What Health and Wellbeing Boards Can Do to Help Children and Young People with Mental Health Problems

‘Good mental health doesn’t start in hospital or the treatment room. It starts in our workplaces, our schools and our communities. ..... In fact everyone has a part to play.’ Ed Miliband MP, Leader of the Labour Party, 2012.

The Children and Young People’s Mental Health Coalition (Coalition) brings together a variety of third sector organisations to campaign on behalf of and with children and young people to effect change in policy and practice that will improve their mental health and wellbeing. Zurich Community Trust has funded the Coalition, whose core members are Mental Health Foundation, Family Action, Rethink Mental Illness, Centre for Mental Health, Right Here, Royal College of Psychiatrists, Place2Be, The Prince’s Trust, YoungMinds, Youth Access, Youth Net, NSPCC and The Tavistock Centre for Couple Relationships.

What is Children and Young People’s Mental Health?

People often confuse the term mental with mental health problems. The World Health Organisation (WHO) define mental health as being ‘a state of well-being in which the individual realises his or her own abilities, 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’ (WHO. 2011). This definition illustrates that mental health is a positive term and a key component of health; and is similar to other terms you may have heard of, such as emotional wellbeing, or psychological wellbeing.

Mental health problems refer to a wide range of difficulties, which vary in their persistence and severity. Mild problems are at one end of the spectrum and severe mental illness at the other. It is well established that children and young people who experience certain risk factors are at greater risk of developing mental health problems. These risk factors can be within the child, within the family and within their environment (Department of Health, 2008). The more risk factors experienced, the greater the chance they will develop mental health problems. Conversely, there are well known protective factors, which help build resilience in the child and reduces the risk of mental health problems developing.

Health and wellbeing boards (H&WBB) need to understand the distinction between mental health and mental illness and appreciate that the support needed is not just going to be specialist child and adolescent mental health services. Children at risk of, or who have mental health issues will need a wide range of support that is provided by a range of agencies. Building resilience is something that many universal services, such as schools can do. This is why H&WBBs are in such as good position to bring together relevant agencies and have a shared vision that will influence local commissioning plans.
Why Children and Young People’s Mental Health is Important?

Every child and young person, regardless of their circumstances, deserves the right to be mentally healthy. Mental health problems often have their roots in childhood, so tackling problems when they first emerge is both morally right and cost effective (Department of Health, 2011a). Mental health problems in childhood are associated with poor outcomes in adulthood. For instance, people who had severe conduct problems in childhood are more likely to: have no educational qualifications, be economically inactive and be arrested (Richards, M. et al., 2009).

A key objective of the Mental Health Strategy is that ‘more people will have good mental health’ (Department of Health, 2011a); and early identification and intervention was identified in support of the economic case for the Mental Health Strategy (Department of Health, 2011b). Article 24 of the UN Convention on the Rights of the Child states that Children have the right to good quality health care (Office of the UN High Commissioner for Human Rights, 1989).

1 in 10 children and young people are known to have a mental disorder, and many more are likely to have emerging mental health problems that haven’t yet reached the clinical threshold of a disorder (Green, et al. 2004).

The following statistics illustrate that the prevalence is even higher in specific groups of children and young people:

- 36% of children and young people with learning disabilities will have a mental health problem, compared with 8% of non-disabled children (Emerson & Hatton, 2007)
- About 40% of deaf children have a mental health problem (Hindley, 2005)
- About 60% of looked after children have a mental health disorder (NICE, 2010)

Despite the high level of need, children and young people’s mental health is often low on the list of local priorities and is often sidelined. H&WBBs are in an ideal position to act as local champions for children and young people’s mental health and ensure that their area is doing all it can to help them.

Therefore, children and young people’s mental health should be a priority area for H&WBBs.

The Economic Case for Investing in Children and Young People’s Mental Health

- Mental illness during childhood and adolescence results in UK costs of £11,030 to £59,130 annually per child (Department of Health, 2011b)
- It is estimated that the 45% of children who have mild or moderate conduct problems go on to commit half of all crime at an annual cost of some £37 billion (Sainsbury Centre for Mental Health, 2009)
The economic burden of mental health falls on all statutory services (Romeo, et al., 2006), so investing in children and young people’s mental health will help partner organisations represented on the H&WBBs save money in the longer term.

What you can do to help Children and Young People in your Area?

The Mental Health Strategy Implementation Framework lists what H&WBBs can do to improve mental health in their area (Department of Health, 2012). The following activities are all in accordance with this list and will help you implement the Mental Health Strategy in your area, and improve outcomes for children and young people.

- **Use your leadership to make children and young people’s mental health a priority**
  Strong partnerships and clear leadership are essential. H&WBBs are in a good position to provide real leadership; have a shared vision for how to support children and young people’s mental health and ensure that there is integrated working.

- **Decide who else needs to sit on the H&WBBs**
  Invite representatives from local schools, early years workforce and the voluntary sector to sit on the H&WBBs. This is permissible under the Health and Social Care Act 2012 and will enable organisations, which are in regular contact and provide mental health support for local children and young people to contribute to JSNAs and the joint health and wellbeing strategies.

- **Use data to assess need and prevalence of risk factors**
  The JSNA needs to be owned by all local partners, including the voluntary sector and schools, particularly where schools are commissioning their own mental health support such as counselling services, and are working closely with parenting teams. Voluntary sector organisations may provide universal, targeted and/or specialist mental health support for local children and young people.

  Now that schools are more autonomous, there is a concern that academies and free schools are no longer required to submit data to the local authority. You will therefore, need to take active steps to collect this essential data from all local schools.

  Local authority parenting teams also commission and provide a significant proportion of early mental health care for children at risk or with early mental health problems. It is important that data from these teams is also collected as part of the overarching data collection activity.

  We know that many children and young people are not using statutory mental health services (Ford, 2005), and that voluntary sector services are well used by them (Youth Access, 2010). If the data is only collected from statutory services, information concerning the needs of a significant proportion of local children and young people will not feed into the JSNA. This is particularly the case for 16-25 year olds who are often invisible in statutory sector data, but very visible in their use of voluntary sector provision.

- **Listen to what children, young people and their families say their needs are**
  Children and young people are not a homogenous group and will have different needs depending on their age and circumstances. The needs of all babies, children, young people and families, including those from seldom heard groups such as those
from BME groups, should feed into the Joint Strategic Needs Assessment (JSNA) and local commissioning arrangements.

- **Plan a local strategy with all local partners including those beyond health and social care**
  Check what early identification and intervention services for children and young people are being commissioned locally. This can be preventative work with very young children, but also services that intervene when mental health problems first arise.

  Check that there are enough high quality and evidence based or evidence informed services in your area to meet local need. A good local offer should include universal, targeted and specialist services. This range of services could include parenting programmes, perinatal and infant mental health services; service that support children and young people who are particularly at risk of developing mental health problems, such as looked after children; and specialist services for children and young people with existing mental health problems. The services may be provided by a range of different agencies, and by either adult or children’s services. In many instances, many of these services, including children’s and adult services, will need to work together, particularly if an effective local offer to 16-25 year olds is to be secured.

  Check how early year’s services are being commissioned in your area. Under the new arrangements there is a risk of fragmentation, with different organisations commissioning different services.

  Check how services are being commissioned. There needs to be a level playing field that objectively assesses the quality each service. Services must be commissioned based on their own merit, regardless of whether they are provided by the local authority or by the voluntary sector.

- **Assess the quality of these services**
  To assess the quality of services, you would need to consider cost effectiveness, the value placed on them by young people and families; the evidence base for the services and the outcomes they produce. Check what data different agencies produce or provide concerning children and young people’s mental health. This may be produced by schools, voluntary sector services, local authority, primary care and broader health services, gang-focused services, justice system and so on. Once you know what data is produced, plan for its use and inform the data providers how you are using their data.

- **Collect data and feedback to assess the impact of the provision and make improvements in future**
  Children and young people’s feedback on services also helps H&WBBs assess how effective and efficient currently commissioned services actually are.
References


About the Children and Young People’s Mental Health Coalition

A membership group of 14 leading children’s, young people’s and mental health charities whose aim is to campaign jointly to achieve policy changes to improve the mental health and wellbeing of children and young people across England.

A partnership between The Mental Health Foundation and Zurich Community Trust set up the Children and Young People’s Mental Health Coalition in 2009.

Coalition core members

- Centre for Mental Health
- Family Action
- Mental Health Foundation
- NSPCC
- Place2Be
- Prince’s Trust
- Rethink Mental Illness
- Right Here
- Royal College of Psychiatrists
- Tavistock Centre for Couple Relationships
- YoungMinds
- Youth Access
- YouthNet
- Zurich Community Trust

For more information contact the Coalition Coordinator on 020 7803 1175, or go to our website [http://www.cypmhc.org.uk](http://www.cypmhc.org.uk)