Executive Summary: Children with diagnosable mental health difficulties: a survey of parental, teacher and service factors in Banbury, Oxfordshire.

Completed by Sam Game as an MSc Dissertation in Child and Adolescent Mental Health

Rationale for the study:

The last time national statistics on child mental health were collected was 2004 (Green, McGinnity, Ford & Goodman 2005). They identified that 10% of children in the UK need support or treatment for mental health problems. Statistics show that 50% of all diagnosable mental health problems begin by age 14 (RCPSYCH 2010). Children and adolescents with conduct or disruptive disorders are more likely to receive mental health care than those with anxiety or depression (Alegria et al 2004). Yet anxiety disorders are the most common mental health condition affecting both children and adults (Mihalopoulos et al 2015). We know that mental health problems if not properly addressed, can deteriorate, impacting significantly on the quality of that young person's life as well as their future prospects (Burns & Birrell 2014). Therefore accurate identification and appropriate referrals are of paramount importance.

The Research Question and Main Aim:

The research question for this study was: What is the relationship between parental, teacher and service factors and children with diagnosable mental health difficulties. The main aim of the study was to compare and contrast parent reported child mental health difficulties in Banbury to statistics seen in other studies within the UK.

Methods:

Three primary schools in Banbury participated in the study, from which 15 out of 47 teachers responded to an online questionnaire (31%) and 210 out of 751 parents (28%) responded to a paper questionnaire.

Results:

- Analysis using the Strengths and Difficulties Questionnaire (SDQ: the diagnostic tool completed by parents to assess children's mental health difficulties) showed a 30% rate of diagnosable mental health difficulties in the 268 participating children in Banbury.
- Parents were 90% accurate at recognising when their child did not have diagnosable mental health difficulties.
- The analysis of the results looked at what factors impacted on parents asking for help for their children. What was very interesting was that consistently around 50% of parents asked for help irrespective of ethnicity, marital status, number of children, discrimination score relating to mental health, type of child mental health disorder and confidence level in the service available.
- Analysis showed that parents with a mental health diagnosis misidentified 29% of their healthy children as having mental health problems, whereas parents without a mental health diagnosis misidentified only 8% of healthy children.
- When asked 63% of parents said they would be willing to attend a parenting course about child mental health symptoms and management.
- Of the parents of children with diagnosable mental health difficulties 36% felt they were either badly supported or very badly supported in managing their child's emotional and behavioural problems in Banbury.

Parents

Parents have a central role in seeking help for early behavioural or emotional problems and are the gatekeepers in accessing Child and Adolescent Mental Health Services for their children.

Of the parents that completed the survey:

- 95% were mothers, 5% were fathers
- 84% came from two parent homes, while 16% were lone parents
- On an ethnicity basis, the demographics of the parents who responded were a representative sample compared to the 2011 census in Oxford District.
- 70% of parents completing the study were educated up to A levels while 30% received a higher education (degree level and above)
- 3% were unemployed, 9% not working by choice, 84% were working either part/full time, 2% were signed off on long term sick and 1% were carers.
- The range of number of children in the household was from 1-6 children with the mean being 2.1 children.
- When asked 51% of parents stated they had received emotional support from their GP, 42% had taken medication for mental health problems and 22% had received a mental health diagnosis.
- 88% of the parents who responded showed a low discrimination score against mental health issues.
- Analysis showed that confidence levels in the services provided made no difference to whether parents asked for help for their children, however only roughly 50% of the parents with children with diagnosable mental health difficulties asked for help.

Parents comments:

- “I would like to talk to someone about the issues, I have tried with the GP and school and got nowhere”
- “Early signs are not taken seriously by teachers or doctors, they think the child is being attention seeking”
- “I would find it useful to attend a meeting or course at my local school that can give information on mental health. It would be helpful to know what to be aware of, to recognise any issues either now or in the future if they arise.”
- “Please make parents aware of what services there are and how to access them for their children”
- “There are no services for children who just need some support before it gets really bad”
- “My child was not deemed ‘bad enough’ for a referral so we got no support at all”
- “Many parents aren’t aware that support could be available or how to get it”
- “Perhaps schools could add a link to their website for services that support children’s mental health”
- “There definitely needs to be more help and support out there for children suffering from mental health issues”
- It would be useful to offer a ‘mental health check-up’ to children in Banbury. Children should be introduced to the concepts of mental health as well as physical fitness and knowledge growth”
- “Schools are becoming overwhelmed with needs. I would love my children to be supported more, especially as mental health problems are rife in my family: bi-polar, depression and schizophrenia”
- “Any help would be appreciated”
- “It would be helpful to have more knowledge and know where to get support”
- “I think more awareness is needed to reduce the stigma of getting support. The more aware people are the quicker they will get help when needed”
- “Better education on what point one should intervene e.g. when is it not just ‘normal’ bad behaviour that will go away/be grown out of?”
- “If your child broke a limb, everyone knows where to get it fixed. If your child head/mind started to break, its not clear where to go to get it fixed”
- “As a school Governor I believe we see issues coming up in permanent exclusion hearings that sometimes could have been dealt with and solved if better access to mental health services could have been provided e.g. shorter waiting times. Issues escalate on occasions that could have been avoided”

Teachers

Teachers were identified as key frontline professionals for children aged 5-11 years in identifying, referring and encouraging parents to seek help for their children.

Of the teachers that responded to the survey:

- 93% said they would benefit from more child mental health training.
- 87% said their teacher training did not contain specific information on child mental health and 53% stated they had received further training in child mental health since qualifying. However, analysis showed that mental health training is not the only factor that contributes to the teachers' confidence to refer to specialist mental health services and more research is needed in this area. Other factors may include time, ability to identify a need in the child and appropriate services to refer children to.
- When considering what factors influences teacher's referrals to mental health services the severity of symptoms could be seen as a top priority and the length of time the difficulty has gone on as a second priority.
- When asked what barriers they felt regarding referring children to child mental health services, teachers stated waiting times as the greatest barrier followed by: lack of knowledge of when to refer; lack of awareness of what mental health services can offer and their contact details; a limit to the number of sessions (Tier 2 services only give 6 sessions) and no parental support offered to families with children with mental health needs.
- When asked about the tier 2 services (PCAMHS)
    - 80% of teachers had knowledge of the tier 2 service
    - 27% of teachers had made a referral
    - 50% of teachers were aware of the referral criteria
    - 50% of teachers said they were not confident in the tier 2 service
    - 33% of teachers felt the threshold for accepting referrals had gone up in the tier 2 service.
    - 60% of teachers classified the waiting times as unacceptable and 20% as very unacceptable.
- When asked about the tier 3 service (CAMHS)
    - 48% of teachers were aware of the referral criteria
    - 20% of teachers were unconfident in the service
    - 60% of teachers felt the threshold for referrals had gone up
    - 13% had referred to tier 3 (CAMHS)

When asked if there was anything else it would be useful to know about their experience of child mental health services in Banbury teachers responded by stating:

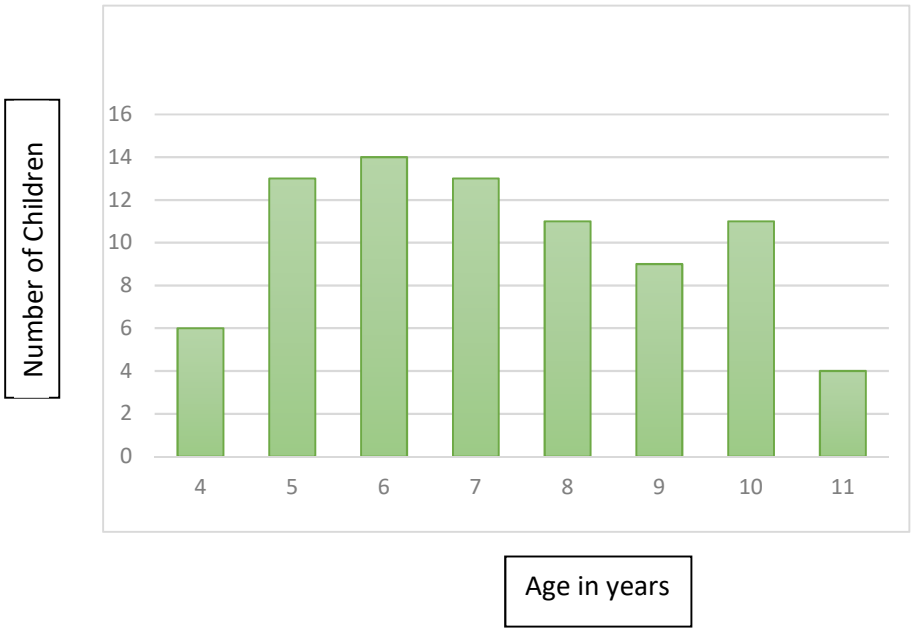
- "It seems that a lot has to go wrong before a child will be seen by child mental health services. This is very frustrating as I often feel if the children we refer were to be accepted and seen sooner, there would be less of a problem to solve and therefore it would take less overall time and intervention to help a child."
- "I have experienced the frustration of parents whose children have been referred to the service but have had an extremely long wait to see anyone"
- "However effective parental interventions may be, there are still many children who require dedicated 1:1 support from a mental health professional, especially when their parents are unwilling or unable to fully engage with the parenting intervention"
- "Too often cases are rejected (or not referred because of awareness that it will be rejected) due to it being seen as a parenting issue"
- "It is incredibly frustrating when you have no idea where to go with a child and you cannot get help because it always seems to fall back onto parenting. The amount of parenting support is non-existent. Who is it who helps children who just need to explore what they are feeling and to help them unpick it?"

Of the 30% of children with diagnosable mental health difficulties:

- 58% were boys and 42% were girls
- The Strengths and Difficulties Questionnaire (SDQ) can give four types of disorders: emotional problems, conduct problems, hyperactivity problems and peer problems. Emotional and Peer problems can be categorised as internalising problems and Conduct and Hyperactivity can be categorised as Externalising disorders. In this sample 53% children had internalising disorders and 47% of children had externalising disorders
- Because the SDQ can assess four types of disorder children can be seen to have more than one diagnosable difficulty. In this sample 55% (44 children) had one diagnosable difficulty, 29% (24 children) had two and 16% (13 children) had three diagnosable conditions.
- 95% of the children came from families with between 1 and 3 children.
- 79% of the children came from 2 parent households while 21% lived with lone parents.
- 73% had at least one parent working, 56% had both parents working while 27% had no one in the family working.
- For 22% of the children with diagnosable mental health difficulties their parents had not identified that they had a mental health difficulty. Which would indicate that most parents are picking up concerns in their children, other professionals also need to be mindful of children behaviour and presentation.
- 93% were white British or white other, 4% black African, 1% were Indian and 2% were Pakistani.
- In 93% of cases the main language spoken at home was English, 3% spoke Polish and 3% spoke Punjabi.

Figure 1 shows the age of children with diagnosable mental health difficulties:

Figure 1:Age of respondent Children with diagnosable mental health difficulties



The Green et al. (2005) study is the only comparable research looking at the incidence of child mental health difficulties in children in the UK. Table 1 shows comparable results from this study and Green et al (2005).

Table 1: Comparison of results from this study and Green et al (2005) looking at child mental health difficulties

	This study	Green et al 2005
Incidence of children with a diagnosable mental health difficulty	30%	10%
Gender	37% boys and 25% girls 1.3:1 ratio boys:girls	10% of boys and 5% of girls 2:1 ratio boys:girls
Prevalence of multiple disorders	46% of children with mental health issues (13% of all children in sample)	20% of children with mental health issues (1.9% of all children in sample)
Help seeking for children with mental health difficulties	56% of parents	73% of parents
Prevalence of mental disorders was greater among children:	In lone parents (44%) compared with two parent families (29%)	In lone parents (16%) compared with two parent families (8%)
	Whose responded parents were educated to A levels (35%) compared with those who had a higher education (22%)	Whose interviewed parent had no educational qualifications (17%) compared with those who had a degree level qualification (4%)
	In families with neither parent working (69%) compared with a working parent (30%)	In families with neither parent working (20%) compared with those of both working (8%)

Current services in Child mental health in Banbury

Following a Freedom of Information request from Oxfordshire NHS Trust it can be seen that referrals into child mental health services in Banbury have gone up by 55% between 2014/15 and 2015/16. However, rejection rates of referrals were consistently 5% (2014/15) and 6% (2015/16), which would add evidence to the claim that child mental health difficulties are on the increase in Banbury.

Reviewing service provision helps explain why teachers feel the waiting times are unacceptable: In 2014/15 children in Banbury waited an average of 32 weeks, and in 2015/16 an average of 20 weeks from referral to intervention. While an improvement can be seen, the wait for an intervention is too long. The Royal College of Psychiatrists (2010) state that tackling mental health problems early in life will improve educational attainment, employment opportunities and physical health, and reduce the levels of substance misuse, self-harm and suicide, as well as family conflict and social deprivation. Current practice feels like we are failing our children.

Parents comments around services include:

- "My son was referred to PCAMHS aged 6 years it would have been really useful to have more than 2 appointments! It was helpful but we could have done with more input"
- "My experience with PCAMHS was very positive we were seen within 3 months and quickly saw an autism specialist who diagnosed Aspergers. We were sent on a parenting class and given lots of advice and then discharged fairly quickly and no follow up support has been given"
- "My child was not deemed 'bad enough' for a referral so we got no support at all"
- "Many parents aren't aware that support could be available or how to get it"
- "Waiting times are currently unacceptable leaving families completely unsupported"
- "There are limited resources and waiting times are too long. Once discharged ongoing support still needs to be available"

Conclusions

An incidence of 30% of children with diagnosable mental health difficulties in a sample population consisting of a rural school, an affluent school and a school in one of the 20% areas of highest deprivation in the country would indicate that the figures used for services provision of 10% (Green et al., 2005) are woefully out of date and leave services and children significantly vulnerable. The Department of Health (2015) state that up to date statistics are required yet decisions and budgets are being based on figures from 12 years ago. Further research needs to be prioritised.

This study showed a peak in the number of children with diagnosable mental health difficulties at six years old (Figure 1). If children are requiring help at 6 years, then a long wait for interventions leads to problems becoming further entrenched. With thresholds for referrals rising and incidence increasing it would paint a picture of children having to wait significant lengths of time and their symptoms becoming worse before help can be given. This correlates with Children's Society (2008) report which found 60-70% young people who experienced mental health problems had not received appropriate interventions at a sufficiently early age. It also contravenes the Department of Health's (2012) research findings that Early Intervention promotes social and emotional development and can significantly improve mental and physical health, educational attainment and employment opportunities. If we are waiting until things become entrenched then Early Intervention is not being achieved.

This study would indicate more girls appear to be having problems a ratio 1.3 boys:1 girls from the previously ratio of 2 boys:1 girls in Green et al (2005). Also the incidence of internalising (peer and emotional) problems appears to be rising. There was also an increase in the number of children who had more than one category of disorder at 46% compared to 20% in Green et al (2005).

With only 50% of parents consistently asked for help, more understanding needs to gained on what is preventing the remaining 50% from seeking help. Service provision is a problem: parents and teachers feel badly supported; long waiting lists; raised thresholds; an increase in referrals and not enough staff to provide an appropriate service.

In conclusion, the relationship between parental, teacher and service factors and children with diagnosable mental health difficulties is multifactorial. Government, parents, professionals and teachers should be encouraged to work together to promote an environment where child mental health difficulties can be recognised early and managed quickly and effectively. At present this is not happening in Banbury with parents unsure of where to go for support, teachers unsure of referral criteria's and an overwhelmed child mental health service which has seen an increase of 55% in referrals to its service. Unless we make some changes in Banbury, our children are not going to benefit from Early intervention strategies but will experience decreased educational achievement, poor employment opportunities, a reduction in physical health, an increase in substance misuse, self-harm and suicide, as well as family conflict and social deprivation (Royal College of Psychiatrists 2010). This is not the future we want for our children.

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