

South Ayrshire Council

Title – South Ayrshire Council Educational Psychology Service

Children & Young People's Mental Health Difficulties: Young People and Professionals' Perceptions.

What did we ask?

1. What are the most prevalent mental health difficulties being experienced by children and young people in South Ayrshire? Do children and professionals' views differ on this?
2. What differences are there in the types of mental health concerns identified and supported by schools? Do these differ across gender and school stage?
3. Is there a difference in young people reporting they have experienced poor mental health comparing areas of deprivation to more affluent areas?
4. Which mental health supports are viewed as most helpful and effective by children and professionals?

What is the evidence base?

Good mental health is vital to a good quality of life (WHO, 2010). However, there is growing international concern, regarding the prevalence of mental health difficulties in school aged children and a perceived lack of access to specialist services (Atkinson et al, 2014; Membride, 2016).

Children's mental health is impacted by numerous social and cultural factors (Bor et al, 2014). Adversities in mental health are similar in that their causes are often multiple and interactive (Roffey, 2016). The adverse childhood experience (ACE) studies echo this and demonstrate a link between higher incidences of ACEs, and lower mental health and life satisfaction reported by children and young people. This has a transgenerational element, where those with higher ACE counts have higher risks of exposing their own children to ACEs (Bellis et al, 2014). Higher numbers of these risk factors are linked to poorer outcomes and lower levels of resilience. (Appleyard et al, 2005). Indeed research has

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demonstrated clear links between children and young people's health and wellbeing and their academic achievement (Robinson, 2013).

Scotland's 10-year vision to improve mental health endorses a stronger focus on wellbeing (Craigforth, 2016). Central to improving children's wellbeing is the early identification of difficulties and consulting with children and young people to construct plans to support them. (RCPCH, 2017).

This study aims to look at young people, universal services and CAMHS perceptions of mental health difficulties being experienced by children in one local authority and the supports they are advising are effective in helping. This information will be utilised by the local authority, Health and Social Care partners and Youth Forum to construct a strategic plan of action. This will target preventative and early intervention approaches to improve children's mental health.

What did we do?

Three activities were developed and implemented.

1. Audit of supports

Educational Psychology Services (EPS) used a questionnaire between June-October 2015 to audit school staff views on supports utilised for supporting positive mental health and wellbeing and reducing mental health difficulties in South Ayrshire. This culminated in a picture of the supports available, what was felt to be effective and gaps in service delivery. The EPS then led a multi-agency event, utilising 4 focus groups, to add other professionals' views to this.

2. Survey of universal services and CAMHS: Mental Health difficulties

EPS surveyed early years centres, primary and secondary schools, Educational Psychologists, School Nurses and CAMHS to explore their perceptions of the mental health difficulties they supported children with over the period 2015-16. Some participants had been involved in the audit of supports above but not all. The mental health difficulties were

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categorised using information from CAMHS but descriptors were used to ensure a common understanding of terms. The school staff surveyed were the same as those who completed the audit and many of the other professionals surveyed were involved in the focus groups of activity 1. This survey was completed retrospectively in June-September 2016.

3. Youth Forum's Say It Loud Mental Health Survey

South Ayrshire's Youth Forum carried out a mental health survey of children and young people (11-25 years olds). EPS included an additional question in the South Forum's survey asking about the different types of mental health difficulty they may have experienced. This was similar to the question asked in the survey of universal services. This survey was completed September-November 2016.

What have we found so far?

The most prevalent mental health difficulties experienced by children and young people in South Ayrshire are low mood/depression (52%) and anxiety (43%). Although school staff and CAMHS identified a similar pattern, the numbers they identified were significantly lower. Compared to the information gathered from schools, the data from young people revealed there were:

- triple the number experiencing low mood/ depression
 - almost double the number having difficulties with anxiety
 - double the number who self-harm
 - six times the number who have had suicidal ideations/ attempts
 - almost 8 times that for eating disorders.
- School nurses and Educational Psychologists (EPs) identified different patterns of prevalence but this will be strongly influenced by referrals to their services, most of which are from schools.
 - There are clear gender differences in supports provided by services, with schools and EPs offering more support for males and school nurses and CAMHS offering more support to females. It should be noted that further analysis of the data from School Nurses and EPs

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was not found to be useful for this research due to the likely influence of referral process on results.

- There are patterns of mental health difficulties identified by schools according to stage of schooling and gender.
- Most concerns for children's mental health are P6 in primary and S3 in secondary school. In primary, there are more concerns about boys' mental health whereas in secondary there are more concerns for girls.
- Low mood and anxiety are identified most commonly with boys in primary school whereas these issues arise more for girls in secondary.
- Self-harm and suicidal ideations/attempts are concerns for more girls than boys especially S3 girls. The youngest children identified as self-harming were in P4 and P6 for suicidal ideations.
- There are spikes of concern regarding behaviour in P2 and P6 for both genders (although to a much lesser extent for females).
- In comparison to schools, the patterns of difficulty identified by young people are different according to stage of schooling. There are many more difficulties highlighted in S5 and S6 and the spike of concern is in S2 rather than S3.
- The cluster of schools with highest deprivation highlighted difficulties concerning regulating behaviour as the most prevalent mental health difficulty whereas all other clusters indicated anxiety as their highest concern. However, early analysis from young people does not indicate a relationship between SIMD and them reporting having 'experienced poor mental health'.
- Positive relationships and partnership working, curriculum/ resources and ethos were reported by professionals to be effective in supporting reported children's mental health and wellbeing. Staffing and resource issues, partnership working and limited strategic approaches were related to poor outcomes in mental health.

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Most young people indicated they knew where to access help for mental health difficulties, however, the majority of respondents (72%) advised that they had not accessed a mental health service. They were most comfortable talking to parents and friends about their mental health compared to professionals and the most common reason for preventing them speaking to someone was the feeling that people would misunderstand or the embarrassment. This could be linked to 57% of young people advising that they were either unsure or disagreed with the notion that their 'school provides a supportive environment to talk about mental health'.

What do we plan to do next?

Implementation Science is being utilised to ensure approaches used are effective. Prior to interventions being introduced further work is required around:

Decision Support Data Systems

- The raw data from the Youth Forum will be utilised to see if further comparisons and patterns can be extrapolated.
- Inferential statistical analysis will be used to identify any co-morbidity between mental health difficulties as well as the significance of the differences identified between results from school staff and young people.

Systems intervention

The research has identified where South Ayrshire can target resources in order to intervene early and improve children's mental health. A multi-agency group is working alongside the Youth Forum to develop and implement an Action Plan addressing areas highlighted by the research.

To conclude, we need to think differently about how we are addressing children's mental health difficulties as this research indicates they are not accessing the supports which are currently available to them. Consultation with young people is vital for this as the level of difficulties experienced may be higher than what professionals are identifying.

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Through listening to children and young people and building capacity in others as well as staff to identify difficulties, we will be able to start effectively addressing the factors surrounding children's mental health.

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