Start Well

Mental Health

Introduction

Children and young people with mental illness have a greater risk of poorer mental and physical health in adulthood and are more likely to have a physical health condition or developmental problem. They are also more likely to have poor social outcomes, including unemployment and contact with law enforcement agencies[1].

Mental health conditions which are of most relevance to children and young people are:

- Emotional disorders e.g., anxiety, depression, or phobias
- Eating disorders e.g., anorexia nervosa/bulimia nervosa
- Neuro-developmental disorders e.g., attention deficit hyperactivity disorder (ADHD) or autistic spectrum disorder (ASD)
- Conduct disorders e.g., persistent/pervasive defiance or physical/verbal aggression.

A US study found that half of those with lifetime mental health problems first experience symptoms by the age of 14 and 75% before their mid-20[2]. The more adversity a child experiences, the more likely the impact on their mental and physical health. These are called adverse childhood experiences (ACEs), they include but are not limited to physical abuse, sexual abuse, and emotional abuse. The section on poverty, childhood adversity and safeguarding goes into greater detail on the impacts this has on a person.

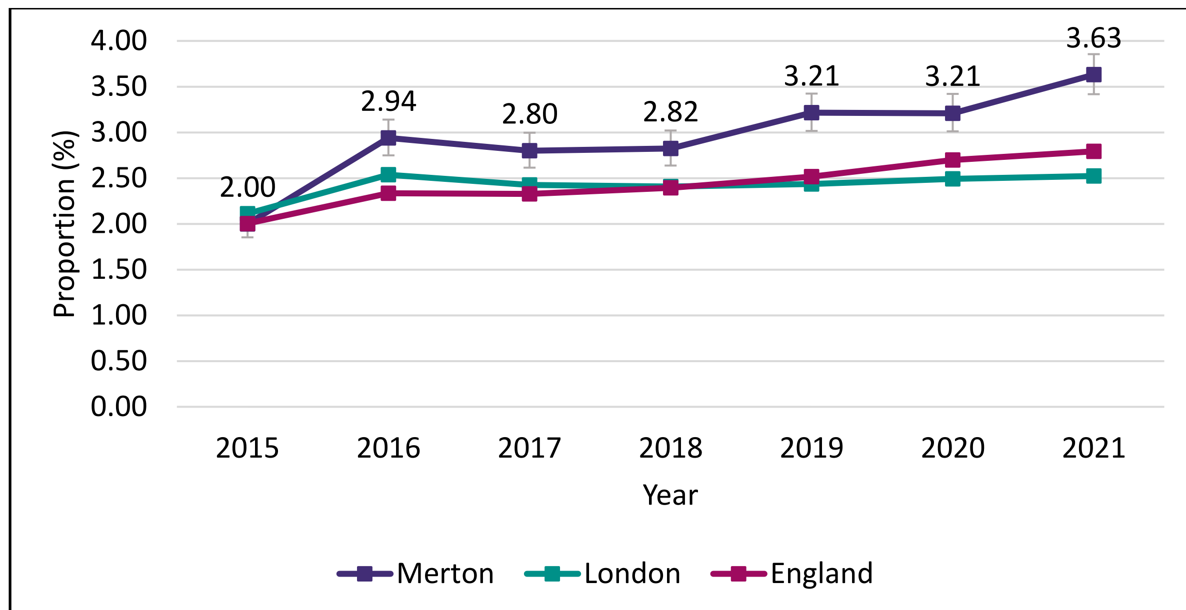
The Local Picture

The data available on mental health in young people is limited, however it is estimated that approximately 9%, or 2,943 children and young people aged 5-16 in Merton have a mental health disorder. Amongst this group, it is estimated that 60% have a conduct disorder, 38% have an emotional disorder and 16% have neurodevelopmental disorders[3].

Mental health needs amongst young people have continued to rise since the pandemic at both a local and national level. Nationally, 1 in 6 children aged 6-16 were identified as having a probable mental health problem in July 2021, compared to 1 in 9 in 2017[4].

In Merton 3.63% of school pupils had social, emotional, and mental health needs identified through Special Educational Need (SEN) support in 2021, compared to 2.8% in 2017 (Figure 1). The 2021 proportion is equal to 1,021 school children in the borough[5]. These needs are higher in Merton compared to both London and England[6]. This increase has been subject to a SEND review and is thought to be related to higher levels of identification and referral in Merton rather than a true difference in incidence. A SEND JSNA is also being produced.

Figure 1: Proportion (%) of school pupils with social, emotional, and mental health needs in Merton including London and England comparisons, 2015 to 2021. Source: OHID, Public Health Profiles[7].



The suicide rate in England in 2021 for those aged 15-19 was 6.4 per 100,00 population, to compare this is similar to the 2019 rate of 5.7 per 100,000, but higher than the 2020 rate of 4.9 per 100,000[8]. There are no local figures available for the people aged under 18 years.

Loneliness itself is not a mental health condition but is closely linked to mental health. In Great Britain (2018), the prevalence of loneliness (felt often or always) in 10-15 year olds was 11.3%. However, for 10-15 year olds receiving free school meals, the prevalence of loneliness in this population was significantly higher at 27.5%, in comparison to those not receiving free school meals with a value of 5.5%[9].

Children whose parents are in receipt of welfare benefits are more likely to have a mental health condition compared to those whose parents are not in receipt of these benefits. Additionally, children whose parents had poor mental health are more likely to have a mental health condition themselves[10].

Eating disorders and disordered eating

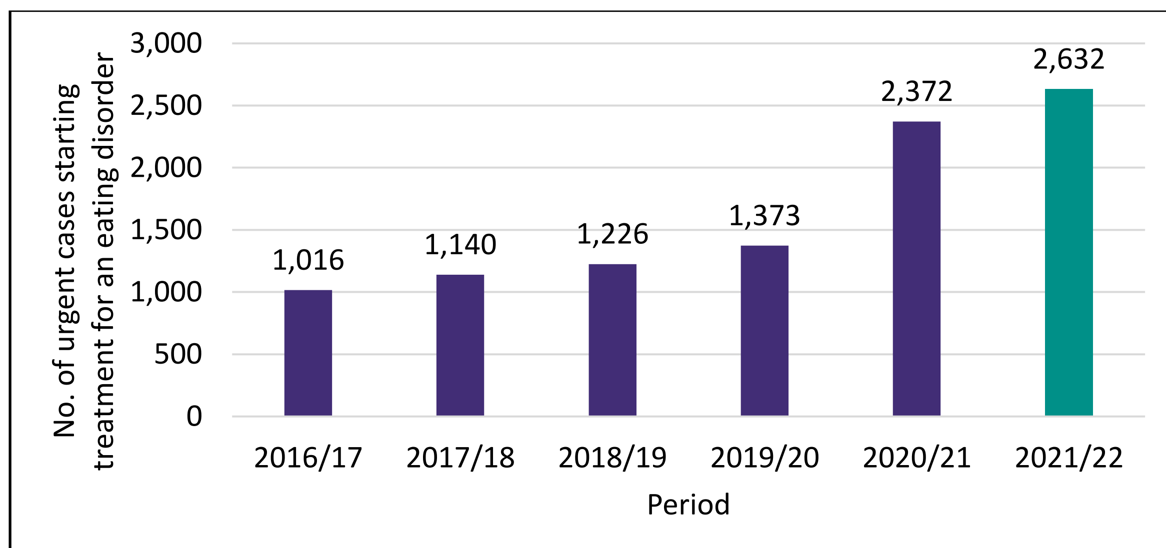
Eating disorders are a mental and physical illness involving complex and damaging relationships with food, eating, exercise and body image. These disorders can include anorexia nervosa, binge eating disorder and bulimia nervosa. The term 'disordered eating' is used to describe a range of irregular eating behaviours that may or may not warrant a diagnosis of a specific eating disorder.

In the UK, between 1.25 and 3.4 million people are affected by an eating disorder and around 75% of those affected are female[11]. The majority of eating disorders start during adolescence. Although they can affect people of any age, they are most common in

individuals between the ages of 16 and 40 years old. Around 10% of people affected by an eating disorder suffer from anorexia nervosa, while 40% suffer from bulimia nervosa. Eating disorders have the highest mortality rates among psychiatric disorders and anorexia has the highest mortality rate of any psychiatric disorder in adolescence[12].

While data on eating disorders is limited locally, national level data shows the rate of eating disorders among young people is increasing (Figure 2). National 2021 survey findings indicate that the proportion of children and young people with possible eating problems have increased since 2017, from 6.7% to 13.0% in 11 to 16 year olds, and from 44.6% to 58.2% in 17 to 19 year olds[13]. In England 2021/22 there were 2,632 urgent cases of children and young people with an eating disorder starting treatment since referral, compared to 2019/20 pre-pandemic value of 1,373, almost doubling with an increase of 91.7%[14]. More specifically, South West London accounted for 87 patients in 2021/22 of which 55.2% started treatment within 1 week of referral, this is an 5.4 fold increase from 16 patients in 2020/21 and a decrease from 68.8% starting treatment within 1 week of referral[15].

Figure 2: The number of urgent cases (of children and young people) starting treatment for an eating disorder, England 2016/17 to 2021/22. Source: NHS England[16].



While reducing childhood obesity is an important public health priority, the negative stigma associated with obesity in children and young people and its link to eating disorders, is also an important health priority for children and young people. Messaging and strategies designed to tackle obesity may have unintended and damaging consequences on eating disorders and therefore such strategies should be framed in a way that considers associated stigmas and mental health issues.

Hospital admissions

In 2020/21, the rate of hospital admissions for mental health conditions for under 18 year olds was 73.3 per 100,000, equal to 35 admissions (Figure 3). Like regional and national data rates were higher for females aged under 18 in Merton (108.0 per 100,000) than males (40.7 per 100,000)[17]. The rate of hospital admissions in Merton has reduced over the past six years, from 2014/15 when the rate was 122.6 per 100,000, the current rate of 73.3 per 100,000[18].

Figure 3: Prevalence of hospital admissions for mental health conditions in under 18 year olds, rate per 100,000 by gender for Merton, with London and England comparisons, 2020/21. Source: OHID, Public Health Profiles[19].

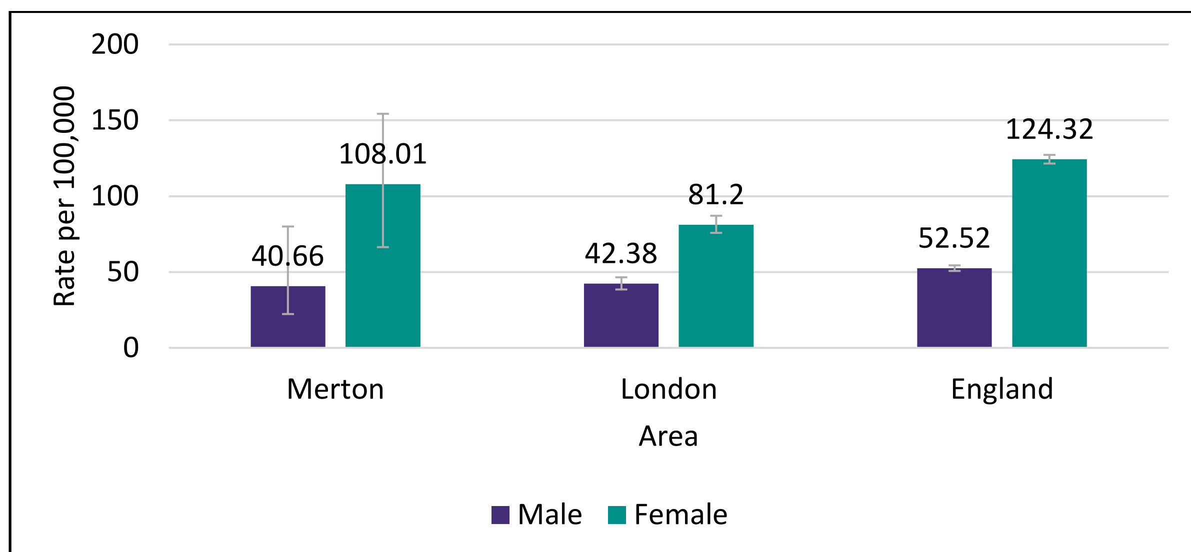
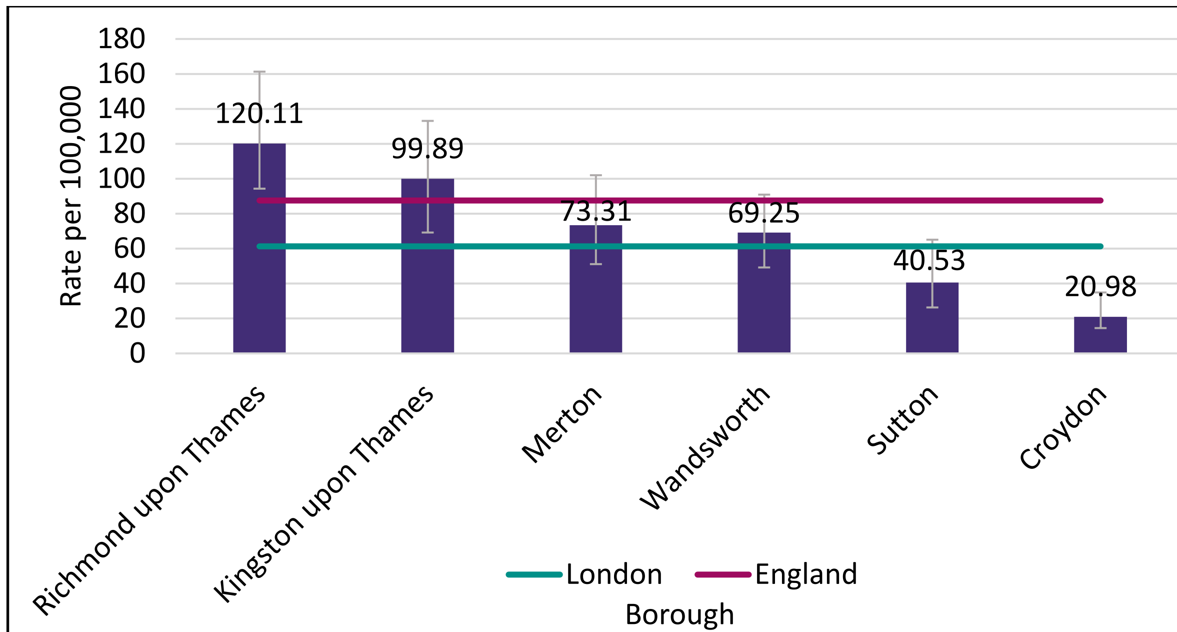


Figure 4 shows hospital admission rates for mental health conditions (<18 yrs) in South West London boroughs. Merton has an intermediate rate close to that of London.

Figure 4: Hospital admissions for mental health conditions (<18 yrs) in South West London boroughs, including London and England comparisons, 2020/21. Source: OHID, Child and Maternal Health Profile[20].



Self-harm

In Merton, 2020/21, the rate of hospital admissions due to self-harm in those aged 10-24 was 242.5 per 100,000, equal to 75 hospital admissions, similar to London but lower than England rates,[21] and is fairly stable. (Figure 5). The rate of hospital admission due to self-harm for those aged 15-19 increased significantly from 2011/12 and 2020/21[22]. There was an increase in admissions for 20-24 year olds in 2020/21 following a drop from 2019/20, a likely impact of the pandemic; it will be important to monitor this data on self-harm over time.

Figure 5: Prevalence of hospital admissions as a result of self-harm for ages 10 to 24 years in Merton, rate per 100,000, 2020/21. Source: OHID, Public Health Profiles[23].

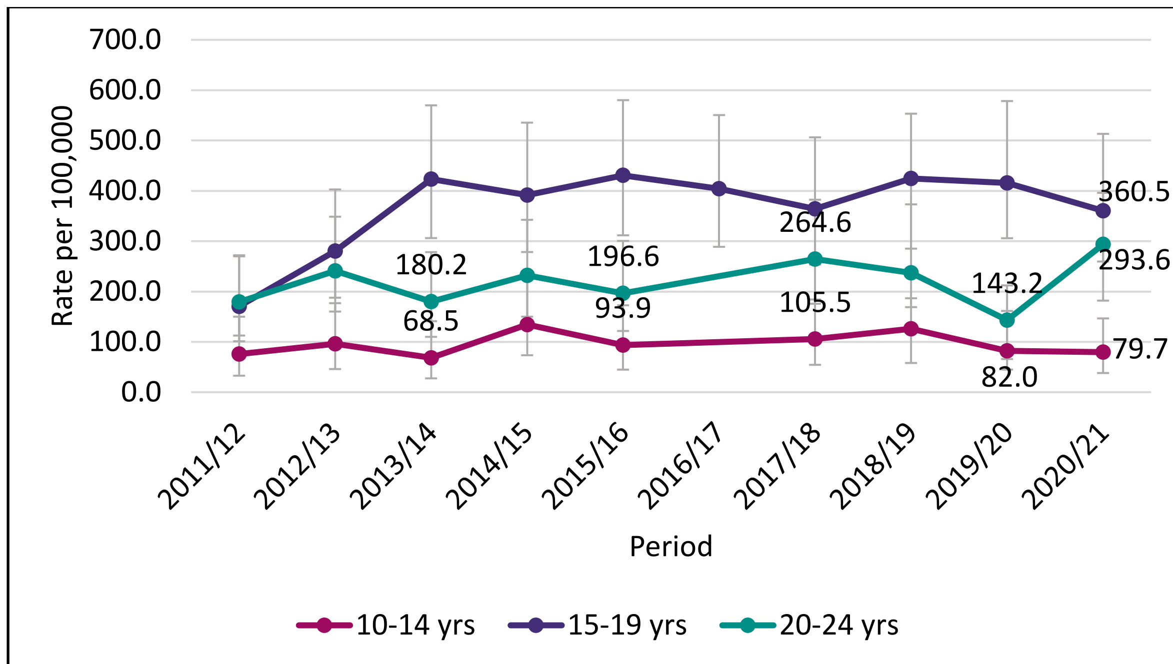
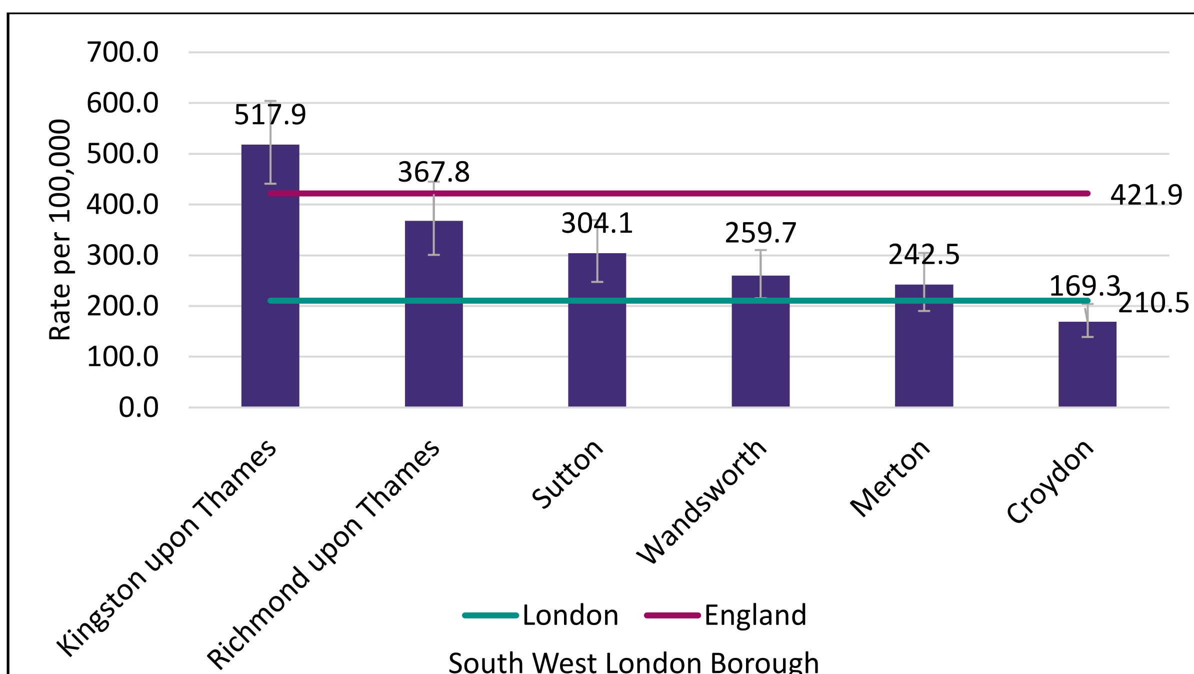


Figure 6 shows the prevalence of hospital admissions as a result of self-harm for ages 10 to 24 years in South West London boroughs. Merton's rate is relatively low and similar to London's.

Figure 6: Prevalence of Hospital admissions as a result of self-harm for ages 10 to 24 years in South West London boroughs, including London and England comparisons, rate per 100,000, 2020/21. Source: OHID, Public Health Profiles[24].



Service User and Resident Views

Merton council collaborated with local young residents to produce a report on the impact of Covid-19 on young people in Merton, in surveying local young people it was found that approximately two out of five young people said they were worried about their mental health during lockdown[25]. Key themes identified:

- Young people were most likely to trust asking for help with their mental health from their parents, friends, and family members. However, approximately 15% said they did not have anybody that they trusted with their mental health, with young men more likely than young women to say nobody[26].

- Work support, especially at exam time: Many young people spoke about the workload they face, and how it contributes to their stress or anxiety, and how they really need a break. This was especially for young people who had exams during lockdown.
- Workshop, learning, and reflection: Young people want to see more emphasis on mental health during class time. Some wanted workshops to learn more about managing their mental health, or to reflect on mental health as a class, or to discuss mental health in assemblies.
- Anonymised and private support: Young people value privacy and the ability to seek support in an anonymous way. Whether this is an anonymous helpline, survey, or just simply a way of talking to someone about their challenges without fear of being identified or repercussions.
- More understanding: Some young people spoke about simply wanting more understanding from staff about their mental health challenges, especially when it might have prevented them from completing work.
- A single place to go: Some young people want a single place to go to for your mental health in school, where they can go to speak to someone, or others.

Recommendation:

- Further analysis to look at the relationship between mental health and ethnicity and income in Merton, and proportion (%) of school pupils with social, emotional, and mental health needs in Merton.
- Further analysis to understand reasons behind self-harm admissions to hospital and monitoring of self-harm admissions in young people’s age groups

Further Information:

1) Childhood adversity

2) Adult mental health

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