

# Poverty and Mental Health in Children and Young People

Implications for Child & Adolescent  
Mental Health Services (CAMHS)

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# Child Poverty in Wales

- Around 200,000 children live in poverty in Wales
- Children & families facing rising costs not matched by increase in incomes
- Poverty & deprivation are major risk factors for mental health problems in children

# Legislation/Policy on Child Poverty in Wales

- Feb 2011. Child Poverty Strategy
- Children & Family(Wales) Measure 2010. Sect 6.
- Tackling Child Poverty: Guidance & Regulations for Welsh Authorities. 2011.
- WG Single Integrated Plans: Shared Purpose-Shared Delivery: Guidance on integrating partnerships. April 2012.
- Tackling Poverty Action Plan. July 2012.

# Consequences of Child Poverty. 1

- Children nearly 3 x as likely to suffer mental health problems than more affluent peers (Meltzer et al. 2000)
- Poverty can make good family functioning and strong parent-child relationships more difficult (Gill & Sharma. 2004)
- Has negative impact on child's sense of wellbeing (The Children's Society. 2011)
- Children more likely to suffer low self esteem (Ermisch et al.2001) and be socially isolated (Brooks-Gunn & Duncan. 1997)
- Young People NEET are more likely to have come from disadvantaged households (Joseph Rowntree Foundation. 2007)

# Consequences of Child Poverty. 2

- Alcohol, smoking & substance misuse more common in children in deprived populations
- Alcohol & substance misuse are major risk factors for mental health problems

# **Thematic Review of deaths of children and young people through probable suicide, 2006-2012. *Public Health Wales. 2014.***

Factors identified that were common to many of the children & young people include:

- Low socio-economic status
- Not in education, employment or training (NEET)
- Mental health disorders
- Drugs & Alcohol

# Prevalence of Mental Health Problems. 1

- 10% of 5-16 year olds have a diagnosable mental disorder
- 3.3% have an anxiety disorder
- 1.5% have severe ADHD
- 5.8% have a conduct disorder
- 1.4% 11-16 year olds, 0.2% 5-10 year olds have a serious depressive disorder
- 6-8% deliberately self harm (25,000 admitted to hospital annually)

# Prevalence of mental Health problems. 2

- Children with Learning Disability 6x more likely to have a mental disorder
- Teenage mothers 3x rate post natal depression and higher risk poor mental health 3 years post birth.
- 45% 'Looked After' children have a mental disorder
- 95% imprisoned young offenders have a mental disorder
- > 50% all adults with mental disorder were diagnosed in childhood



# Disorders presenting in Childhood

- Psychotic Disorders, Major Affective Disorders
- Eating Disorders
- Obsessive Compulsive Disorder
- ADHD, Autistic spectrum Disorders
- Sequelae of abuse (eg PTSD)

Co-occurrence/co-morbidity !

# Who does / should CAMHS provide for ?

- Children & young people in difficult circumstances
- Those at risk of mental disorder
- Those with diagnosable mental disorder
- Those with high levels of functional impairment related to mental health difficulties, which might not reach diagnostic criteria for disorder



# CAMHS for Children, Young People & Families

- Universal services, targeted & specialist services
- Holistic approach: young person in family, school, college, work
- Systemic links with other agencies: primary care, social care, education, child health, youth justice system, 3<sup>rd</sup> sector

# Functions of CAMHS

- **Universal/targeted/Tier 2 CAMHS :**

Primary Mental Health Support Service: individual specialist CAMHS professionals. (Local Health Board)

- **Specialist/Tier 3 CAMHS :**

Secondary care MDT of specialist CAMHS professionals. (Local Health Board)

- **Highly specialist Tier 4 CAMHS :**

Regional or supra-regional, tertiary level highly specialist services for most complex & severe cases - includes CAMHS inpatient services. (WHSSC)

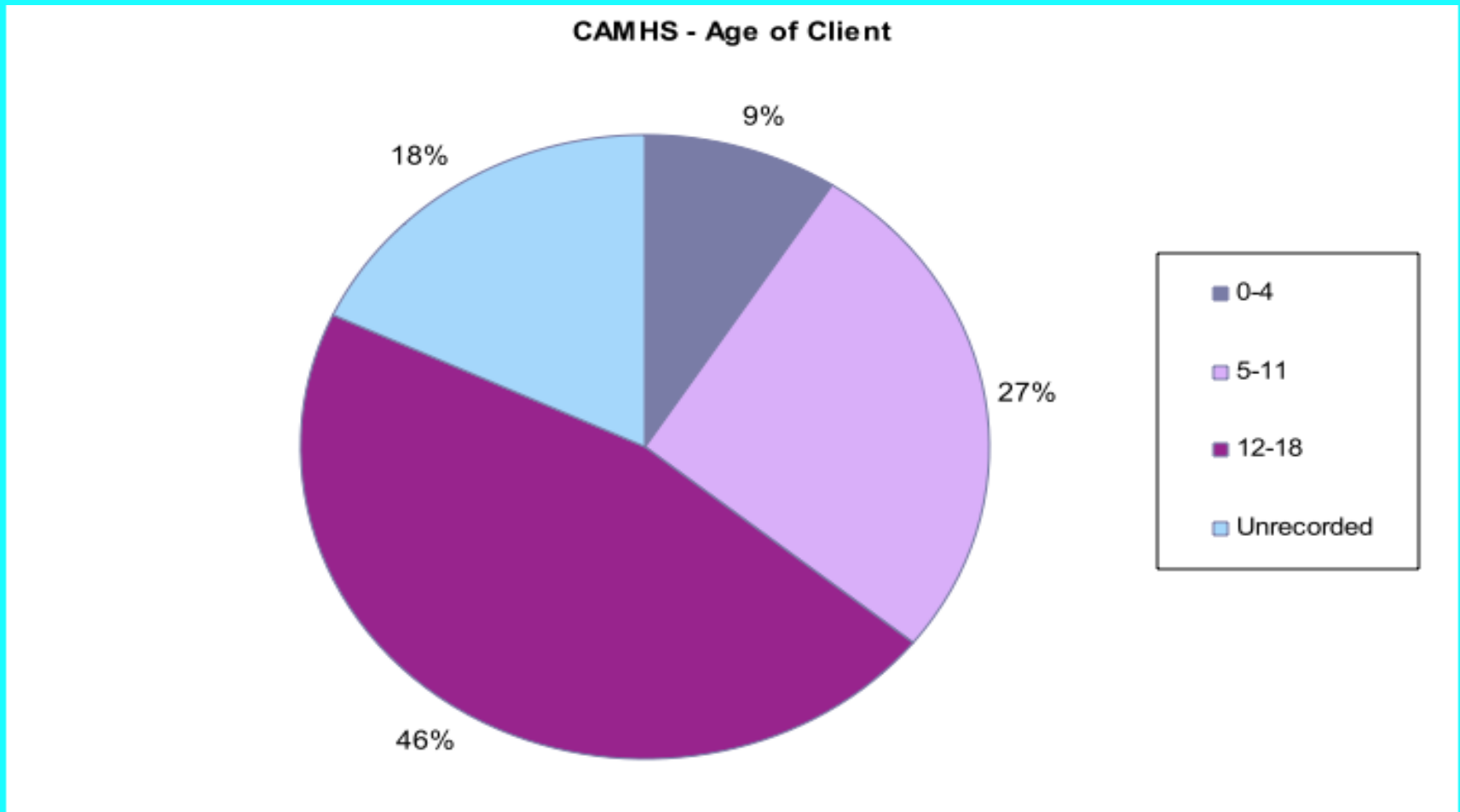
# CAMHS

- Different layers of service : different commissioners, different providers, different funding streams.

(Health, Social Care, Education)

- Child/young person may receive services from several agencies simultaneously.
- Adults in family may have health problems.

# Age distribution of CAMHS clients



# Transition from adolescence to adulthood

- Crucial stage social, personal, physical & emotional development
- Steep rise in rates of serious mental disorders
- Emergence of personality disorders
- Substance misuse common





# Taxonomy of Transition

- Those who CAMHS assess as having a severe mental disorder who also meet criteria for AMHS
- Those who CAMHS assess as having a severe mental disorder but who don't meet AMHS criteria (ADHD, ASD, emerging personality disorder)
- Vulnerable young people who have pronounced and multiple needs but where the needs are not clearly expressed as mental disorder.

# Aim of Mental Health Service for Children, Young People & Families

- Provide interventions to prevent the majority developing long term mental health problems
- Detect, engage & treat those with early onset of specific severe mental illness
- Support children & young people to get on with their lives

Welsh Audit Office, HIW, Estyn and Care &  
Social Services Inspectorate Wales.

Nov 2009

**Services for Children & Young People with  
Emotional & Mental Health Needs.**

“Despite some improvements in recent years, services are still failing many children & young people... The challenges faced by WAG & those providing services... are considerable.”

# Welsh Govt. Action Plan in response to the Welsh Audit report.

**BREAKING THE BARRIERS: June 2010.**

“Meeting the Challenges. Better Support for Children & Young People with Emotional Well-being and Mental Health Needs.”

# Children, Young People and Education Committee: Inquiry into CAMHS. Jan 2014.

Key issues for CAMHS in context of Welsh  
Government's reforms:

- *Breaking the Barriers; 2010.*
- *Mental Health (Wales) Measure; 2010.*
- *Mental Health Strategy. Together for Mental Health; 2012.*

# WG CAMHS Inquiry: Key areas. 1

- The availability of early intervention services for children and adolescents with mental health problems;
- Access to community specialist CAMHS at tier 2 and above for children and adolescents with mental health problems, including access to psychological therapies;
- The extent to which CAMHS are embedded within broader health and social care services;
- Whether CAMHS is given sufficient priority within broader mental health and social care services, including the allocation of resources to CAMHS;

# WG CAMHS Inquiry: key areas . 2

- Whether there is significant regional variation in access to CAMHS across Wales;
- The effectiveness of the arrangements for children and young people with mental health problems who need emergency services;
- The extent to which the current provision of CAMHS is promoting safeguarding, children's rights, and the engagement of children and young people;
- Any other key issues identified by stakeholders.



# Some current issues for specialist CAMHS

- Parity of esteem with physical disorders
- Regional variation in workforce capacity/skills/access to psychological interventions
- Early Intervention & Prevention
- CAMHS for Children with Intellectual Disability
- Availability of Out of Hours/Emergency Service

# Some current issues for specialist CAMHS

- Community Intensive Outreach teams as alternative to admission
- CAMHS inpatient beds in Wales for under 12 year olds, for children with intellectual disability and for adolescents requiring a low or medium secure bed
- Effective, integrated substance misuse services for young people
- Transition at 18 years old

# Summary

- Poverty & Deprivation are major risk factors for mental health problems in children and young people.
- There are also consequences for educational attainment, employment and social functioning.
- Can we achieve more effective integration of CAMHS, Education and Social Care Services in the delivery of timely care to children, young people and families?
- If so, could this improve access to the appropriate early intervention and specialist services required to enhance emotional wellbeing, and prevent and treat mental health problems and disorders?

Thank you