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


Consequences of Child Poverty.

- 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

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, 3rd 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

- 0-4: 46%
- 5-11: 27%
- 12-18: 18%
- Unrecorded: 9%
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
Burden of Disease (Begg et al, 2007)
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
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.”

BREAKING THE BARRIERS: June 2010.

“Meeting the Challenges. Better Support for Children & Young People with Emotional Well-being and Mental Health Needs.”
Key issues for CAMHS in context of Welsh Government’s reforms:

- *Breaking the Barriers*; 2010.
- *Mental Health (Wales) Measure*; 2010.
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;
• 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