Perspectives for nurses on mental health in children and young people


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Conflict of interest None declared

Peer review This article has been subject to external double blind review and checked for plagiarism using automated software

Abstract
An increasing number of children and young people are accessing services for a range of mental health disorders. The risk of not addressing problems in childhood through inadequate service provision is significant. Problems not addressed in childhood can result in persistent mental health problems in adulthood. In 2015 the Children and Young People's Mental Health and Well-being Taskforce was set up to tackle problems in service provision, including improving access to care and training specialists to deliver consistent care across the UK. The taskforce also aimed to promote a cohesive approach between services so that children and young people would be better supported and treated in future. The National Institute for Health and Care Excellence (NICE) has revised and updated its guidelines to reflect recent changes in services. The government recently promised to fund £1.25 billion of improvements to Child and Adolescent Mental Health Services (CAMHS) by 2020-21 (NHS England 2016). Ministers have pledged to improve current service provision through education, diagnosis, treatment and early intervention.

Introduction
RECENT HIGH-PROFILE cases, such as that of Kesia Leatherbarrow - a 17-year-old from Lancashire (Trewern 2015) who took her own life - have focused public attention on the plight of young people with mental health disorders. A combination of lack of services, effective communication and cohesive multi-agency involvement have been identified as being behind the failure to support vulnerable children and young people at a critical time.

The consequences of not providing timely help, advice or treatment for children and young people experiencing mental health problems can be devastating, resulting in suicide, self-harm and a decline in mental health. Despite the recent government pledge to provide £1.25 billion (NHS England 2016) to make improvements in Child and Adolescent Mental Health Services (CAMHS) by 2020-21, this year the children’s commissioner for England reported a £35 million cut in funding for CAMHS. The report highlighted that 28% of children referred for specialist treatment in 2015 had not been treated.

Aims and intended learning outcomes
This article explores the extent of mental health problems among children and young people. It examines current service provision and areas where improvements have been proposed. It is aimed at nurses who work closely with young people who are not mental health specialists - primary care nurses, community nurses, practice nurses and school nurses.

After reading this article and completing the time out activities you should be able to:
» Summarise findings on the challenges faced by young people who are at greater risk of mental illness.
» Outline government taskforce objectives to improve support for young people’s mental health by 2020.
» Discuss more joined-up provision for children and young people’s mental health needs with colleagues.
» Explore local challenges to supporting young people at risk of mental illness.

The need to address mental health issues in young people
The Office for National Statistics estimated that in 2004 one in ten children and young people of 5-16 years had a clinically diagnosed mental health disorder (ONS 2005). Some children had more than one disorder (Mental Health Network 2014). It is known that the risk of mental illness in childhood can lead to problems later: in 2012 a report estimated that about 15% of...
pupils aged 5-16 have mental health problems that put them at increased risk of developing more serious issues (Centre for Mental Health 2014).

The Department of Health (2015) reported that 75% of adults with mental health problems had symptoms that started in childhood.

**TIME OUT 1**
Visit the Centre for Mental Health website (centreformentalhealth.org.uk) and identify the groups of children at greater risk of developing mental health problems. Use the report Missed Opportunities (Khan 2016), a review of recent evidence into children and young people's mental health. Choose a group you are familiar with through your work and outline why the needs of this group are not being identified earlier.

The National Confidential Inquiry (Rodway et al 2016) examined complex factors thought to have been involved in the suicides of children and young people up to the age of 20. It reported that suicides among students had risen to their highest level since at least 2007 (ONS 2016).

In a separate report, the University of York highlighted the rise in demand for mental health services by publishing data on ambulance call-outs to the university, raising concerns about whether universities provide enough counselling and advice for students with mental health problems (University of York 2016).

Current statistics showing increasing incidence of the most common mental health conditions/disorders highlight the need to focus early on effective diagnosis and early intervention.

The Children and Young People’s Mental Health and Well-being Taskforce was set up in 2014 to consider how to make it easier for children, young people, parents and carers to get help and to improve the help being offered (Department of Health 2015).

The taskforce was a joint enterprise led by the Department of Health and NHS England. Its Future in Mind report (2015) aimed to:
- Tackle stigma and improve attitudes to mental illness.
- Introduce more access and waiting time standards for services.
- Establish ‘one-stop shop’ support services in the community.
- Improve access for children and young people who are particularly vulnerable.

### Society and social stigma

Despite the efforts of government agencies and mental health charities to educate, inform, support and advise, a social stigma persists surrounding mental illness. It is argued that the sometimes negative portrayal of mental illness in the press and preoccupation with celebrities' weight issues compounds young people's body image issues at a time when they are experiencing the emotional and physical demands of puberty and adolescence (Young Minds 2016).

Many children and young people may become isolated when they experience mental health issues and communities may struggle to support them with problems such as anxiety, depression or behavioural disorders.

### Financial investments and funding challenges

In February 2016, the NHS in England announced an investment of more than £1 billion a year by 2020-21 on top of the previously announced £1.4 billion for children, young people and perinatal care. The investment aims to ensure that by 2020-21 at least 70,000 more children and young people have high-quality care (NHS England 2016).

The investment was in response to recent data showing that between 2013-14 and 2014-15, the number of referrals to CAMHS increased five times faster than the growth of the workforce in these services (NHS England 2016). As a result of the extra funding by 2020 access to evidence-based psychological therapies should reach 25% of need, helping 600,000 more people access care.

The case for improving provision for young people with mental illness is compelling. However, it comes at a time when hospitals in England are reported to have a deficit of £2.45 billion and are struggling to cope with a surge in demand for care while suffering a major budget squeeze (Parkin 2016).

The complexity and severity of the current challenges facing CAMHS are summarised in Table 1 (DH 2015).

**TIME OUT 2**

Think of the group of at-risk children and young people you identified in Time out 1. Discuss with colleagues the extent to which risks that you identified might be removed with additional funding. How could the money best be spent? As you discussed this issue, did you identify ways to make more efficient use of the money that is available?
Key proposals of the government taskforce

The government has proposed ten targets for mental health service provision for young people by 2020 (DH, 2015):

» People thinking and feeling differently about mental health issues in children and young people, with less fear and discrimination.

» Services built around the needs of children, young people and their families so the right support is available from the right service at the right time. This would include better experiences when moving from children’s services to adult services.

» More use of evidence-based therapies.

» Different ways of offering services to children and young people. This would include ‘one-stop shops’ and other services where young people can access services.

» Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible. For example, no one under the age of 18 being detained in a police cell as a ‘place of safety’.

» Improving support for parents so bonding between parent and child is as strong as possible to avoid problems with mental health and behaviour later on.

» Improved services for children and young people in greatest need, including those sexually abused and/or exploited, so that they get specialist mental health support if they need it.

» More openness and responsibility, publishing numbers on waiting times, results and value for money.

» A national survey for children and young people’s mental health and well-being every five years.

### TABLE 1. NICE guidelines on the emotional, psychological and social well-being of children and young people

<table>
<thead>
<tr>
<th>Core themes</th>
<th>Emotional well-being.</th>
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<td>Psychological well-being.</td>
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<td></td>
<td>Social well-being.</td>
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<tr>
<td>Aims for local authorities</td>
<td>Improve the population’s health and well-being (reduce mental health problems).</td>
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<td></td>
<td>Improve social and economic outcomes.</td>
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<td>Reduce the demand on services.</td>
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<td>Promote educational attainment and reduce bullying and risk-taking behaviour among pupils.</td>
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<td>Support national strategy</td>
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<td>Recommendations</td>
<td>Put arrangements in place for integrated commissioning of universal and targeted services for under-fives in services offered by general practice, maternity, health visiting, school nursing and all early years’ providers.</td>
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<td>Ensure children and families with multiple needs have access to specialist services, including child safeguarding and mental health services.</td>
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<td>Directors of public health and directors of children’s services to ensure the social and emotional well-being of under-fives is assessed in the joint strategic needs assessment.</td>
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<td>Local authority scrutiny committees for health and well-being review delivery of programmes designed to improve the social and emotional well-being of vulnerable children and young people.</td>
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<td>Commissioners and providers of services to children in primary education should include social and emotional well-being in all relevant local and school policies.</td>
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<td>Commissioners and providers of secondary education should ensure establishments have access to the specialist skills, advice and support they need.</td>
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<td>Develop trusting relationships with vulnerable families and adopt a non-judgmental approach, while focusing on the child’s needs.</td>
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<td>Health visitors or midwives should offer intensive home visits by an appropriately trained nurse to parents who need additional support.</td>
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<td>Activities should be based on a set curriculum that aims to achieve specific goals in relation to maternal sensitivity, the mother-child relationship, home learning, parenting skills and practice.</td>
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<td>Managers of intensive home-visiting programmes should conduct regular audits.</td>
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<td>Children’s services should ensure all vulnerable children can benefit from high-quality childcare outside home.</td>
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<td>Schools should offer support to help parents or carers develop parenting skills.</td>
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<td>Schools and local authority children’s services should work closely with child and adolescent mental health and other services to develop and agree local protocols.</td>
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<td>Schools should ensure teachers and practitioners are trained to identify and assess the early signs of anxiety, emotional distress and behavioural problems at primary school stage.</td>
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<td>Schools and local partners should provide a range of interventions proven to be effective, such as problem-focused group sessions with children and group parenting sessions.</td>
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<td>Schools should systematically measure and assess young people’s social and emotional well-being.</td>
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<tr>
<td></td>
<td>Secondary education establishments should have access to the specialist skills, advice and support they need.</td>
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Professionals working with children and young people who are trained in child development and mental health, and who understand what can be done to provide support for those who need it.

Some professionals who work closely with children and young people have voiced concerns over how long it will take for these recommendations to be implemented despite the £1.25 billion investment (NHS England 2016). Some argue that it will take time to develop services and to recruit and train staff.

Research from the charity Young Minds revealed through Freedom of Information requests that mental health services for children and young people in England were cut by £35 million in 2014 despite the government commitment to transform mental healthcare (Young Minds 2016). Research into 165 clinical commissioning groups (CCGs), 97 local authorities and 37 mental health trusts revealed a significant cut in their CAMHS budget in 2014. The research also showed:

» 75% of mental health trusts froze or cut budgets between 2013-14 and 2014-15.
» 67% of CCGs froze or cut budgets between 2013-14 and 2014-15.
» 65% of local authorities froze or cut budgets between 2013-14 and 2014-15.
» More than one in five local authorities either froze or cut CAMHS budgets every year from 2010.

» (Young Minds 2016, Special Needs Jungle 2016).

Additionally, more than one quarter of children (28%) referred for specialist mental health treatment in 2015 did not receive a service, according to new information collected by the children's commissioner for England using powers to request data from public bodies. In one trust 75% of referrals were not considered to meet the threshold for treatment.

Other data revealed that 14% of children with life-threatening mental health conditions were being turned away and put on waiting lists for up to 200 days. Meanwhile, 35% of trusts restrict access to children who miss appointments (Children's Commissioner for England 2016).

Joined-up thinking
In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and third sector signed the Mental Health Crisis Care Concordat (HM Government 2014), a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations can work together better to make sure that people get the help they need during a mental health crisis. The use of police cells to detain children under Section 136 of the Mental Health Act due to lack of a place of safety has been a particular area of concern (Young Minds 2016)

TIME OUT 3
Visit the Young Minds website's (youngminds.org.uk) ‘For Children & Young People’ section to identify possible new ways of thinking about young people's mental health needs. Study the sections 'Looking after yourself,' 'What's worrying you' and 'Real Stories' and note down any assumptions that you have with your case study risk group, and your role with these individuals. Are there ways to rethink nursing roles so that they centre as much on as on treatment?

Adopting a more cohesive approach has involved issuing of guidelines to parents, teachers, schools (including school nurses), community nurses, primary care nurses and other healthcare professionals. The Children and Young People Improving Access to Psychological Therapies Programme (CYP IAPT) service transformation programme, delivered by NHS England and introduced in 2011, aims to improve existing CAMHS working in the community (NHS England 2016).

As part of the programme a Mental Health Services Passport was developed through work with NHS England to help young people using the services, or parents with younger children, to communicate their story when accessing various services. The information is owned by the young person, carer or parent (NHS England 2016).

The passport, which includes the young person's clinical information, history and preferences, can be shown to professionals at any new service. It can be on paper or on a mobile phone. It has been recommended in the Future in Mind report (Department of Health 2015).

Guidance for healthcare professionals
Apart from specialist mental health care practitioners, many other health professionals are likely to encounter young people with mental health issues. NICE has issued a range of guidelines from general advice encapsulating social and emotional well-being for children and young people to guidance on specific mental health conditions such as depression, anxiety, bipolar disorder, eating disorders, psychosis, schizophrenia, attention deficit hyperactive disorder (ADHD), self-harm and post-traumatic stress disorder (PTSD).
To discuss the specific guidance on these conditions is beyond the scope of this article. For more information, search under local government briefings and advice on the NICE website (www.nice.org.uk/guidance).

The guidelines and recommendations by NICE for the social and emotional well-being of children and young people are summarised in Table 1.

In September 2014 the Royal College of Nursing (RCN) published comprehensive guidelines for nurses who are not mental health specialists working with children and young people in the community. The report helps identify the skills and knowledge needed to recognise and refer children if they have problems affecting their mental health. Guidance is also suggested for nurses who provide care in acute hospitals while patients are waiting for specialist mental healthcare. The report is a valuable reference document for trainers involved in education and training programmes to help nurses understand, recognise and manage mental health problems in children and young people.

The issue of when to refer a patient to a specialist has been the subject of much debate. The RCN advises that while local policies may vary, they should all provide clear guidance to practitioners regarding referral and the support available to them. An interdisciplinary and interagency approach to supporting children and young people is advocated in this report. CAMHS is structured around a four-tiered system, however many nurses are not familiar with it (RCN 2014). A summary of the four-tiered system is shown below (Table 2).

**TIME OUT 4**

Why is inter-agency working vital for the at risk group of young people you identified in Time out activity 1? To what extent do support agencies work together for this group in your local area? Recall an example of good practice and note down the salient details.

NHS England took on responsibility for the national commissioning of this four-tiered system of services in April 2013. The Parkin report assessed the current provision of services and areas for improvement since national commissioning began. It found that distribution of tier 4 services is not consistent across the country. In some areas inadequate inpatient provision means that children and young people are admitted to services a long way from home. There was also evidence of inappropriate admissions of children and young people to CAMHS inpatient services because of a lack of community provision.

In response to its findings, NHS England committed to the following urgent actions to improve tier 4 CAMHS provision (Parkin 2016):
- to create up to 50 new general CAMHS specialised beds for young patients. Further beds to be moved according to need.
- to recruit 10-20 case managers to ensure that young people receive appropriate levels of care.
- to improve movements in and out of specialised care through consistent criteria for admission and discharge, based on best practice.

In addition to these measures, community nurses and specialist healthcare practitioners working in CAMHS can be more proactive by adopting some of these practical steps:
- organise informal support groups and clubs with sessions that encourage the mutual exchange of experiences and coping strategies. This may help others in the group who may not have considered new approaches to managing their illness.
- link with local mental health charities and other volunteer organisations. This may help identify the skills and knowledge needed to recognise and refer children if they have problems affecting their mental health.

<table>
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<tr>
<th>TABLE 2. CAMHS tiers in England</th>
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<tr>
<td><strong>Tier 1</strong> Primary care services including GPs, healthcare visitors, school nurses, social workers, teachers, juvenile justice workers, voluntary agencies and social services.</td>
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<tr>
<td><strong>Tier 2</strong> CAMHS services provided by professionals relating to workers in primary care including clinical child psychologists, paediatricians with specialist training in mental health, educational psychologists, child and adolescent psychiatrists, child and adolescent psychotherapists, counsellors, community nurses/nurse specialists and family therapists.</td>
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<tr>
<td><strong>Tier 3</strong> CAMHS specialised services for more severe, complex or persistent disorders including child and adolescent psychiatrists, clinical child psychologists, nurses (community or inpatient), occupational therapists, speech and language therapists, art, music and drama therapists, and family therapists.</td>
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<tr>
<td><strong>Tier 4</strong> CAMHS tertiary-level services such as day units, highly specialised outpatient teams and inpatient units.</td>
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Source: NICE 2015 and RCN 2014
provide opportunities to exchange ideas for practical help such as exploring coping strategies, how to deal with medication side effects, how to enhance treatment or management plans.

> Join in with local Mental Health Awareness events, especially Children's Mental Health Week, to raise awareness of the specialist services they can provide.

> Link with local schools, colleges and universities to collaborate with welfare/student support services as well as designated counsellors to organise bespoke talks to classes.

> Organise educational sessions with the local police to make them aware of the specific needs and help for children and young people. This may help officers spot potential signs and symptoms of mental illness and prevent inaccurate labelling or stereotyping.

> Promote a ‘day in the life’ profile for CAMHS nurses to raise public awareness of the role and the help that is available for children and young people.

> Contact the local newspaper and offer to write regular articles about specific mental health issues or describe success stories from their practice.

> Join up with or collaborate with local Complementary and Alternative (CAM) services and Natural Health Centres/Clinics to promote and embed a holistic approach to treating and managing those in their care.

> Establish links with youth/outreach workers or youth organisations to integrate their work/role with their remit as a community nurse or CAMHS nurse. This may foster better understanding of their respective roles and challenges facing young people with mental illness.

> Persuade senior leaders in mental healthcare services, including the NHS, to lobby MPs and ministers asking to have more say in how the £1.25 billion for local CAMHS services will be spent.

> Demand regular CPD to keep up to date with drugs, treatment options and management strategies for tackling mental illness in children and young people.

> Contact the professional body to set up a

References


regular, dedicated forum to discuss current concerns in their professional practice. This could lead to a mutual exchange of ideas between CAMHS nurses across the country and lead to a more consistent approach to practice.

TIME OUT 5
Return to your responses to Time out 4. To what extent did the practical steps in this article feature in your good practice? Do you think these practical steps would benefit the at risk group of young people you identified? If so, who within your local health care team would you discuss such opportunities with?

Conclusions
Much good work is being done to address the lack of cohesiveness in services for children and young people, especially in hospital care and acute crisis units, tackling concerns about children at risk of suicide or self-harming being held in police cells because a hospital bed could not be found (Worden 2015, BBC 2015). The removal of local mental health wards/units means that some children are treated many miles away from home.

There has been a shift to a preventive approach from managing mental health conditions to avoiding and preventing incidents in acute cases. However, much work still needs to be done with action plans (NICE 2013)

Comprehensive, up-to-date data on incidence and prevalence of mental health disorders is needed from GPs and community mental health nurses, from schools, colleges and universities as well as CAMHS and other health service providers. This data will be crucial to predicting future trends and planning services as well as meeting present needs.

TIME OUT 6
Reflect on the extent to which you have recognised and begun to address the mental healthcare needs of your chosen at risk group of young people locally. If you believe that you have identified useful initiatives that might make a good case study for publication, contact the editor to discuss your ideas.
Primary Health Care

February 2017 / Volume 27 / Number 1 primaryhealthcare.com

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