

4.1.03 Emotional wellbeing of children

Introduction: why is this important?

Keeping emotionally and mentally healthy throughout childhood is by no means guaranteed for all children and young people. Over half of all mental ill health starts before the age of 14, and 75% developed by the age of 18. Untreated mental health problems create distress not only in the children and young people but also for their families and carers, continuing into adult life and affecting the next generation.

The report of the Children and Young People's Mental Health and Wellbeing Taskforce in 2015 shows that mental health problems in young people can result in lower educational attainment (for example, children with conduct disorder are twice as likely as other children to leave school with no qualifications) and are strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour.

As with all areas of health, it is important that we identify and treat those with immediate mental health problems, but it is equally vital that we support the mental and emotional wellbeing of our whole population of young people, by helping them develop psychologically, emotionally, intellectually and spiritually, initiate and sustain personal relationships, develop a sense of right and wrong, and face problems and setbacks and learn from them.

What do the facts and figures tell us?

Prevalence

Mental health disorders are common among children and young people. The most recent national survey of mental health disorders in young people was carried out by the Office for National Statistics in 2004 (Green et al, 2004). **Table 1** below shows the estimated number of young people in Bradford with mental health disorders, obtained by applying the 2004 national estimates to the Bradford population (ONS 2014 mid-year estimate). This modelling data suggests that there may be around 8,719 children and young people in Bradford with a mental health disorder, which due to population growth in this age group is a 2.7% increase since the 2011 census.

Table 1: Estimated numbers of young people in Bradford with mental health disorders

Age range		Number of Children (2013) mid-year population estimates	ONS 2004 prevalence	Estimated number of children with a mental health disorder
5-10 years	Female	23,369	5.1	1192
	Male	23,921	10.2	2440
	All 5-10	47,290	7.7	3641
11-16 years	Female	21,358	10.2	2179
	Male	22,179	13.1	2905
	All 11-16	43,537	11.7	5094
5-16 years	All	90,827	9.6	8719

Source: ONS 2014 mid-year population estimate. Green, H. et al (2004).

The Child and Maternal Health Observatory (ChiMat) has also undertaken analyses of the estimated numbers of young people with various types of disorder, by applying the prevalence rates in the above study to the Bradford (**Table 2**).

The 2015 HNA highlights that in addition to the 10% of children with diagnosable mental disorders, a further 5-10% would be likely to have less severe emotional or mental health difficulties at any one time. Using Strengths and Difficulties Questionnaire (SDQ) scores for Bradford children, it produces a synthetic estimate of 17,000 children with some level of emotional or mental health difficulty in Bradford currently. A rise in proportion with the increasing population in the relevant age

bands would see this broad estimate rise to 23,600 children with some level of emotional or mental health difficulty by 2025.

Table 2: Estimated prevalence rates for various types of mental health problem

	Boys aged 5-10 years	Girls aged 5-10 years	All children aged 5-10 years	Boys aged 11-16 years	Girls aged 11 – 16 years	All children aged 11- 16 years
Estimated number of children with emotional disorders	530	630	1,155	1,015	1,325	2,335
Estimated number of children with conduct disorders	1,795	730	2,520	1,920	1,175	3,090
Estimated number of children with hyperkinetic disorders	740	115	855	590	95	685

Source: CHIMAT 2014. Note: figures may not add up to those in Table 1, as it is common for young people to have more than one disorder (e.g. conduct disorder is commonly diagnosed together with ADHD)

Demand and need within Child and Adolescent Mental Health services (CAMHS)

CAMHS is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing. It is organised around four ‘tiers’: Tier 1 CAMHS is formed of general advice and support given by non-specialist professionals such as teachers, GPs, pastoral support and school nurses; Tier 2 CAMHS are community based and delivered by school nurses, primary mental health workers, and some social workers; Tier 3 CAMHS referral is through specialist assessment and may involve psychotherapists and family therapy; and Tier 4 CAMHS is an inpatient and specialist outpatient service, with inpatient care currently provided for Bradford Children at specialist units in Sheffield and York.

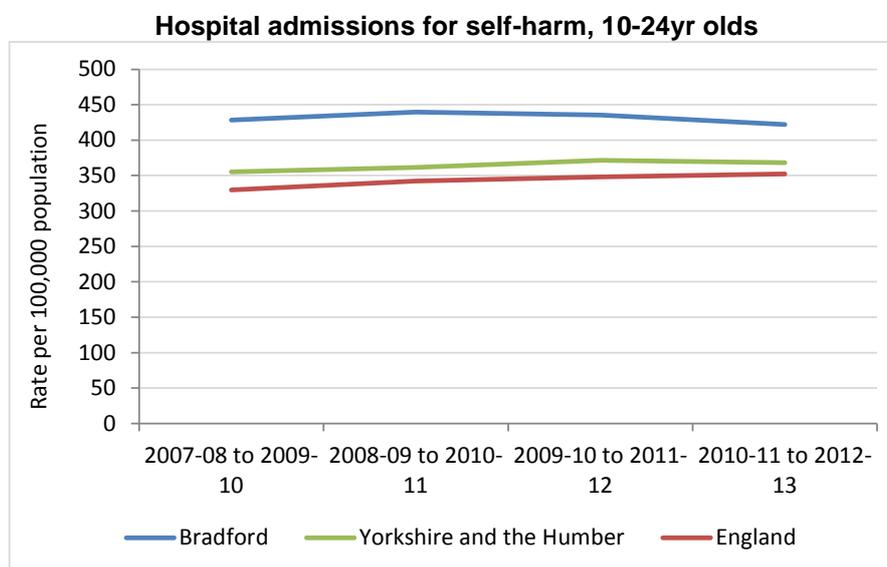
It is currently difficult to access detailed routine activity and referral data for CAMHS in the district; however, a national minimum dataset for CAMHS is due to go live in March 2016. Referrals to CAMHS in Bradford show a substantial increase over the past three years and a rising trend. The active caseload has also risen substantially in the past 18 months. Referrals to specialist CAMHS increased by 16% between 2012-13 and 2013-14 to over 2,500. The active caseload for specialist CAMHS shows a 20% increase over the 18 month period between March 2013 and October 2014. This is likely to reflect the current and predicted increase in Bradford’s child population, and corresponding increases in demand. Regional benchmarking data suggests that rates of referral to specialist CAMHS are even now very low when compared with national figures and other local authorities in the region. It is unlikely that this increase represents low-level or inappropriate referrals, and the 2015 HNA provides further analysis of this.

The mental health of looked after children

Looked after children are recognised to be at significantly greater risk of emotional difficulties and mental disorders. It has been found that among children aged 5-17 years who are looked after by local authorities in England, 45% had a mental health disorder, 37% had clinically significant conduct disorders, 12% had emotional disorders, such as anxiety or depression, and 7% were hyperkinetic (e.g. ADHD). 880 children were looked after in Bradford as of March 31st 2013, and applying the above rates would suggest a rough estimate of 396 looked after children with a mental health disorder, although not all of these children would require specialist CAMHS input. More encouragingly, children in local authority care now complete SDQs and comparative data on this is available between local authorities. Scores between 0 and 13 represent a normal level of emotional need, while higher scores suggest mental health problems or emotional difficulties requiring clinical intervention. Bradford children who completed the SDQ returned an average score of 12.6 compared to the England average for looked after children of 14.0 (2013-14). This is a favourable comparison but is nevertheless towards the top end of the ‘normal’ range.

Self-harm

On average there are approximately 400 admissions per year for self-harm in 10-24yr olds in Bradford. Although admission rates have remained similar over the last 4 years, rates have been consistently above the average for England. Between 2010-11 and 2012-13 the admission rate for self-harm in Bradford was 422 admissions per 100,000 population compared to the average for England of 352 per 100,000 population.



Source: Local Authority Child Health Profiles

What strategies, policies and best practice have been developed locally and nationally?

In 2015 the Department of Health published the 'Future in Mind' programme, a high-profile national drive to improve the mental health of children and young people. It set out five objectives:

1. improve resilience, prevention and early intervention services
2. improve access to services and support
3. improve care for the most vulnerable
4. improve transparency and accountability
5. develop our workforce

Local areas were given some resources to fund these ambitions, and locally, the NHS and Council within the district have come together to produce their own 'Future in Mind Transformation plan'. This focuses on improvements to mental health services offered to children, young people and adolescents, and set out a range of commissioning intentions. Bradford's 'Healthy Minds Strategy Group', a partnership of NHS, local authority and VCS organisations, supported by input from young people, supports these ambitions.

Other key strategies and documents include:

- Bradford District Children and Young People's plan 2016-2018
- Bradford Integrated Early Years Strategy 2015-18
- Better Start Bradford Delivery Plan 2014
- Bradford District Joint Health and Wellbeing Strategy 2013-17
- NICE guidance (General: LGB12, 2013; primary education: PH12, 2008; secondary education: PH20, 2009; early years: PH40, 2012)

What challenges have been identified in a local context?

In 2015 a Health Needs Assessment (HNA) of children's mental health and wellbeing was published in the district to inform the local Future in Mind plan. It highlighted a combination of a rising young population, high levels of poverty and social deprivation and pressure on existing services in both the statutory and voluntary sector to meet increasingly complex needs. The HNA

outlined the unique position of children and young people in Bradford and the challenges faced in meeting emotional and social wellbeing needs.

Bradford has the third largest child population in the UK with some risk factors which increase the likelihood of poor wellbeing and mental health, in particular the high numbers of children living in poverty. The overall child population increased by 10.5% between 2002 and 2012, and is projected to grow by a further 5.5% by 2025. This population growth is likely to be concentrated in the most deprived areas of the city where birth rates are currently highest. The 10-14 age group, a key group for the onset of mental health difficulties, is projected to grow by 10.2% in the next ten years.

An increase in the demand for emotional and mental health services at all levels including specialist CAMHS, over and above a rise in proportion with the population, is likely. Prevention, promotion and early intervention will play a very important role in protecting capacity within specialist CAMHS. Bradford's child population has a number of factors associated with increased risk of emotional or mental health difficulties. The most significant of these is the high number of children living in poverty and disadvantaged circumstances.

What do our stakeholders tell us?

The Health and Lifestyle Survey carried out in Bradford district schools in 2013 surveyed 9,372 children from 119 primary and 22 secondary schools in Years 4, 7 and 10 across the district. They were asked a number of questions about their health, lifestyle and emotional wellbeing including Year 4 pupils being asked about their self-esteem, and all pupils were asked about the things they worried about.

Pupils in Year 4 had their self-esteem measured by using a series of statements, in which they were asked to indicate their agreement. Each response had a score against them, the result was out of a possible 18, and those which scored between 15 and 18 had the highest level of self-esteem. Most year 4 pupils scored in the medium-high range for self-esteem. There was some variation by gender with more girls than boys having low or medium-low self-esteem and more boys with medium-high or high self-esteem.

Ethnicity made little difference to self-esteem scores, with the two largest communities in Bradford district, White and South Asian children, showing very similar scores. In the most deprived 20% of children, low self esteem scores were slightly more common, and only 24% of these children recorded a high self esteem score, in comparison to 41% of the least deprived group of children. Pupils with special educational needs (SEN) were also more likely to record low self esteem scores, indicating the importance of addressing the emotional needs of this group of children alongside their educational progress.

Children were asked if they worried about anything, and if so, what. Year 10 children were most likely to say that they worried 'a lot' or 'quite a lot' about particular issues. For Bradford young people, the most significant sources of worry appeared to be around exams and schoolwork, probably reflecting the importance of public exams for this age group. Problems with friends and family were the second most significant group of worries. It is also of note that a higher proportion of Year 4 children reported worrying about bullying, while more Year 10 children reported worrying about 'problems with friends'. This may suggest that while worries about friendship groups and social exclusion are a constant for our young people, these anxieties are perhaps redefined by older pupils as 'worries about friends'.

Recommendations: What do we need to do? How do we ensure this remains a priority?

- Continue to monitor the prevalence and trends in Children and Young People's mental health, including learning lessons from the national CAMHS minimum dataset, due to be published in March 2016
- Continue work to implement recommendations made in the 2015 Health Needs assessment

- Continue to work as a partnership to transform services for children and young people with mental health problems as set out in the 5 work streams of the 'Future in Mind Transformation Plan' for Bradford district

References

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