

Improving mental health outcomes for children and young people

In February, the Department of Health launched its mental health strategy. Tim McDougall reports on its implications for children, young people and families

Summary

This article reviews the government's strategy for improving mental health in England, No Health without Mental Health, which promotes a 'life course' approach to help children and young people develop emotional resilience and wellbeing.

Keywords

Mental health outcomes, early intervention, resilience, life course, self-esteem

THIS YEAR, the government has published its strategy to improve mental health outcomes for people of all ages in England. The strategy, called No Health without Mental Health (Department of Health (DH) 2011a) develops the previous government's plan for mental health service improvement, published in New Horizons (DH 2009), and takes the same approach as the public health white paper, Healthy Lives, Healthy People (DH 2010a), in encouraging people to regard mental and physical health as equally important.

Building on notions of citizenship, personalisation and social inclusion, No Health without Mental Health (DH 2011a) promotes emotional health and wellbeing in, and early intervention and accessible support for children, adolescents, adults and older people who have mental health problems. In doing so, it seeks to ensure that:

- More people have good mental health.
- More people with mental health problems recover.
- More people with mental health problems have good physical health.
- More people with mental health problems have good experiences of help and support.
- Fewer people with mental health problems suffer avoidable harm.
- Fewer people with mental health problems experience stigma and discrimination.

No Health without Mental Health therefore takes a 'life course' approach characterised by mental health promotion, early intervention and strategies to develop emotional resilience and self-esteem during the early years and childhood. It is based on the idea that the foundations for resilience and wellbeing begin when a child is in the womb, and that emotional development should begin before birth (Kidd 2009).

Research has shown that half of all people with lifelong mental health problems first become unwell before the age of 14 (Kessler *et al* 2005), and three quarters do so before their mid 20s (Kessler and Wang 2007). The Chance of a Lifetime report (Sainsbury Centre for Mental Health 2009) found that unless the poor developmental trajectories of children are interrupted, they become adults with mental health and psychosocial disorders.

The cost of treating such disorders in England is estimated to be about £105 billion and is expected to double by 2020 (McCrone *et al* 2008). Forecasters suggest that improved availability of early intervention services for children and young people could prevent 25 to 50 per cent of adult mental disorders (Kim-Cohen *et al* 2003).

Early intervention helps improve outcomes for children and young people, and improves their abilities to raise their own children to be resilient. For example, children of parents with depression are up to three times more likely than those with parents who do not have the condition to develop it themselves (Weissman *et al* 2006). Yet, as Meltzer *et al* (2003) estimate, 70 per cent of young people with mental health problems are not offered evidence-based treatments at the earliest opportunities.

To overcome this problem, the government has announced it will launch an Improving Access to

Psychological Therapies programme for children and young people. Although the scope of this programme is yet to be agreed, it is expected to expand access to evidence-based treatments for children and young people who have depression, anxiety or conduct disorders. Psychological interventions will be based on guidance from the National Institute for Health and Clinical Excellence (NICE), and other evidence of best practice. This programme will follow the four-year Talking Therapies plan (DH 2011b) to improve access to evidence-based psychological interventions for adults with mental health problems, to which the government has already committed £400 million.

No Health without Mental Health (DH 2011a) also refers to the new early intervention grant, a combination of several other financial aid schemes, with which local authorities can fund reductions in conduct disorder, improve family relationships, and foster closer working relationships between health, education and social care services. Part of the grant is intended for prevention and early intervention projects that support children's emotional health and wellbeing, such as the targeted mental health in schools programme.

Psychological interventions

Choice of care and treatment is just as relevant for children and young people as it is for adults. No Health without Mental Health (DH 2011a) recognises that developmentally appropriate psychological interventions must be created so that children and young people receive support that is appropriate to their age and understanding. For very young children this will include non-verbal therapies, such as those based on play.

Some children and young people are more vulnerable to poor mental health outcomes than others. 'Looked after' children, those with learning disabilities and those in contact with the youth justice system, for example, are at heightened risk of developing mental health problems and disorders (Royal College of Psychiatrists 2010).

The government's strategic focus on early intervention, although welcome, should not lead to a reduction in emphasis on access to high quality, specialist mental health services, particularly for young and vulnerable people. In some areas of England, specialist services are overstretched as the number of referrals has increased and waiting lists have grown longer, while the number of professionals trained and experienced in evidence-based treatment interventions has decreased. Without urgent attention, the steady year on year improvements achieved in child and



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Early mental health interventions can improve the later lives of children and young people

adolescent mental health services (CAMHS) during the past decade may be halted.

To help healthcare professionals adapt to its new approach, the DH has developed or is developing two outcomes frameworks. The first, Delivering Better Mental Health Outcomes for People of All Ages (DH 2010b), makes the economic case for improving efficiency and quality in mental health. The other, the DH (2010a) public health outcomes framework, shares five domains with No Health Without Mental Health (DH 2011a). These are:

- Health protection and resilience.
- Tackling the wider determinants of ill health.
- Health improvement.
- Prevention of ill health.
- Life expectancy and preventable mortality.

Achieving Equity and Excellence for Children (DH 2010c) describes how meaningful outcome measures for children and young people should be developed. It also addresses the most important issues facing children's health services, such as the development of age-specific information, and improving quality standards and transitions between services.

Participation

Meaningful participation in healthcare services is crucial in improving client experiences. It is also consistent with the statement made on behalf of service users in the DH (2010d) document, Equity and Excellence, 'no decision about me without me'.

For a long time, however, children and young people have explained but not received what they want from mental health services. In general, they want to be welcomed, listened to, taken seriously and respected. They want more information and choice about what is on offer, and they want services to be flexible and based on each client's needs rather than age. If mental health services do not meet these standards, young people are unlikely to seek them out (Department for Education 2010).

It is of acute concern, therefore, that services struggle to ensure the participation of those who use them. Meaningful participation in service planning and delivery must be properly resourced and championed at every level, and the voices of children and young people should be heard more clearly by policy makers, commissioners and service providers.

Delivering Better Mental Health Outcomes for People of All Ages (DH 2010b) commits the DH to develop an indicator for improving children and young people's experiences of mental health care, while No Health without Mental Health (DH 2011a) calls on local health and wellbeing boards to require the participation of clients, including children and young people, in the services they use. This can be facilitated by involving, for example, local HealthWatch organisations.

Children and young people with mental health problems are often stigmatised and No Health without Mental Health (2010b) has made the reduction of stigma and discrimination one of its key objectives. In doing so, it sets out to enhance public understanding about mental health, and to reduce stigmatising and discriminatory attitudes and behaviours through its work with the mental health charity, YoungMinds, and its support for the Time to Change (2008) campaign led by Mind and Rethink.

No Health without Mental Health (2011a) also sets out plans to expand the frontline workforce and review the contribution that health visitors, nurses and other professionals make to developing the mental health of children and young people.

To ensure that these workers are equipped to meet the needs of infants, children, young people and parents who need support with their emotional health and wellbeing, the DH intends to work with partners such as Health Education England. To examine the skills and competencies required of CAMHS nurses, meanwhile, it intends to work with the Royal College of Nursing.

Conclusion

At the heart of No Health without Mental Health is early intervention. It supports the government's plan for public health (DH 2010b), which emphasises support during pregnancy, the early years and throughout childhood and adolescence, and it emphasises the importance of enabling children to develop good emotional health and psychological wellbeing to meet the challenges of adolescence and offset problems in adulthood.

Because the majority of mental health problems begin during childhood and adolescence, prevention targeted at young people can bring about greater personal, social and economic benefits than intervention at any other time during the life course. No Health without Mental Health (2011a) calls for a sustained approach across the life course, which is no easy challenge given the current economic climate. In improving outcomes for children and young people, there will be few 'quick wins'. Instead, it will be many years before early interventions can show that they have improved the life chances of vulnerable children.

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Tim McDougall is nurse consultant, clinical director and lead nurse for child and adolescent mental health services at Cheshire and Wirral Partnership NHS Foundation Trust

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