Emotional health and wellbeing

Why is it important?

Emotional ill health is the result of who we are and what happens to us in our lives. For children, this may include poor attachment, poor parenting, traumatic experiences, physical ill health or negative environment.

The degree of emotional ill health will vary from child to child. Children have different levels of resilience. Risk factors limiting resilience are:

- Parental death, illness or mental illness
- Repeated early separation from parents
- Overly harsh or inadequate parenting, abuse or neglect
- Parental criminality
- Parental job loss and unemployment
- Discrimination on grounds of ethnicity, race, gender, sexuality or disability

There are specific groups of children who may be more vulnerable such as looked after children, young carers and children in poverty, and these will have needs across more than one of these areas. High levels of mental health risk factors in Gateshead, such as deprivation, mean that figures gathered for children with poor mental wellbeing are likely to be underestimates.

Giving every child the best start in life is crucial to reducing health inequalities across the life course. Research on the British Cohort Study which tracks a group of children born in April 1970, found that emotional wellbeing in childhood and young adulthood is one of the most important factors in predicting whether an individual will be socially mobile and experience good mental health in later life. Research and good practice in schools demonstrate that when staff and pupils feel good about themselves, they perform better. Poor emotional health has an impact on physical health (susceptibility to infection, heart disease), education, employment, parenting, relationships, smoking, substance misuse, unwanted pregnancy, and crime. [1]

Gateshead data

See Topic sections: Mental and Behavioural Disorders

Summary

Prevalence of Mental Illness among Children & Young People

Research by the Office for National Statistics in 2004 applied to current population estimates suggests that just under 1 in 10 children aged 5 to 16 will have some form of mental disorder, with the prevalence increasing with age. The research indicates the most prevalent condition is emotional disorders, with up to 1
in 27 young people aged 5 to 16 having the condition. Lack of robust local information makes it difficult to obtain a true picture of the extent of mental health problems affecting children and young people;

**Hospital Admissions for Mental Health Conditions**

There are small numbers of children (aged 0-17) with mental health conditions severe enough to be admitted to hospital. Currently the number of admissions per year is around 30.

**Hospital Admissions for Self Harm**

In recent years, on average around 180 young people aged 10 - 24 have had an emergency hospital admission for self harm each year. Compared to England, Gateshead’s emergency admissions are significantly higher and have been consistently so over recent years.

**Health Related Behaviour Survey (HRBS)**

Gateshead regularly undertakes a Health Related Behaviour Survey (HRBS) to provide a detailed overview of the health & wellbeing of children attending Gateshead schools. Information from the surveys informs our understanding of issues such as self esteem, family and relationships, and pupil satisfaction with their lives. Headline results show only about a quarter of year 10 girls have high self esteem, compared with more than half of year 8 boys. Just over a quarter of year 10 girls worry about family problems and similarly a quarter of year 5 girls worry about crime. Family are the most popular source of support for both boys and girls, but 1 in 10 said they didn’t know if they had an adult they could trust. Around 70% of pupils said they were satisfied with their lives.

**Groups most at risk**

There are a number of groups who are more vulnerable to emotional ill health and risk factors increasing the risk of emotional ill health, including:

1) **Ethnicity**

Research indicates that evidence of the impact of ethnicity / race on emotional wellbeing and mental health problems among children and young people is inconclusive. However they do highlight that in some areas young people from ethnic minority communities are often overrepresented in child and adolescent mental health services. [1]

2) **Sexual Orientation**

The availability of information relating to sexual orientation among children and young people is limited, with no accurate measure of the population. However, the research suggests that almost two thirds of lesbian, gay, and bisexual young people experience homophobic bullying whilst at school – impacting on their self-esteem, educational attainment and aspirations. [2]

3) **Child Poverty**

Children who live in poverty are significantly more likely to experience poor mental as well as physical health. Research found that children in poor households are three times as likely to have mental health problems as children in well-off households. [3]

4) **Looked After Children**
Entering care is strongly associated with poverty and deprivation, and with emotional and mental health problems. Research suggests that around 45-60% of looked after young people have emotional and mental health problems, increasing to 72% for those in residential care. [4]

Most children and young people come into care because of abuse or neglect and family difficulties. Evidence indicates that outcomes for children and young people in care are poorer than the general child population and that additional support is required if they are to have the same life chances as their peers.

5) Young Carers

A young carer is a child or young person under the age of 18, who provides care to another family member usually an adult, who has a physical illness/disability; mental ill health; sensory disability; has problematic use of drugs or alcohol or is HIV positive. The level of care they provide would usually be undertaken by an adult and as a result of this has a significant impact on their normal childhood.

It is known that young carers occur more frequently within single parent families and can often face social exclusion with little support from other family members. Young carers are less likely to discuss their caring responsibilities, with research showing this secrecy may be due to a fear of social service intrusion, associated stigma or through loyalty to parents.

6) Children with Special Educational Needs & Disabilities

Pupils with special educational needs and/or disabilities have learning difficulties or disabilities that make it harder for them to learn than most pupils of the same age. The term covers a wide range of needs, including: specific learning difficulties, moderate learning difficulties, severe learning difficulties, profound and multiple learning difficulties, behavioural, emotional and social difficulties, speech, language and communication needs, hearing impairment, visual impairment, multi-sensory impairment, physical disability and autistic spectrum disorder.

7) Physical Illness or Disability

Children with a long-term physical illness are twice as likely to suffer from emotional or conduct disorder problems. Although there is reason to suspect that people with physical disability will experience a higher rate of mental health conditions compared to people without disabilities, there is a lack of literature in this area, especially amongst children with disabilities. [5]

8) Young Offenders

Evidence suggests there is interdependency between offending and mental health problems, with the prevalence of mental illness among offenders being much higher than among the general population. Research by the Mental Health Foundation in 2002 indicated that the prevalence of mental health problems among young people in the criminal justice system is at least 21% (minimum of 1 in 5) with the most common conditions being conduct disorders, emotional disorders and attentional disorders. [6]

9) Children in Lone Parent Households

Research shows that children from single-parent family units are twice as likely to suffer from more mental health problems than those in two-parent families. [7]

10) Parental Mental Health

Children whose mothers have mental health problems are more than twice as likely to develop emotional disorders themselves. Research by the Social Care Institute for Excellence emphasises the extent of the impact of parental mental ill health on dependants. [8]
11) Housing & Homelessness

Being Homeless or ‘vulnerably’ housed is linked to increased risk of common mental health problems as is poor quality accommodation and overcrowding. Members of overcrowded families are more likely to experience depression, anxiety, problems sleeping and difficulties with family relationships.

12) Students

The Royal College of Psychiatrists (RCP) report ‘Mental Health of Students in Higher Education’ (2011) suggests that as many as 29% of students show clinical levels of psychological distress. A recent National Union of Students (NUS) survey30 indicates that 20% of students experience mental health problems but, of these, only 36% seek formal advice or support. [9]

13) Domestic abuse

Children who are exposed to violent behaviour may suffer a range of harmful effects. Children are more likely to be victims of child abuse and can have behavioural and psychological problems.

14) Substance Misuse

Teenagers often experience emotional turmoil as their minds and bodies develop. An important part of growing up is working out and accepting who you are. Some young people find it hard to make this transition to adulthood and may experiment with alcohol, drugs or other substances that can affect mental health.


What are we doing and why?
Promoting positive mental health in children through earlier intervention can have huge benefits for individuals and for the economy with relatively little cost. The national mental health strategy No Health without Mental Health (DH, 2011) places a firm emphasis on early intervention to stop serious mental health issues developing, particularly amongst children.

In Gateshead there are a wide range of professionals and groups that support and improve a children and young person’s psychological well-being. Many operate at a universal level such as midwives, health visitors, school teachers, school nurses, healthy schools and community workers who will support all children and young people in their development.

Child and Adolescent Mental Health Services (CAMHS) and other voluntary sector providers in Gateshead offer direct support and intervention for young people and their families where emotional health and wellbeing issues have been identified. The CAMHS services are currently being reviewed across Newcastle / Gateshead and a health needs assessment is being carried out to support that process. As a result of this work our understanding of the emotional health and wellbeing needs of young people and their families will be improved.

The Healthy Child Programme (Pregnancy and the first five years of life) is led by Health Visitors and offers every family a programme of screening tests, immunisations, developmental reviews and information and guidance to support parenting and healthy choices. The programme ensures that each family receives support that is appropriate for their needs with the most vulnerable families, who are at risk of poor outcomes, receiving intensive interventions and co-ordinated support packages.

The Family Nurse Partnership Programme is provided for young first time mums aged 19 and under. A specially trained family nurse visits them regularly from early in pregnancy until the child is two, helping them to become a good parent. The programme aims to reduce inequalities in developmental outcomes and to ensure a strong focus on prevention, health promotion, emotional health and wellbeing and early identification of needs.

A Health Needs assessment of Special Educational Needs in Gateshead was completed in 2014. That work is informing the commissioning of services.

**What would success look like?**

Agencies will work together in an equal and active partnership alongside the child and their family to co construct effective outcomes for the child.

There is excellent communication across agencies, so that if and when children and young people need help and support, the right non-judgemental help is easily accessible.

Success would be defined by individuals, families and communities themselves, and they would participate to bring about agreed outcomes in an appropriate and timely way.

There would be no stigma in seeking or accepting help and support.

**Challenges**

Agencies need to work better together, in an equal and active partnership alongside the child and their family to co construct effective outcomes for the child.
The Commissioning timelines around the new collaborative commissioning process for CAMHS is over a 2 year period and we must manage expectations and ensure continuity of care for those in the CAMHS system.

The transition of Health Visiting and the Family Nurse Partnership services into Public Health will take time and energy to ensure positive outcomes for staff and clients.

The introduction of Universal Credit and continuing increases in child poverty and austerity will impact on the emotional health and wellbeing of adults and children across Gateshead.