves.
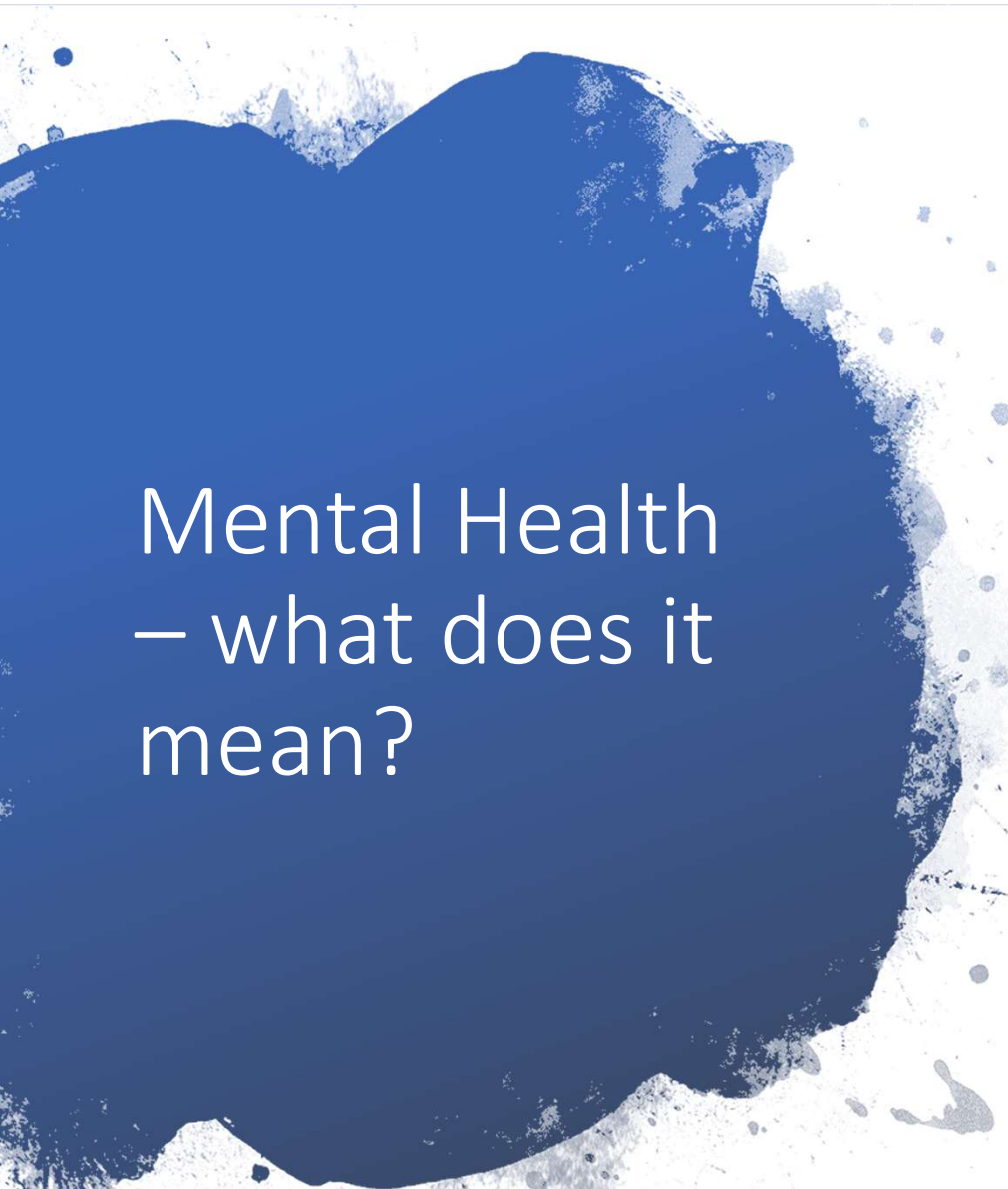
Mental Health continuum:

Mental health continuum: Languishing or flourishing

@Mick Atkinson

HIGH MENTAL HEALTH

Flourishing & Mental Illness

Flourishing

HIGH MENTAL ILLNESS

Moderate Mental Health & Mental Illness

Moderate Mental Health

LOW MENTAL ILLNESS

Languishing & Mental Illness

Languishing

LOW MENTAL HEALTH

Optimal mental well-being

Example: a person who experiences a high level of mental well-being despite being diagnosed with a mental illness

Example: a person who has a high level of mental well-being and who has no mental illness

Maximum mental illness

Minimum mental illness

Example: a person experiencing mental illness who has a low level of mental well-being

Example: a person who has no diagnosable mental illness who has a low level of mental well-being

Minimal mental well-being

Mental Health – what does it mean?

- Mental health has a personal meaning for every individual. Here are some definitions of different aspects:

- **Mental wellbeing:** a term that includes life satisfaction and how we feel about ourselves. This covers a range of things such as sense of control, having a purpose in life, a sense of belonging and positive relationships. Mental wellbeing can be experienced despite having a diagnosis of a mental health problem – in this respect mental health can be considered as two intersecting continua, mental wellbeing and mental health problems.

- **Mental health:** used as an umbrella term to refer to both mental health problems and mental wellbeing.

- **Mental health problems:** a term that refers to symptoms that meet the criteria for clinical diagnosis of mental health problems. Examples include depression, anxiety and eating disorders.

- **Mental illness** is a term used by health professionals to describe the most severe mental health conditions. These illnesses significantly interfere with or limit one or more major life activities
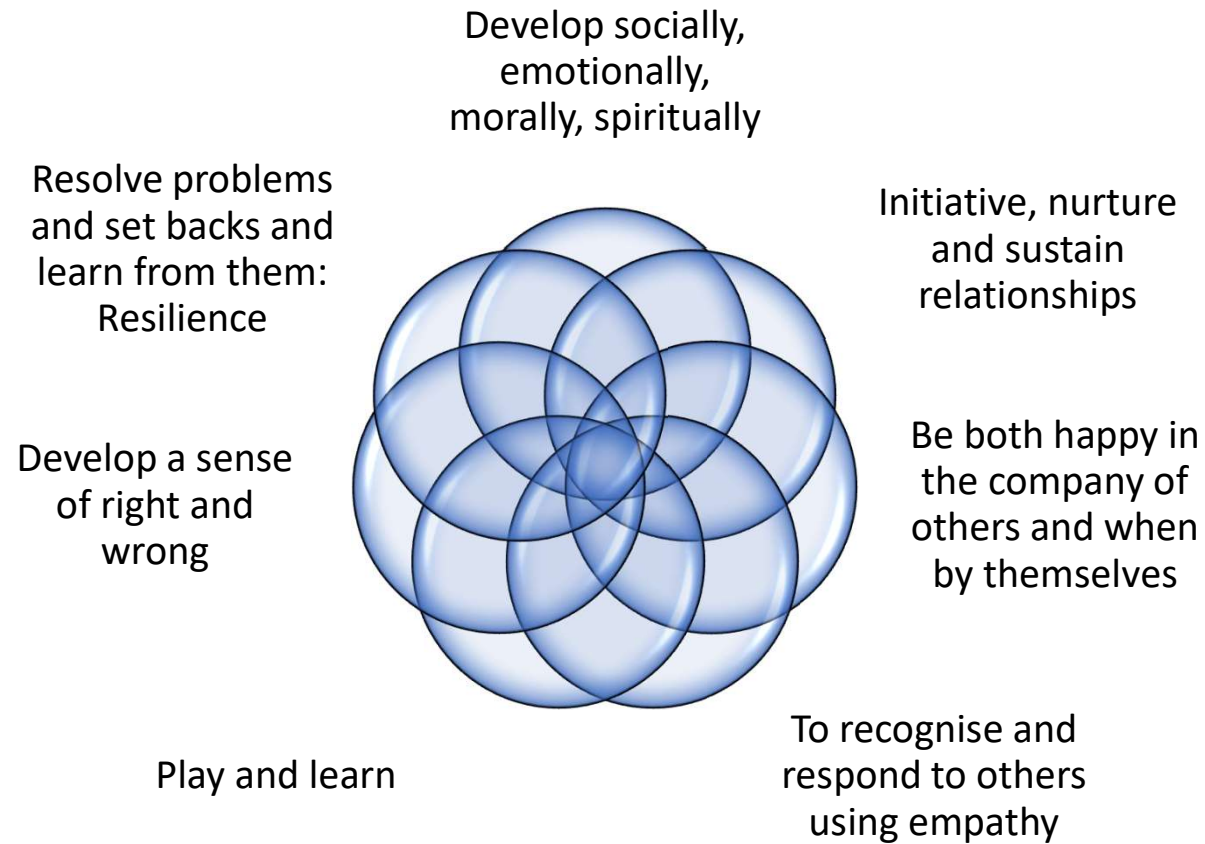
Mental Health and wellbeing

- The term mental health does not equal mental illness

- Everyone has mental health

- Being mentally healthy is about having the strength to overcome the difficulties and challenges that we can all face at times in our lives; to be literate about our emotional and mental health and to have a clear understanding of the resources we have available to us to cope: To be resilient.

- It can help to think about being well as something you do, rather than something that you are. The more you put in, the more you get out.

- No-one can give you wellbeing. It is you who has to take action.

Children who have good mental health have the ability to:

Develop socially, emotionally, morally, spiritually

Initiative, nurture and sustain relationships

Resolve problems and set backs and learn from them: Resilience

Be both happy in the company of others and when by themselves

Develop a sense of right and wrong

To recognise and respond to others using empathy
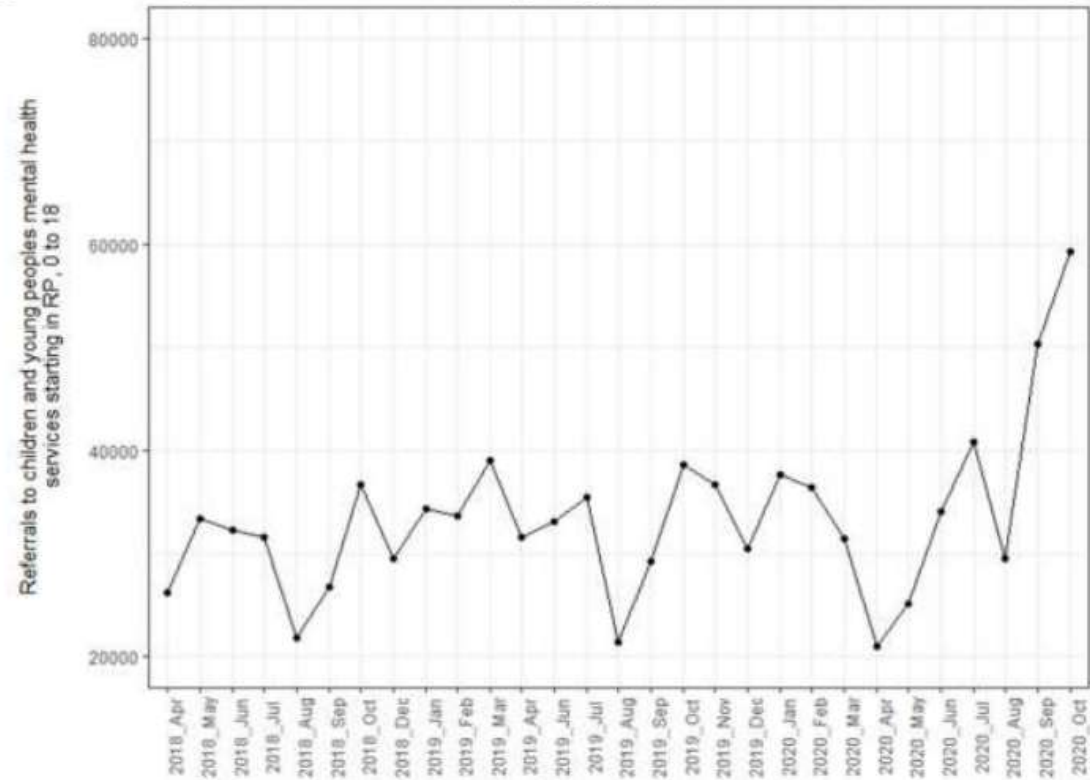
Play and learn

Breakout

Discuss both negative and positive experience of receiving joined up mental health support for your service users.
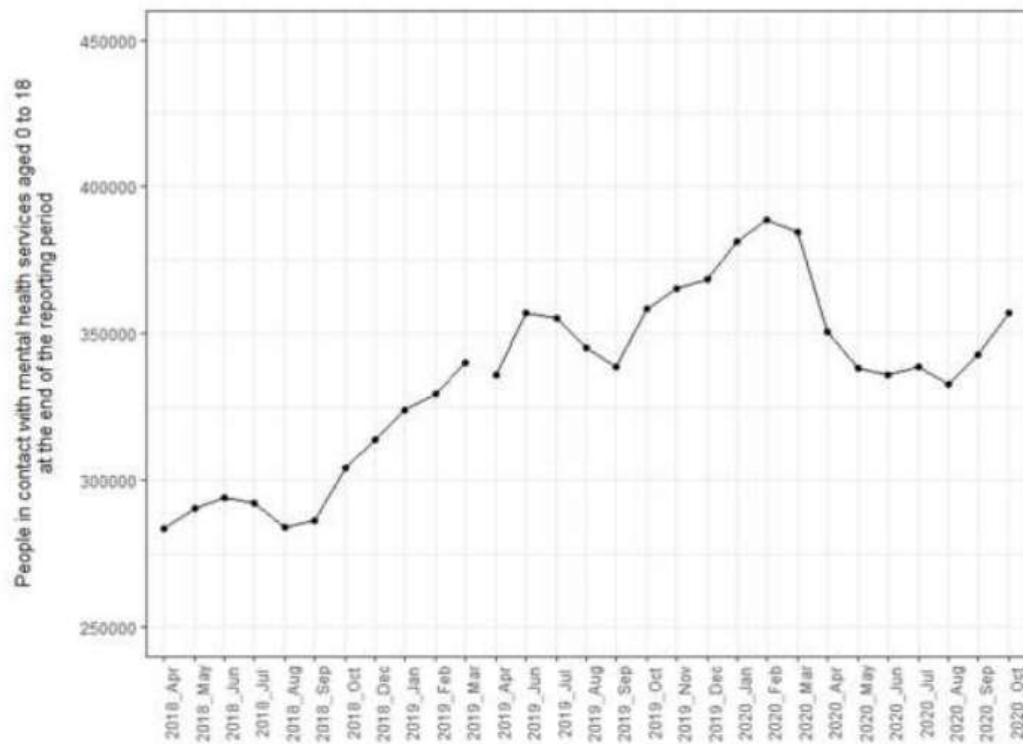
CYP access to mental health services

Figure 1: Monthly referrals to children and young people's mental health services in England

CYP access to mental health services

Figure 2: Monthly number in contact with children and young people's mental health services in England

CYP access to mental health services

- 4% of children accessed mental health services in 2019/20.

- This is equivalent to about 1 in 3 children who needed mental health services (based on 2017 estimates of need);

- or 1 in 4, based on 2020 estimates of need

- For NHS England to meet its target to expand provision by 340,000 children (aged 0-25) a year by 2023/24 it will need to drastically increase the rate at which the services are expanding.

CYP access to mental health services (lottery)

- On average, local CCG areas spend less than 1% of their overall budget on children's mental health and 14 times more on adult mental health services than on services for children.

- 8 local areas spend less than £40 per child on mental health services, while 21 areas now spend more than £100 per child.

- 30 local areas now have average waiting times of less than 30 days, while 34 local areas have average waiting times of more than 60 days. Overall, average waits across England range from 8 days to 82 days

Breakout

What mental health/resilience building support does your service provide?

Building and Developing Resilience in Young People

There are eight sets of protective factors which can affect a young person's daily life and shape their resilience.
Below gives youth organisations some ideas around what they can do to develop and support these protective factors

Skills

Description	What can Youth Organisations do?
Young people need many skills to be resilient, healthy and successful in life and active in their communities.	Adapt environments so that young people with learning and physical disabilities can take part and fully benefit.
Personal skills include:	In group work sessions use learner-centred approaches such as drama activities to help young people learn about and practice living and learning skills.
Self-awareness and self-monitoring.	
Adaptive, coping and management.	Provide a sounding board, mentor or coach young people who are trying to get through a problem or conflict.
Interpersonal communication.	Encourage young people to spend time with people who like them and make them feel good about themselves.
Relationship and social skills.	
Critical and creative thinking skills.	Help young people set realistic and achievable goals.
	Encourage young people to share their opinions so they get good practice at communicating their views.
	Provide opportunities for young people to challenge themselves.

Parents

Families

	Description	**What can Youth Organisations do?**
Parents	Many different people play a parenting role in young people's lives. Their resilience is greatly affected by parental expectations, their style of discipline and the quality of attachment and communication between them.	Provide information about parenting programmes and other services that can support parents.
Families	Families that are resilient and function well give young people a positive identity, a sense of connectedness and an environment in which they can flourish. Family includes anyone a young person sees as important because of a strong enduring connection, whether related by blood or not.	Engage young people in activities to identify family values, strengths and rituals.

Schools

Most young people spend much of their time in school. Of particular importance to a young person's resilience is the feeling of belonging and acceptance at schools.

Establish working relationships with local schools to ensure consistency of support and development of young people.

Peers

Relationships with peers are important in adolescence. Friends and other peers provide social support and a sense of belonging.

Use group management techniques that recognise the power and impact of the peer group. Avoid negatively labelling groups of young people. Engage young people in discussions about peer groups and moral dilemmas.

Community

Resilient young people have links to their community and have opportunities to be meaningfully involved. A strong community nurtures a sense of belonging and connectedness and engages in constructive activities that benefit them and others.

Encourage young people to get involved with community organisations and volunteering opportunities.

Involve young people in advocating for needed resources in their community.

Work with community partners to help develop a youth friendly community.

Cultural Identity

A strong cultural identity is an important part of how young people see and value themselves.

Provide opportunities for taking part in cultural traditions and celebrations.

Provide opportunities for young people to learn about stigma and discrimination and to critically reflect on how this impacts on their lives.

Economic & Financial

Belonging to an economically secure household affects the health and wellbeing of young people. Young people need to understand how money works and have the skills needed to earn and manage their own money.

Develop financial literacy classes and workshops.

Provide services to support young people in finding and retaining employment.

Promote open communication about finance. Encourage youth participation in budgeting processes.

Assessing Resilience
Three Sources of
Resiliency

Edith Grotberg of the International Resilience Project

Defines resiliency in terms of **three** sources.

For a young person to be resilient, he or she needs to have more than one of these strengths.

I HAVE (Context)

Social and interpersonal supports

Awareness of those who support them

Who I have

Trusting and loving relationships with others
Parents, siblings, teachers, friends.

Structure at home
Clear rules and routines, comprehensible and fair sanctions when breached, praise when followed.

Role models
Parents, other adults, peers, siblings, who model good behaviour and morality.

Encouragement to be independent
People who offer praise for growing autonomy.

Access to health, education and social care
Consistent direct or indirect protection for physical and emotional health.

I AM
(Personality)

Inner strengths

How they view themselves

Who I am

Loveable
The young person possesses, or is helped to develop qualities that appeal to others.

Loving
The young person is able to express affection to others, and is sensitive to their distress.

Proud of myself
The young person feels they have the capacity for achievement and resists discouragement.

Responsible
The young person accepts and is given responsibilities, and believes their actions can make a difference.

Hopeful and trustful
The young person has faith in institutions and people, is optimistic for the future and is able to express their faith within a moral structure.

I CAN
(Skills)

Interpersonal and problem solving skills

Degree of confidence they have in their own abilities

What I can do

Communicate
The young person is able to express feelings and thoughts and listen to those of others.

Solve problems
The young person can apply themselves to problems, involve others when necessary and be persistent.

Manage my feelings
The young person knows and understands emotions, recognises the feelings of others and controls impulsive behaviour.

Seek out trusting relationships
The young person has the ability to find people, peers or adults, in whom they can confide and develop mutual trust.

Understand my temperament
The young person has insight into their personality and that of others.

Edith Grotberg of the International Resilience Project

For example, if a young person has good
self-esteem (I AM), but lacks anyone
whom they can
turn to for support (I HAVE), and does
not have the capacity to solve problems
(I CAN), they
will not be resilient.

Edith Grotberg of the International Resilience Project

Each of the I HAVE, I AM, and I CAN factors suggests numerous actions young people and workers can take to promote resilience.

You do not have to use the entire pool of resilience factors, some use many; others use few.

However, the larger the pool of choices before them, the more options young people have for selecting appropriate responses to a situation.