The mental health of children and young people in England

December 2016
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Background and aims

Background
The emotional health and wellbeing of children is just as important as their physical health and wellbeing. Over the past few years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people (CYP). This has resulted in:

- significant investment in these services
- the development of local transformation plans outlining how clinical commissioning groups (CCGs) and CCG consortia, working with partner agencies will use the new funding to improve children’s health and wellbeing and improve services for CYP with mental health illness across the care pathway, ensuring these service are age appropriate

Aims
The purpose of this report is to:

- describe the importance of mental health in CYP
- describe the case for investing in mental health
- provide a descriptive analysis of mental health in CYP in England
- summarise the evidence of what works to improve mental health in CYP in order to inform local transformation of services
Mental health illnesses are a **leading** cause of health-related disabilities in CYP and can have **adverse** and **long-lasting** effects.
Risk and protective factors for CYP’s mental health

**RISK FACTORS**

- Genetic influences
- Low IQ and learning disabilities
- Specific development delay
- Communication difficulties
- Difficult temperament
- Physical illness
- Academic failure
- Low self-esteem
- Family disharmony, or break up
- Inconsistent discipline style
- Parent/s with mental illness or substance abuse
- Physical, sexual, neglect or emotional abuse
- Parental criminality or alcoholism
- Death and loss
- Bullying
- Discrimination
- Breakdown in or lack of positive friendships
- Deviant peer influences
- Peer pressure
- Poor pupil to teacher relationships
- Socio-economic disadvantage
- Homelessness
- Disaster, accidents, war or other overwhelming events
- Discrimination
- Other significant life events
- Lack of access to support services

**PROTECTIVE FACTORS**

- Secure attachment experience
- Good communication skills
- Having a belief in control
- A positive attitude
- Experiences of success and achievement
- Capacity to reflect
- Family harmony and stability
- Supportive parenting
- Strong family values
- Affection
- Clear, consistent discipline
- Support for education
- Positive school climate that enhances belonging and connectedness
- Clear policies on behaviour and bullying
- ‘Open door’ policy for children to raise problems
- A whole-school approach to promoting good mental health
- Wider supportive network
- Good housing
- High standard of living
- Opportunities for valued social roles
- Range of sport/leisure activities
Facts about mental health illness in CYP

10% of children aged 5-16 years suffer from a clinically significant mental health illness.

25% of children who need treatment receive it.

50% of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 14.

75% of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 24.

5x maternal depression is associated with a 5 fold increased risk of mental health illness for the child.

1.3x boys aged 11-15 years are 1.3x more likely to have a mental illness compared to girls aged 11-15 years.

60% of looked after children have some form of emotional or mental health illness.

18x young people in prison are 18x more likely to take their own lives than others of the same age.
The relationship between mental and physical health

12% of young people live with a long term condition

People with a chronic condition have a 2-6x higher risk of mental health illness

People with mental health illness e.g. schizophrenia or bipolar disorder die on average 16-25 years sooner than the general population

50% increased risk of mortality in people who are depressed

16-25 years lost
Building resilience (the ability to cope with adversity and adapt to change)

- Effective caregiving and parenting
- Effective teachers and schools
- Positive friends or romantic partners
- Positive relationships with caring adults
- Beliefs that life has meaning
- Intelligence and problem solving skills
- Self regulation skills
- Perceived efficacy and control
- Achievement motivation
- Faith, hope, spirituality

Resilience is important for emotional wellbeing. Correlates of resilience in young people include:
There are **serious problems** with the **commissioning** and **provision** of children’s and adolescents’ mental health services*

- Access to CAMHS services **should not** be a battle, with only the **most severely** affected young people getting appointments
- Many GPs currently **feel ill-equipped** and lacking in confidence in dealing with mental health issues in CYP
- **Long waits** for treatment can have a devastating impact
- Transition from child centred to adult services is currently **poorly planned**, **poorly executed** and **poorly experienced**
- The focus of investment in CAMHS should be on **early intervention**

*Findings from the House of Commons Health Committee (2014) Children and adolescents’ mental health and CAMHS: Third report of session 2014-15*
Why invest in CYP mental health?

- Mental health problems in CYP are associated with **excess costs** estimated as being between £11,030 and £59,130 annually per child.
- In 2012/13, **NHS** expenditure on child and adolescent mental health illness was estimated to be £700 million or 6% of the total spend on mental health.
- **Early intervention avoids** young people falling into crisis and **avoids** expensive and longer term interventions in adulthood.
- Measured **benefits** include **reductions** in the use of public services because of better mental health and **increases** in earnings associated with the impact of improved mental health on educational attainment.
Percentage of 15-year-olds reporting low life satisfaction (2014/15)

About 1 in 7 young people (YP) aged 15 years in England reports low life satisfaction.

There is some variation in the proportion of children reporting low satisfaction.

London (15.5%) has the highest proportion of YP reporting low life satisfaction and the North East and Yorkshire and the Humber (13.1%) have the lowest proportion.

Source: fingertips.phe.org.uk
Inequalities in reporting low life satisfaction (2014/15)

About 1 in 7 young people (YP) aged 15 years in England reports low life satisfaction.

YP from the most deprived group are 1.2x more likely to report low life satisfaction than the least deprived group.

<table>
<thead>
<tr>
<th>Deprivation Level</th>
<th>Percentage Reporting Low Life Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least deprived</td>
<td>12.7%</td>
</tr>
<tr>
<td>Most deprived</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

YP who are black are 1.3x more likely to report low life satisfaction compared to YP who are white.

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage Reporting Low Life Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>13.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>16.0%</td>
</tr>
<tr>
<td>Black</td>
<td>16.6%</td>
</tr>
</tbody>
</table>

Girls are 2.2x more likely to report low life satisfaction compared to boys.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage Reporting Low Life Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>18.6%</td>
</tr>
<tr>
<td>Girls</td>
<td>19.0%</td>
</tr>
</tbody>
</table>

YP who are bisexual are 3.3x more likely to report low life satisfaction compared to YP who are heterosexuals.

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Percentage Reporting Low Life Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>12.1%</td>
</tr>
<tr>
<td>Gay/Lesbian</td>
<td>31.0%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>39.5%</td>
</tr>
</tbody>
</table>

Source: fingertips.phe.org.uk
About **695,000** children aged 5 to 16 years in England have a clinically significant mental health illness.

1 in 10 children aged 5-16 years suffer from a diagnosable mental health illness.

- **Anxiety**: 39,500 children aged 5-16 years affected
- **Depression**: 10,800 children aged 5-16 years affected
- **ADHD**: 18,900 children aged 5-16 years affected
- **Conduct disorder**: 68,100 children aged 5-16 years affected

Numbers do not add up as individuals may meet the criteria for more than one category.
There is a **wide variation** in the rate of children aged 0-17 years admitted to hospital for mental health illnesses.

Hospital admissions were **1.7x higher** in the **North West** (116.2 children per 100,000 population) compared to **Yorkshire and the Humber** (69.3 children per 100,000 population).

### Hospital admission rate for mental health illnesses for children per 100,000 population aged 0-17 years (2014/15)

<table>
<thead>
<tr>
<th>Region</th>
<th>Rate per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>87.4</td>
</tr>
<tr>
<td>East Midlands</td>
<td>83.3</td>
</tr>
<tr>
<td>East of England</td>
<td>78.8</td>
</tr>
<tr>
<td>London</td>
<td>94.2</td>
</tr>
<tr>
<td>North East</td>
<td>93.1</td>
</tr>
<tr>
<td>North West</td>
<td>116.2</td>
</tr>
<tr>
<td>South East</td>
<td>76.7</td>
</tr>
<tr>
<td>South West</td>
<td>86.0</td>
</tr>
<tr>
<td>West Midlands</td>
<td>85.7</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>69.3</td>
</tr>
</tbody>
</table>

Source: fingertips.phe.org.uk
Anxiety disorders are amongst the most common causes of childhood psychiatric conditions. They include:
- Generalised anxiety disorder
- Panic disorder
- Obsessive-compulsive disorder
- Specific phobias
- Social phobia
- Agoraphobia

They occur in:
- 2.2% of 5-10 year olds
- 4.4% of 11-16 year olds

Anxiety disorders are associated with other mental health illnesses. Of those with a diagnosis of social anxiety disorder:
- 30% have a mood disorder
- 40% have a substance misuse disorder
- 50% have another anxiety disorder

Anxiety disorders are associated with:
- Depression later in life
- Suicidal behaviours
- Poor educational attainment
- Truanting
- Lower earnings due to dropping out of school early

Actions to manage anxiety include:

**Early intervention**
Targeted work with small groups of children to develop problem solving approaches and other skills

**Specific approaches**
These are dependent on the anxiety disorder and include:
- Group based cognitive interventions
- Behaviour focused interventions
- Education support
- Play based approaches to develop more positive child/parent relationships
- Considering medication if therapy alone is not working

Prevalence is higher in girls

Every £1 spent on cognitive behavioural therapy for children returns:
- £31 Group therapy
- £10 Therapy via parents
Attention deficit hyperactivity disorder (ADHD)

ADHD affects 1.5% of children aged 5-16 years.

Factors that increase the risk of ADHD include:

- **Boys**
  - Increased risk: 6.5x
- **Children with special educational needs**
  - 4x
- **Living in a home where no parent works**
  - 2x
- **Living with a lone parent**
  - 2x

ADHD is associated with **poorer outcomes** in later life:

- Lower educational attainment
- Teenage pregnancy
- Criminality
- Poorer employment and lower earnings
- Interpersonal difficulties

ADHD places very **substantial costs** on society:

The estimated **annual healthcare costs** associated with the treatment of ADHD in adolescents are **£670 million**

**Long term costs** for every child with ADHD are estimated to be **£102,135** consisting of:

- **Healthcare** 22%
- **Reduced earnings** 34%
- **Education** 44%

Actions to manage ADHD include:

- Parenting programmes to give parents the skills and strategies to help their child
- Behaviour therapy with children to replace behaviours that don’t work or cause problems
- Advice for teachers about how to teach children with ADHD
- Medication for severe cases

Nearly all parents of children with ADHD seek some form of help because of concerns about their child’s mental health, but only a **minority** of children receive **evidence-based** treatment.
Conduct disorders

Conduct disorders such as defiance, aggression and anti-social behaviour, affect 5.8% of children aged 5-16 years. Factors that increase the risk of conduct disorder include:

- Boys
- Low income families

Children with conduct disorders are more likely to have poorer outcomes:
- 2x more likely to leave school with no qualifications
- 4x more likely to be drug dependent
- 6x more likely to die before the age of 30 years
- 20x more likely to end up in prison

The case for prevention of conduct disorders is clear

**£5.2 billion**
Estimated lifetime costs of a one-year cohort of children with conduct disorder

The cost of managing conduct disorders is very low relative to the potential benefits

Every £1 invested in the early years saves

- Family nurse partnership: **£2**
- Parenting programmes: **£2**
- School based interventions: **£27**
- Whole school anti-bullying interventions: **£14**

Potential savings from each case prevented through early intervention:

- Severe: **£150,000**
- Moderate: **£75,000**

Actions to manage conduct disorder include:

- Classroom-based emotional learning and problem-solving programmes
- Group parent training programmes
- Multisystemic therapy to young people aged 11-17 years
- Do not offer pharmacological interventions for the routine management
- Develop local care pathways between education and healthcare that promote access to services
Depression

About **67,600**
CYP in England are seriously depressed

**7x**
Depression is 7x **more common** in older children:
5-10 years 11-16 years
0.2% 1.4%

**Prevalence (%)**
Depression is **more common** in girls aged 5-16 years

**Prognosis**
10% recover by 3 months
40% recover by 1 year
20% recover by 2 years
30% do not recover by 2 years

Depression is caused by a **combination** of **risk factors** including:

**Biological**
Family history of depression

**Family**
Lone parent
More than 1 child
Unemployment

**Factors intrinsic to the child**
Chronic ill health
Disability

**Interpersonal**
Poor friendships
Being bullied
History of abuse

**Psychological**
Emotional distress e.g. bereavement
Emotional temperament
High levels of critical self thought

**Behavioural therapy to manage depression is cost effective**, with benefits including:

**Higher earnings**
Lower costs in the NHS
Lower costs in the education system

**Every £1 spent on cognitive behavioural therapy for children returns:**

- **£32**
- **£2**

**Actions to manage depression include:**

**Mild depression**
- Watchful waiting
- Psychological therapy, if there are no co-morbid conditions or suicidal ideation
- Referral to tier 2 or 3 CAMHS team if no response after 2-3 months

**Moderate or severe depression**
- Review by tier 2 or 3 CAMHS team
- Individual psychological therapy
- Consider medication
- Multidisciplinary review if unresponsive to psychological therapy
- Consider inpatient treatment if high risk of suicide or self-harm

**Most parents of children with depression seek advice, but only about 25% have contact with a children’s mental health service**
Eating disorders are caused by a combination of risk factors including:

- **Biological**
  Genetic makeup can make some people more vulnerable to eating disorders

- **Social**
  Media /cultural pressures

- **Psychological**
  Emotional distress e.g. bereavement
  Low self esteem
  Depression/anxiety

- **Interpersonal**
  Troubled relationships
  Being bullied
  History of abuse

The **physical impacts** of eating disorders include:

- Anxiety, depression, obsessive behaviours
- Changes in hair and skin
- Tooth erosion, dry mouth, tooth decay
- Increase risk of heart failure
- Brittle bones
- Kidney stones, renal failure
- Constipation, diarrhoea, bloating
- Irregular or absent periods, infertility

**£16.8 billion**
Estimated total annual costs of eating disorders* (comprising treatment costs (NHS and private), costs to sufferers and carers and costs to the economy)

Actions to manage eating disorders include:

- **Prevention** through school-based peer support groups
- **Family therapy**
- **Cognitive-behavioural therapy**
- **Hospital care**
  Inpatient or outpatient

*Estimated total for CYP and adults
Schizophrenia represents a major psychiatric disorder characterised by psychotic symptoms that alter the child's perception, thoughts and mood and behaviour.

Schizophrenia is rare in CYP, the prevalence increasing from age 14 onwards.

Childhood schizophrenia affects about 1.6-1.9 children per 100,000 child population.

Symptoms of schizophrenia include:

- **Positive symptoms**
  - Hallucinations
  - Delusions

- **Negative symptoms**
  - Emotional apathy
  - Poverty of speech
  - Social withdrawal

Schizophrenia is caused by a combination of risk factors, including:

- Genetic makeup
- Family history of schizophrenia
- Birth complications
- Emotional distress
- History of abuse
- Cannabis use in adolescence

Schizophrenia places very substantial costs on society.

Every £1 spent on early intervention psychosis teams saves £18.

CYP with schizophrenia have poorer physical health than the general population when they get older.

- Life expectancy is reduced by 16-25 years
- Causes of premature deaths:
  - Suicide or injury
  - Cardiovascular, pulmonary and infectious diseases

Early onset schizophrenia in CYP is associated with poor long-term outcomes.

- 15% good outcome
- 25% moderate outcome
- 60% poor outcome

Actions to manage schizophrenia include:

- Exclude organic causes
- Antipsychotic medication
- Psychoeducational group intervention for young people with psychosis and their carers
- Help the child or young person to continue their education
- Provide a supported employment programme for those above school age
- Discuss and plan transition to adult services
Self-harm and suicide

Each year self-harm leads to **150,000** attendances at A&E.

About **1 in 10** young people will self-harm. The **prevalence** of self-harm varies by age and is **more common** in children with mental illness.

<table>
<thead>
<tr>
<th>Mental health illness</th>
<th>Depression</th>
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<tbody>
<tr>
<td>Family issues</td>
<td>Poverty</td>
</tr>
<tr>
<td>Parental criminality</td>
<td>Parental separation or divorce</td>
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</tbody>
</table>

**Risk factors for self-harm include:**

- Mental health illness
- Depression
- Family issues
- Poverty
- Parental criminality
- Parental separation or divorce

**Being abused**

**Supporting CYP who self-harm includes:**

- Appropriate medical and surgical care
- Prevention e.g. building resilience
- Individual support and/or group counselling

**149** children aged 10-19 years in England committed suicide in 2014, almost **three** children every week.

**Risk factors include:**

- **Biological**
  - Family factors e.g. mental health illness or history of suicide
  - Long-term conditions

- **Psychological**
  - Alcohol or drug abuse
  - Bereavement and experience of suicide
  - Mental health illness, self-harm and suicidal ideas
  - Social isolation

- **Environmental**
  - Abuse and neglect
  - Bullying
  - Academic pressures

**Actions to reduce suicide include:**

- Tailor approaches to improvements in mental health
- Reduce access to the means of suicide
- Support the media in delivering sensitive approaches to suicide
- Support research, data collection and monitoring
- Provide better information and support to those bereaved or affected by suicide

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**Girls are more likely to report self-harm than boys.**

**The annual cost of hospital self-harm admissions in England and Wales in 2014-15 was £40 million.**

**100x**

Those who have self-harmed are **100x more likely** than the general population to die by suicide in the following year.
Useful resources

Websites

- www.adhdfoundation.org.uk/main-v1.php
- www.b-eat.co.uk
- www.centreformentalhealth.org.uk
- www.chimat.org.uk/camhs
- www.chimat.org.uk/PIMH_Needs_Assessment
- http://fingertips.phe.orh.uk/profile-group/mental-health/profile/cypmh
- www.chimat.org.uk/camhstool
- www.headmeds.org.uk
- www.local.gov.uk/camhs
- www.mind.org.uk
- www.minded.org.uk
- www.papyrus-uk.org
- www.place2be.org.uk
- www.rcpsych.ac.uk
- www.themix.org.uk
- www.youngminds.org.uk
Useful resources

Reports

• Department of Health, Department of Education (2013) Supporting the health and wellbeing of young carers
• Department of Health and NHS England (2015) Future in mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing
• Local Government Association (2016) Best start in life: Promoting emotional wellbeing and mental health for children and young people
• PHE and Children and Young People’s Mental Health Coalition (2015) Promoting children and young people’s emotional health and wellbeing: A whole school and college approach
• PHE and UCL Institute of Health Equity (2014) Local action on health inequalities: Building children and young people’s resilience in schools
• PHE (2015) Measuring mental wellbeing in children and young people
• PHE and Evidence Based Practice Unit (2016) Measuring and monitoring mental wellbeing – a toolkit for schools and colleges
References

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• NHS England (2015) Local transformation plans for children and young people’s mental health and wellbeing
• NHS England (2016) The five year forward view for mental health
• NHS England (2016) Implementing the five year forward view for mental health

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• Department of Health (2011) No health without mental health

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• Commonwealth of Australia (2012-13) Kids matter: Australian primary school mental health initiative
• Department for Education (2016) Mental health and behaviour in schools: Departmental advice for school staff

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• 10% of children aged 5-16 years suffer from a clinically significant mental health illness
  Department of Health (2013) Our children deserve better: Prevention pays
• Percentage of people with lifetime mental illness who experience symptoms in childhood
• 25% of children who need treatment receive it
• 60% of looked after children have some form of emotional or mental health illness
• Young people in prison are 18x more likely to take their own lives than other of the same age
• Boys aged 11-15 years are 1.3x more likely to have a mental illness compared to girls aged 11-15 years
  Department of Health (2013) Our children deserve better: Prevention pays
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Department of Health (2014) Public mental health priorities: Investing in the evidence

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- Mental health excess costs
  Department of Health (2013) Our children deserve better: Prevention pays
- NHS expenditure, early intervention and measured benefits

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- Overall prevalence rate, prevalence of ADHD and depression in 2014 from Children and young people’s mental health and wellbeing Fingertips tool available at fingertips.phe.org.uk
- Prevalence rates of anxiety and depression from ONS (2005) Mental health of children and young people in Great Britain, 2004 (Table 4.1) applied to 2014 population estimates from fingertips.phe.org.uk (anxiety: 3.3%, depression: 0.9%)
References

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• Anxiety disorders, causes and prevalence
  Centre for Mental Health (2015) Investing in children’s mental health
• Anxiety disorders prevalence
  ONS (2005) Mental health of children and young people in Great Britain, 2004 (Table 4.1)
• Anxiety disorders associated with other mental health conditions
  Centre for Mental Health (2015) Investing in children’s mental health
• Outcomes of anxiety disorders and cost-benefit of cognitive behavioural therapy
  Centre for Mental Health (2015) Investing in children’s mental health
• Actions to manage anxiety
  Department for Education (2016) Mental health and behaviour in schools: Departmental advice for school staff

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• Prevalence of ADHD
  ONS (2005) Mental health of children and young people in Great Britain, 2004 (Table 4.1)
• ADHD prevalence, risk factors and outcomes
  Centre for Mental Health (2015) Investing in children’s mental health
• Estimated annual UK costs associated with ADHD in adolescents
• Long term costs of ADHD
  Mental Health (2014) The lifetime costs of attention deficit hyperactivity disorder
• Actions to manage ADHD
  Department for Education (2016) Mental health and behaviour in schools: Departmental advice for school staff
  NICE guidelines (2016) Attention deficit hyperactivity disorder: diagnosis and management
• Only a minority of children receive evidence-based treatment
  Centre for Mental Health (2015) Investing in children’s mental health

• Prevalence of conduct disorders
  ONS (2005) Mental health of children and young people in Great Britain, 2004 (Table 4.1)
• Conduct disorders outcomes
  Centre for Mental Health (2015) Investing in children’s mental health
• Case for prevention of conduct disorders
  Department for Health (2012) Our children deserve better: Prevention pays
• Cost of managing conduct disorders
  Department for Health (2012) Our children deserve better: Prevention pays
  Centre for Mental Health (2015) Investing in children’s mental health
• Actions to manage conduct disorders
  The British Psychological Society and the Royal College of Psychiatrists (2013) Antisocial behaviour and conduct disorders in children and young people: Recognition, intervention and management. NICE Clinical Guideline Number 158

• Prevalence of depression
  ONS (2005) Mental health of children and young people in Great Britain, 2004 (Table 4.1)
• Prognosis
References

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- **Risk factors for depression**
  - ONS (2005) Mental health of children and young people in Great Britain, 2004

- **Cost effectiveness of behavioural therapy and parents seeking medical care**
  - Centre for Mental Health (2015) Investing in children’s mental health

- **Actions to manage depression**

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- **Eating disorder definition and prevalence**

- **Anorexia and bulimia nervosa statistics**

- **1 in 5 of the most seriously affected will die prematurely**
  - Centre for Mental Health (2015) Investing in children’s mental health

- **Risk factors for eating disorders**

- **Physical impacts of eating disorders**
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- Costs associated with eating disorders
- Actions to manage eating disorders
  Department for Education (2016) Mental health and behaviour in schools: Departmental advice for school staff

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- Schizophrenia - prevalence, symptoms, risk factors and physical outcomes
  National Collaborating Centre for Mental Health (2012) Psychosis and schizophrenia in children and young people
- Costs associated with schizophrenia
  Personal Social Services Research Unit, London School of Economics and Political Science (2011) Mental health promotion and prevention: The economic case
- Outcomes and management for CYP with schizophrenia

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- Self harm - prevalence, risk factors, support and suicide risk
  National Workforce Programme (2011) Self-harm in children and young people handbook
- Self harm - costs of hospital admission
  Early Intervention Foundation (2015) Spending on later intervention: How we can do better for less
References

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• *Suicide - risk factors*
  Butterworth S, Suicide and self-harm in young people: risk factors and interventions available at
  http://www.youthspace.me/assets/0000/6974/Suicide_and_Self-harm_in_young_people.pdf (accessed August
  2016)

• *Suicide - actions to reduce suicides*
  National Confidential Inquiry into Suicides and Homicides by People with Mental Illness (2016) Suicide by children
  and young people in England
Picture credits

- Abuse by Dr Marilena Korkodilos
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About Public Health England

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