

Briefing: children and young people's mental health

June 2021

Summary

There is a children and young people's mental health crisis in this country. This was the case before the start of the pandemic, and it has been exacerbated as a result. In 2017, 1 in 9 children and young people aged 5 to 16 had a mental disorder, increasing to 1 in 6 by 2020.¹

RCPCH believes that all paediatricians have a role and responsibility to consider the mental health of their patients, and are working to deliver more integrated working with mental health specialists for the benefit of children and young people's health.

Our State of Child Health 2020 report showed that children and young people's mental health is deteriorating. It is difficult to reflect the unmet need for services across the country because of the differences in local services and their delivery, but our members and members of our **&Us network** tell us that all too often, they and their patients are not getting the support they need.

Early indications show increased presentations to paediatric services for mental health reasons compared to the pre-COVID period. Anecdotally, many of our members tell us they are extremely concerned about what they are seeing on their shifts with increased severity and complexity of mental health and psychosocial crises.

¹ NHS Digital, *Mental Health of Children and Young People in England in 2020: Wave 1 follow-up*, 2020, available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

The negative impacts of the pandemic have disproportionately affected children and young people, particularly those from the most deprived backgrounds. To ensure health inequalities' are not exacerbated and entrenched by the pandemic, [recovery from COVID-19](#) must prioritise children and young people.

Role of paediatricians in children and young people's mental health

[Paediatricians have a role and responsibility](#) to consider the mental health of their patients, and work with them and their families to ensure they enjoy the best possible mental health. We see these roles as being about raising awareness, promoting good mental health, assessing and having the knowledge needed to make appropriate onward referrals.

RCPCH has a [Child Mental Health \(CMH\) Speciality Advisory Committee \(CSAC\)](#), who are developing a [Special Interest \(SPIN\) module](#). We have an Officer for Mental Health whose role it is to advocate for children and young people's mental health in all areas of College work. We have developed the [Progress curriculum for all paediatric trainees](#) to include children and young people's mental health at all levels and in all domains. We are now working with local schools of paediatrics on delivering more training opportunities for all trainees in the mental health aspects of the curriculum, following implementation of the new [Shape of Training](#) pathway.

State of Child Health 2020

[State of Child Health](#) is our landmark report that considers trends in child health outcomes across nearly 30 indicators. The project was first undertaken in 2017, with two interim reports in both 2018 and 2019 that RAG-rated progress on the recommendations made in the original report. We measured 3 indicators relating to children and young people's mental health; prevalence of conditions, inpatients admissions and suicide.

Between 1999 and 2017, the proportion of children and young people aged between 5 and 16 with a mental health disorder increased from 9.7% to 11.2%.² A larger proportion of older children have a mental health disorder – 1 in 6 rather than 1 in 9.³ NHS Digital undertook a new prevalence study in summer 2020 in an effort to measure the impact of the pandemic on children and young people's mental health.

2 RCPCH, *State of Child Health 2020*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/prevalence/>.

3 *Ibid.*

This showed that the proportion of children and young people aged between 5 and 16 with a mental health disorder has increased from 1 in 9 to 1 in 6.⁴

In 2016/17, 33 children per 100,000 were admitted to CAMHS inpatients services, with the average stay being 72 days long.⁵ In 2017-18, the average wait to assessment was 34 days and the average wait for access treatment was 60 days.⁶ The average wait times in both these instances were a slight uptick compared to the previous year, following a slight decrease in the couple of years previous to that. Caution should be drawn in interpreting this data without information about the types of admissions and discharges. It doesn't reflect what treatment is available in different areas.

Between 1992 and 2017, the UK rate of suicide per 100,000 young people aged 15-24, decreased from 10.7 to 7.3, but rose to 9.1 in 2018 – a total of 714 registered deaths.⁷ In all age categories for children and young people, young men are more likely to take their own lives than young women. Between the ages 15-24 in the UK, male suicides were three times more common than female suicides.⁸

In England, a quarter of 11-16 year olds, and nearly half of 17-19 year olds (46.8%), with a mental disorder reported that they have self-harmed or attempted suicide at some point in their lives. For 11-16 year olds, this represents a greater than eightfold risk compared to those without a mental health problem (25.5% compared to 3.0%).⁹

State of Child Health 2020 made a number of policy recommendations in response to the data it collected. These included ring-fenced funding for CAMHS services, sufficient resources for Local Authorities to ensure they can provide a 'local offer' for residents, and better data collection.

Impact of COVID-19

The social and emotional aspect of schools is important and lockdown has curtailed the social and emotional development of children and teenagers, not only through school itself and being with their peer group, but also through the extracurricular offers through the wider community and voluntary sector that contribute to children's emotional well being. Children and young people with a probable mental health disorder were more likely to say lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.2% respectively.)¹⁰

4 NHS Digital, *Mental Health of Children and Young People in 2020: Wave 1 follow up*, 2020, available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

5 RCPCH, *State of Child Health 2020*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/services/>.

6 *Ibid.*

7 ONS, *Deaths registered in England and Wales: 2019*, 2019, available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationssummarytables/2019>.

8 *Ibid.*

9 RCPCH, *State of Child Health 2020*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/suicide/>

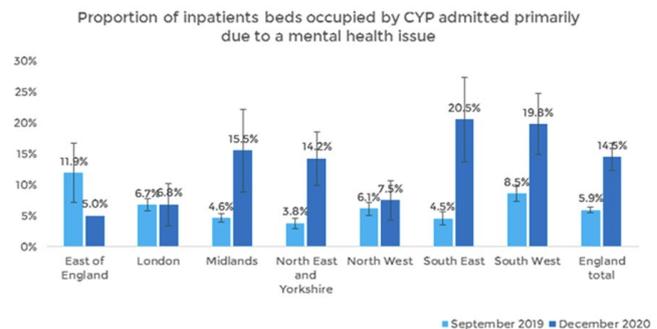
10 NHS Digital, *Mental Health of Children and Young People in England in 2020: Wave 1 follow-up*, 2020, available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

The closure of schools to the majority of pupils has meant a major pathway to identification of mental disorders and signposting to services has become obstructed. We know that 56% of referrals to CAMHS come from primary schools.¹¹ Schools provide a vital vehicle in seeing children and young people that need access to mental health services are referred. Some schools also provide counselling, cognitive behavioural therapy (CBT) and play therapy. Attending schools has a wide range of physical and mental health benefits for the majority of children and young people, and they play a pivotal role in reducing health inequalities. We know that early intervention is key in children and young people's mental health; 75% of all mental health problems start in childhood.¹²

During the first wave of the pandemic, a proportion of paediatricians working in the community were redeployed to support adult services. As of the first of May 2020, 21.1% of acute paediatric medical staff had been redeployed to acute adult services, and 13.2% of community career grade staff (plus 31% of community trainees) had been deployed to other areas of paediatric care.¹³

This had implications for children and young people's mental health, particularly those with learning disabilities, ADHD and autism, because community paediatricians provide a significant proportion of their care. Additionally, those children with long-term conditions often receive care in a community setting, and we know these children are more likely to have mental health comorbidity than their peers.¹⁴ RCPCH is currently collecting data to understand what proportion of community paediatricians have been redeployed during the second wave of the pandemic.

The redeployment of community paediatricians during the pandemic has particular relevance to this inquiry because these doctors' expertise is in working with vulnerable groups of children and their carers. This group includes those with developmental disorders and disabilities, complex behavioural presentations, and those who are at risk of abuse or are being abused.¹⁵ These children typically have worse health outcomes than their peers.¹⁶ There is significant involvement of community paediatricians in the care of CYP with mental health conditions.¹⁷ Due



11 NSPCC, *School referrals for mental health treatment increase by a third*, 2018, available at: <https://www.nspcc.org.uk/what-we-do/news-opinion/one-third-increase-in-school-referrals-for-mental-health-treatment/>

12 MQ, *Statistics*, November 2017, available at: <https://www.mqmentalhealth.org/posts/12-statistics>

13 RCPCH, *Impact of COVID-19 on child health services - report*, 2020, <https://www.rcpch.ac.uk/resources/impact-covid-19-child-health-services-report>

14 RCPCH, *State of Child Health 2020*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/long-term-conditions/>

15 RCPCH, *Community Child Health Sub-Specialty*, 2015, available at: <https://www.rcpch.ac.uk/resources/community-child-health-sub-specialty>

16 RCPCH, *State of Child Health 2020*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/family-and-social-environment/looked-after-children/>

17 Ayyash HF, Ogundele MO, Lynn RM, et al, *BMJ Paediatrics Open*, *Impact of community paediatricians in the care of children and young people with mental health difficulties in the UK*, 2021, available at: <https://bmjpaedsopen.bmj.com/content/5/1/e000713>.

to redeployment last year, community paediatric teams were advised to prioritise a strategy to catch up on routine health appointments and the increased demand for mental health services.¹⁸ We welcomed the joint letter from PHE, NHSE and the LGA published in October that said those professionals working with these groups should not be redeployed during the second wave of the pandemic.¹⁹

What we know so far about the impact of the pandemic on children and young people's mental health is largely anecdotal – data is not easily available. RCPCH are currently collecting data about the impact of the second wave of the pandemic on children's services. Preliminary data shows that compared to September 2019, the number of paediatric beds occupied by a patient in hospital primarily for mental health reasons had increased by 6.7% across the UK in December 2020.²⁰ In some regions in England the increased rate of mental health occupancy is much higher – 15.7% in the South East and 12.6% in the South West.²¹ Given that schools were still open to all pupils in December, it is reasonable to assume the bed occupancy rate may now have increased further.

RCPCH members have been telling us of their concerns regarding children and young people's mental health over recent months. This is particularly the case in relation to eating disorders. In a survey undertaken just before Christmas, some paediatric specialists in eating disorders told us they had seen cases of eating disorders double, triple or even quadruple compared with the same period last year.²² The paediatricians spoken to for the survey all put the increases down to the effects of the pandemic on young people's lives; eating disorders are often related to control – something many young people feel they have lost during the pandemic.

What do children and young people want?

As part of State of Child Health 2020, [RCPCH&Us](#) spoke to over 630 children and young people aged 6 and above across the UK, and undertook workshops with over 300 children. Additionally, over 1700 children and young people participated in a vote on the different State of Child Health topics.

Improving mental health support was selected as one of four priority areas that were decided by 23 Youth Authors aged 11-22 who analysed the data. 88% of children and young people did not think there was adequate mental health support for them.²³

18 RCPCH, COVID-19 – Guidance for Paediatric Services, 2020, available at: <https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#safeguarding-looked-after-children-and-vulnerable-children-processes-in-england-wales-and-northern-ireland>

19 LGA, *Joint Letter on Winter Planning: Supporting Children and Families*, 2020, available at: <https://www.local.gov.uk/joint-letter-winter-planning-support-children-and-families-7-october-2020>

20 RCPCH, *Impact of COVID-19 on child health services*, 2021, <https://www.rcpch.ac.uk/resources/impact-covid-19-child-health-services-tool-results>

21 Ibid.

22 RCPCH, *Paediatricians warn parents to be alert to signs of eating disorders over holidays*, 2020, available at: <https://www.rcpch.ac.uk/news-events/news/paediatricians-warn-parents-be-alert-signs-eating-disorders-over-holidays>

23 RCPCH, *State of Child Health 2020: Voice Matters*, 2020, available at: <https://stateofchildhealth.rcpch.ac.uk/voice-matters/>

RCPCH& Us has undertaken a 6-month project looking at children and young people's mental health during the pandemic with over 30 young people and five RCPCH members. Together, they reflected on their experience of the pandemic, gaps in support and solutions for the future.

The main themes of these reflections were that there was too much information from too many places that could be overwhelming, information is too generic and needed to be more personalised, mental health services were not effectively providing information through online channels, a lack of peer support, a lack of continuity of practitioner in online appointments, no private space to speak to practitioners online at home and inconsistent support from schools whilst they were closed to most pupils.²⁴

Current policy

The Government is currently rolling out Mental Health Support Teams in schools. The plan for MHSTs in 25% schools by 2023/24 is underwhelming and not sufficiently ambitious given the current demand for better approaches to children and young people's mental health needs. It was not ambitious enough for the level of demand there was in 2017, when the policy was first published.

The Green Paper published in 2017 was also a missed opportunity in terms of approach. RCPCH has advocated for the need for effective mental health treatment to be multi-disciplinary; a number of teams working collaboratively and inclusively across health, education, social care, policing and the voluntary sector to provide children and young people with the best possible outcomes. The Green Paper missed an opportunity to ensure Government policy facilitated this.

The Green Paper also failed to give consideration to reducing inequalities in children and young people's mental health. Support delivered primarily through schools puts a significantly higher burden on schools in more deprived areas than those in more affluent areas. Children with a probable mental disorder are more than twice as likely to live in a household that had fallen behind with payments (16.3%).²⁵ Additional funding is required for schools to allow them to employ school nurses, educational psychologists and/or counsellors that reflects the pupil body's level of need. This will be even more important post-coronavirus; it's overwhelmingly children and young people from more deprived backgrounds that have been negatively affected by the impacts of the pandemic. In addition, there is a chance that children and young people not engaging with mainstream schooling or other services will be missed; and there's a risk this number will grow in the wake of recent lockdowns.

24 RCPCH, COVID-19 & Us: *Supporting mental health in a national crisis*, 2020, available at: <https://www.rcpch.ac.uk/resources/covid-19-us-views-rcpch-us#supporting-mental-health-in-a-national-crisis>.

25 NHS Digital, *Mental Health of Children and Young People in England in 2020: Wave 1 follow-up*, 2020, available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

Calls to Government

In order to support the restoration of services, we are calling on Government to:

- Implement an overarching child health strategy, multi-departmental in approach, to help ensure existing health inequalities are not entrenched by COVID-19. This will also help to embed a child health in all policies approach to policy making.
- Provide renewed investment, resourcing and ring-fenced funding of CAMHS services and Local Authorities in England. Ring-fenced funding provided should be reflective of local service demand, facilitate cross-agency working and be regularly reviewed.
- Funding for children and young people's mental health services should grow faster than both overall NHS funding and total mental health spending.

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