SAFEGUARDING ADOLESCENTS

STRATEGY GUIDE

Theme: Mental Health, Well-being and Self Harm

Introduction

Good mental health is an essential component of achieving good overall health and a good quality of life. Children with good mental health develop more resilience, are more able to learn and have better outcomes and the ability to deal with life's challenges. Many risky behaviours such as, smoking, alcohol, drug misuse and risky sexual behaviour are more prevalent in those with poor mental health (Royal College of Psychiatrists, 2010).

The Hampshire Health and Well-being Survey carried out by Hampshire County Council in 2019/2020 found that:

- 80% of primary and 74% of secondary pupils say they are happy all or most of the time.
- 77% of primary and 60% secondary pupils would tell an adult they trust if they were worried about a friend.

- 42% of secondary school pupils said they 'worry a lot' all or most of the time. In primary, 29% or pupils said they 'worry a lot' all or most of the time.

Adolescence is a high-risk period for the emergence of mental health problems. Most mental disorders have their origins in teenage years, and many have precursors in childhood. The ages of 16 to 18 are a particularly critical period of vulnerability to mental illness, as well as a period of major physiological, emotional and social change in young people's lives (Jones, 2013).

The Young People's Well-being Survey carried out by the Office for National Statistics in 2017 found that the proportion of young people aged 16 to 24 with anxiety or depression is increasing. This increase is primarily due to an increase in the proportion of young women reporting symptoms of anxiety or depression. This rose from 22% in 2009/10 to 26% in 2013/14.

In July 2020, one in six children aged 5 to 16 years were thought to be affected by a mental health disorder, an increase of 5% since 2017 (Lifestyles Team, NHS Digital, 2020). It is not fully understood how much of this increase is due to the COVID-19 pandemic, as it emerges against a background of deteriorating mental health in children and young people over recent years.

Eating disorders (ED) are serious mental health problems which can have severe psychological, physical and social consequences. There is strong evidence that rapid access to evidence-based, high-quality care and support can improve recovery rates. Nationally, there has been a significant increase in the number requiring treatment over the last 12 months (NHS, Covid-19: Restoration and Recovery. South East Eating Disorders Review, 2021).

Eating disorder services across the south east have received a significant increase in referrals throughout the COVID-19 pandemic. This has placed unprecedented demand on community Children and Young People (CYP) ED Services and other services that support the most severely unwell CYP with ED, for example acute paediatric wards, CYP mental health (MH) crisis teams and Tier 4 in-patient units (Lifestyles Team, NHS Digital, 2020).

The complexity and acuity of referrals both on the Isle of Wight and Hampshire have increased (Hampshire Eating Disorder Service, Summary of audit data, 2021).

Between 2004 and 2017, rates of anxiety, self-harm, depression, and suicide all increased in children and young people (Ford *et al.*, 2021). Recent research suggests that, despite not being clinically vulnerable to COVID-19, children have been particularly affected by its impact, including lockdowns and school closures. Social inequality is a key factor in the risk of children and young people developing mental health disorders. Physical health, family situation, community and school environments can all affect the development of mental health disorders. Happy children who have positive relationships with family and friends are more likely to grow into healthy adults, making positive contributions to society. COVID-19 has widened existing inequalities and some of the most vulnerable children have been the most badly

affected (Ford *et al.*, 2021). Conversely, some children have thrived and report that lockdown has made their lives better.

Schools closed for the majority of pupils between March and September 2020, and again between January and March 2021, with national exams cancelled for two years. Even whilst open, schooling was subject to major disruptions due to outbreaks and isolation requirements. Although it appears that for most children and young people, returning to school is a protective factor against mental health problems, this is not the case for everyone. Young Minds, a charity focusing on children's mental health, have now completed three national surveys looking at the effects of COVID-19 on children's mental health. In September 2020, shortly after schools and colleges reopened, 2,011 young people aged 11-18 with a history of mental health needs completed a survey, with 69% of them describing their mental health as poor (Young Minds, 2020). This proportion was a rise from the 58% who described their mental health as poor before returning to school. 61% said that returning to school had a negative effect on their mental health and only 15% felt that there was enough information and support available at school. Seeing friends, teachers and returning to routine were all seen as positive effects but the stress of academic pressures and concerns about COVID-19 and the social distancing precautions in place at school outweighed these benefits.

What is the impact on safeguarding adolescents?

The mental well-being of children can be influenced before they are born with maternal health influences in pregnancy shown to impact on the foetus. From birth, parent-infant attachment and family functioning affect the likelihood of children developing mental health (MH) disorders in later life (Public Health England, 2019). By the early teenage years, around half of MH problems have started. This figure rises to three-quarters by the mid-twenties (Kim-Cohen *et al.*, 2003).
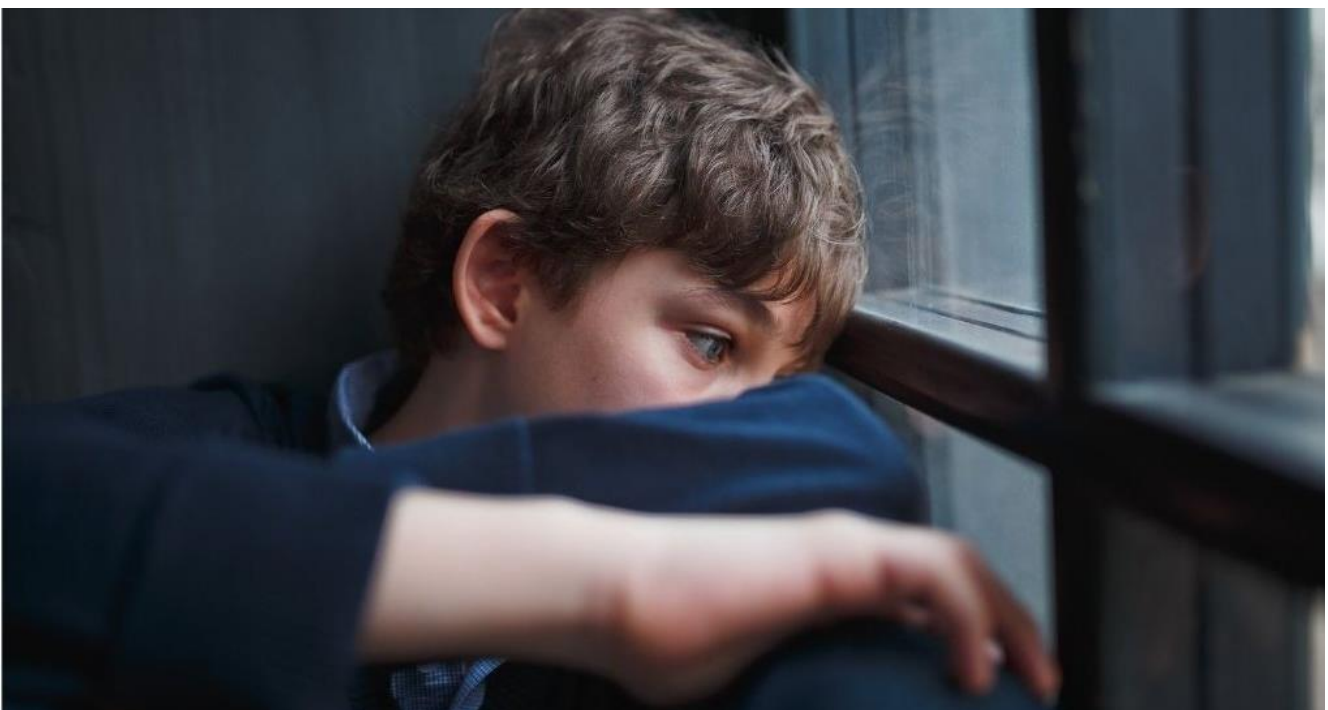
The table below summarises both risk and protective factors affecting the mental health of children:

Risk and protective factors for CYP's mental health

RISK FACTORS

Child	Family	School	Community
✗ 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
✔ 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

PROTECTIVE FACTORS

Source: Mental health of children in England (publishing.service.gov.uk)

In 2017, the Children and Young People's Mental Health (CYPMH) survey (NHS Digital, 2017) showed that rates of MH disorders were three to four times higher in children and young people with special educational needs, poor general health, from low-income families, with parents experiencing mental health difficulties and in less healthy functioning families.

Vulnerable Groups

- *Households with poor family functioning* - 28.3% of children with a probable mental disorder live in households with poor family functioning compared with 11.7% of children unlikely to have a mental disorder (Royal College of Psychiatrists, 2010).
- *Lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ)* - Children aged 14-19 who identified as any of these groups were more likely to have a mental disorder (34.9%) than those identifying as heterosexual (13.2%) (Jones, 2013).
- *Young carers* - An estimated 40% of young carers have a mental health problem (Office for National Statistics, 2017). Young carers are known to be at higher risk of mental health problems, with an estimated two in five young carers having a mental health problem and almost half of young carers reporting additional stress relating to the care they provide or lack of support they receive (Young Minds, 2016).

- *Low-income households* - In 2018/19, 15.3% of children lived in low-income households nationally (Lifestyles Team, NHS Digital, 2020).

- *Physical health conditions* - 71.7% of those with a probable mental health condition also had a physical health condition or a developmental problem (NHS, Covid-19: Restoration and Recovery. South East Eating Disorders Review, 2021).

- *Young offenders* - Prevalence estimates for MH problems range from 25% to 81% of those in custody (Royal College of Psychiatrists, 2010).

- *Substance misuse* - Children with MH are more likely to misuse substances and have more difficulty getting support.

- *Not in Education Employment or Training (NEET)* - Data has shown that unemployed young people are more than twice as likely to suffer from mental health disorders than those with jobs, and that periods of unemployment can affect future employability (UCL Centre for Longitudinal Studies, 2017). In addition, those in education usually also have better access to MH services, highlighting a need to ensure that those not in higher education can still access the same level of support.

- *School exclusion* - Boys have a higher exclusion rate than girls, with a peak age of 14 for both permanent and fixed period exclusions. In England, 6.8% of children and young people with a mental health disorder have been excluded from school compared to 0.5% of those without. It is estimated that one in two children in alternative provision have a MH need (Gill, Quilter-Pinner and Swift, 2017).

- *School non-attenders* - A growing number of children struggle with school attendance. Barriers to attendance include unmet special educational needs and disability (SEND) needs, bullying, trauma, physical or mental illness (Not Fine In School, 2017). Across Hampshire there are thought to be around 500 pupils at any one-time experiencing difficulties with emotional based school avoidance; many will simply be marked as having attendance issues (Hampshire County Council, 2021). Children with a MH condition are 8.5% more likely to refuse school than those without (NHS Digital, 2017).

- *Looked after children (LAC)* - Evidence shows that around 45% of LAC in the UK have a diagnosable mental health condition and 70-80% have recognisable behavioral or emotional problems (Sempik). The traumatic events often begin from pregnancy or the birth of the child and many LAC under the age of five have been shown to have signs of mental health problems.

- *Care leavers* - Young adults leaving care are particularly vulnerable. They often lack emotional, financial, and personal support from family members, and most have had traumatic childhoods. A report by Barnardo's on mental health support for young people leaving care in 2017, found that 46% of reviewed cases had mental health needs. Only 65% of these were receiving statutory care and one in four had faced a mental health crisis since leaving care (Nicola Smith, Barnardo's, 2017).

- *Transition* - 16- to 25-year-olds are a vulnerable age group due to the transition between children's and adult's services. The key principles outlined in NICE guidance, 2016, on transitioning from child to adult service (NICE Guidelines, 2016) include involving young people, parents, and carers, ensuring that transition occurs at a developmentally appropriate time, providing continuity of support before and after transition, using a person-centred approach and ensuring different agencies work together (Faculty of Child and Adolescent Psychiatry and Faculty of General Adult Psychiatry, 2017).

Additional Resources and Information

National

Young Minds - Provides advice for parents, children, and young people.

Student Minds - Provides advice for students aged 18+.

Every Mind Matters - Offers NHS advice for parents and young people.

Mind Ed for Families - Supports parents and carers who are concerned about a young person's mental health or wellbeing.

Mind - Offers mental health support for children and young people.

Charlie Waller Trust - Provides mental health information and resources for young people and parents.

Childline Calm Zone - Provides tools and activities to help with feeling anxious, scared or sad.

Rise Above - Has videos and advice from young people on topics like body image, relationships, mental health and friendships.

Local

Hampshire CAMHS - Provides extensive resources for professional, parents and carers. Includes referral into the Hampshire CAMHS service.

Isle of Wight CAMHS - Provides extensive resources for professionals, parents and carers, including referral into the IOW CAMHS service.

Hampshire Healthy Families - Offers support and advice from the Public Health Nursing Service.

ChatHealth for Parents - Designed for parents of children aged 0-19 years, this is a free text messaging service with the Public Health Nurses in Hampshire. For children aged 0-5 years, text: 07520 615720. For children aged 5-19 years, text 07507 332417.

ChatHealth for Young People - Designed for children aged 11-19 years, this is a free text messaging service with a school nurse in Hampshire. Text: 07507 332160.

Hampshire Youth Access - Provides counselling, advice and support for children and young people.

Simon Says - Offers child bereavement support.

Catch 22 Hampshire 24/7 - Offers substance misuse support.

Hampshire SENDIASS - Provides SEND information, advice and support.

Hampshire Parent Carer Network - Offers help for parents/carers of children and young people with an additional need or disability.

Five Ways to Wellbeing - Offers tips to help everyone stay mentally well.

Havant & East Hants Mind Children and Young People's Safe Haven - This is an out of hours crisis support service for any young person in the Havant Borough aged 11-17 years old. Telephone: 0300 303 1580 between 5pm – 8pm Tuesday, Wednesday and Thursday. Last appointments are at 7.30pm. Email: cypsafehaven@easthantsmind.org

Young Person's #Coping Guide - This lists local services for young people living in north east Hampshire (Aldershot, Fleet, Farnborough and Yateley).

Mental Wellbeing Hampshire - Partnership of organisations working to support good mental health and well-being. It provides information on support services.

Hampshire and Isle of Wight Educational Psychology Service (HIEPS) – Includes resources and a telephone support line for parents/carers, education setting staff, and other children's services professionals.

Advice for specific issues

Safeguarding Adolescents, Strategy Guide 4: Body image and eating disorders

BEAT - Offers eating disorder advice. Telephone: 0808 801 0711, 4-10pm daily.

Mermaids - Provides support for gender-diverse children, young people and their families.

YGAM - A parents' hub for gambling and gaming advice.

Papyrus - Offers suicide prevention advice, including a confidential helpline for young people at risk of suicide or for people worried about a young person at risk of suicide. Telephone: 0800 068 41 41.

OCD UK - Helps those affected by obsessive compulsive disorder. Telephone: 03332 127890.

National Autistic Society - Provides guidance on a range of mental health difficulties.

Feeling Down: Looking After My Mental Health - An easy-read guide for people with learning disabilities.

Winston's Wish - Provides child bereavement support.

Bullying - Provides information for parents, carers, children, and young people about how to deal with bullying.

The Sleep Charity - Has useful information on child and teen sleep.

Free helplines/messaging services/apps

Kooth - A free, anonymous online counselling and emotional wellbeing support service for young people aged 11-25 years (up to 26th birthday) in Hampshire. It offers a safe way to access support for emotional health and wellbeing needs from a team of professional qualified counsellors. Counsellors are available from 12noon - 10pm on weekdays and 6pm - 10 pm at weekends, every day of the year. No referral needed.

The Mix - Provides advice for under 25s and a crisis text service. Text: THEMIX to 85258.

Childline - Offers support for anyone up to age 18. Telephone: 0800 1111, chat online or email the crisis service through the website.

Shout - Text: SHOUT to 85258 for free, confidential, 24/7 text message support.

Samaritans - Offer a free helpline on 116 123, open 24 hours 365 days a year.

Young Minds Parents Helpline - For any adult concerned about the emotional problems, behaviour or mental health of a child or young person up to the age of 25. Telephone: 0808 802 5544.

Calm Harm app - To help people manage the urge to self-harm.

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