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Are the kids alright?
Exploring the intersection between education and mental health

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Please sponsor me!

- *"Manchester gives us such strength from the fact, that this is the place, we should give something back"*
  - (Tony Walsh, This Is The Place)
- I am running the Manchester half-marathon in October to raise money for the We Love Manchester emergency fund
- Please donate at the web address below (a link is also pinned at the top of my Twitter feed @neilhumphreyUoM)
- https://www.justgiving.com/fundraising/neilhumphrey2017
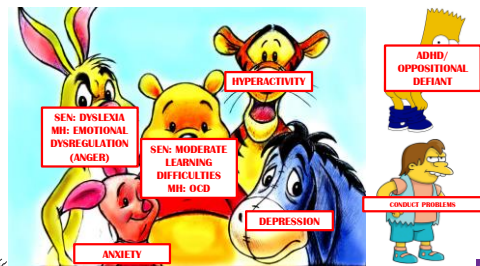- Thank you!

Overview

- What do we mean when we talk about mental health?
- What factors are associated with variability in mental health?
- Are mental health difficulties among children and young people increasing?
- Is there a crisis in child and adolescent mental health?
- Why have schools become a central focus in this area?
- Is evidence-based practice the answer?

What do we mean when we talk about mental health?

- If you go down to the woods today (Shea et al, 2000)….

What do we mean when we talk about mental health?

- Changes in thinking, mood and/or behaviour that impair functioning (Murphey, Barry & Vaughn, 2013)
- Reduced quality of life, lost economic productivity, destabilisation of communities, and higher rates of health, education and social care utilisation (Belfer, 2008)
- Costs around £105 billion annually in England (Centre for Mental Health, 2010)
- By 2030, depression alone will yield the highest disease burden in high-income countries, accounting for nearly 10% of disability-adjusted-life-years (Mathers & Loncar, 2006)
- Up to 20% of children and young people affected worldwide (Belfer, 2008); 50% of adult cases originate in childhood or adolescence, 75% by age 24 (Kessler et al, 2005)
  - Significant increase in prevalence of mental health difficulties between childhood and adolescence (Green et al, 2005)
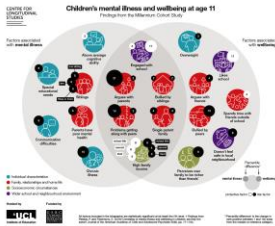

What do we mean when we talk about mental health?

- Wellbeing is a slippery and elusive construct (Dodge et al, 2012)
  - "Essentially, wellbeing is a cultural construct and represents a shifting set of meanings – wellbeing is no less than what a group or groups of people collectively agree makes 'a good life'" (Earaut & Whiting, 2008, p.1)
  - "Children and young people feeling good, feeling that their life is going well, and feeling able to get on with their daily lives" (Deighton et al, 2016, p.6)
- Subjective vs objective measures
  - Subjective measures as the most 'democratic' (Helliwell, Layard & Sachs, 2013)
- Subjective (hedonic) vs psychological (eudaimonic) wellbeing (Children's Society, 2017)
  - Subjective: affective (e.g. positive affect) and cognitive (e.g. life satisfaction) components
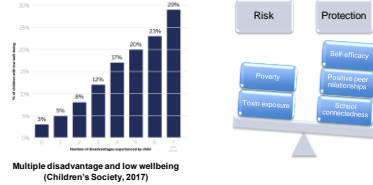 - Psychological: self-acceptance, positive relationships, autonomy

What do we mean when we talk about mental health?

- Relationship between mental health difficulties and wellbeing (Patalay & Fitzsimons, 2016)
- Dual factor approach: mental health as comprising two distinct dimensions, representing experience of symptoms of psychological distress and adaptive functioning, respectively (Dowdy et al, 2014; Westerhof et al, 2010)
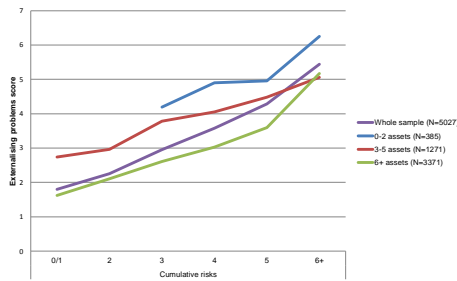

What factors are associated with variability in mental health?

- Risk and resilience (Masten, 2014)
  - Cumulative and multiple risk perspectives (Evans, Li & Whipple, 2013)
  - Multiple ecological levels: individual, familial, school, community
  - Risk and health inequality: risk factors as markers/proxies for inequalities (e.g. Reiss, 2013)
    - Number of people reporting mental health difficulties is almost twice as high for those living in deprived areas compared to those living in less deprived areas (Mental Health Foundation, 2016)

Multiple disadvantage and low wellbeing (Children's Society, 2017)

What factors are associated with variability in mental health?

The intersection between cumulative risk exposure and developmental assets as predictors of externalising problems (Humphrey et al, in preparation)

Are mental health difficulties among children and young people increasing?
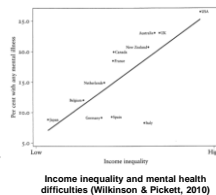
"There is a popular perception that children and young people today are more troubled and badly behaved than previous generations"

(Murphy & Fonagy, 2012, p.3)

Are mental health difficulties among children and young people increasing?

- Social changes
  - Rising affluence but increased income inequality
  - Changes in family environment (increased rate of single parenting, family conflict, parental mental health problems)
  - Changes in parenting styles, increased exposure to screen time, internet and social media, increased pressure in school (Murphy & Fonagy, 2012)
- Recent policy changes: expansion of academies and free schools, raising of participation age, changes to academic assessment procedures, increase in University fees (Lessof et al, 2016)
- Socio-economic disadvantage, impact of digital technologies, changes to family structure (Thorley, 2016)

Income inequality and mental health difficulties (Wilkinson & Pickett, 2010)

Are mental health difficulties among children and young people increasing?

Revealed: Which is most dangerous social media platform for children to use

HOME » NEWS » HEALTH » CHILDREN'S HEALTH

Excessive social media use harms children's mental health

Facebook and Twitter 'harm young people's mental health'

Instagram worst social media app for young people's mental health

by Kara Fox, CNN
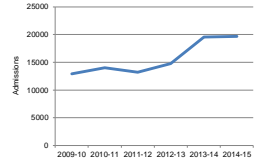Updated 2128 GMT (0528 HKT) May 19, 2017

Are mental health difficulties among children and young people increasing?

- 1974-1999: significant increases in conduct problems and emotional difficulties among young people (Collishaw et al, 2004)
- 1999-2004: no significant change (Green et al, 2005)
  - ONS survey repeated in 2016 (findings pending)
- 2009-2014: significant increase in prevalence of anxiety in female adolescents (Fink et al, 2015)
- Systematic review by Borr et al (2014) using international studies – review of time trends into the 21st century
  - No change for toddlers and children
  - Increase in emotional difficulties among adolescents, especially girls
- 2005-2014: increases in psychological distress among adolescent girls (Lessof et al, 2016)
- Substantial increase in hospital admission episodes in under 17s where self-harm is recorded as the cause (Burt, 2016)
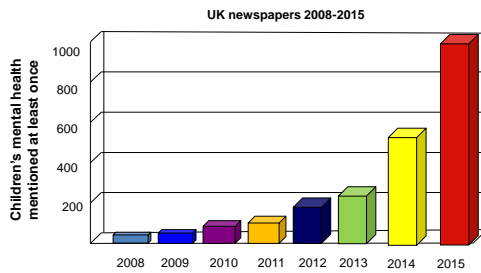
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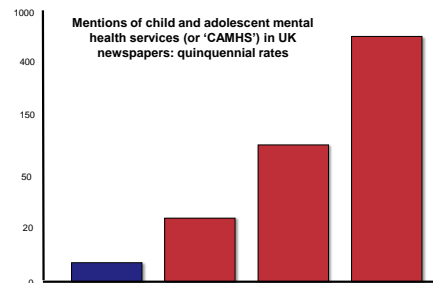

Are mental health difficulties among children and young people increasing?

UK newspapers 2008-2015

Children's mental health mentioned at least once

(Source: Lexis Nexis via Professor Peter Fonagy)

Are mental health difficulties among children and young people increasing?

Mentions of child and adolescent mental health services (or 'CAMHS') in UK newspapers: quinquennial rates

Source: Lexis Nexis via Professor Peter Fonagy

Is there a crisis in child and adolescent mental health?

Is there a crisis in child and adolescent mental health?

NEED   PROVISION

(with thanks to Terry Hanley)

Is there a crisis in child and adolescent mental health?

- Major cuts to CAMHS (Young Minds, 2013, 2015)
- 'Decade of delay' between first signs of problems and getting help (Khan, 2016)
- Significant increases in CAMHS referral thresholds and waiting times (HOCHC, 2014; NHS, 2013; Wolpert et al, 2014)
- 28% of children (range 18-75%) referred to CAMHS not allocated a service in 2015 (Children's Commissioner, 2016)
- Promised investment of 1.25 billion in child mental health over five years (2015 budget) – but where has it gone?
- Swift removal of critical voices (e.g. Natasha Devon)
- 235,189 under 18s in receipt of specialist (NHS) mental health care in 2016 (in 60% of mental health trusts who provided data; NHS Digital, 2016)
  - 65,000 under 11, of whom males 2:1 females

Is there a crisis in child and adolescent mental health?

- Increased accountability measures in schools impact on children and adolescent mental health (Hutchings, 2015)
  - "There are clear indications ... that the pressure to perform in an increasingly micro-managed, accountable education system may be playing a part in developing mental health problems and in suicidal behaviour" (Sharp, 2013, p.10)
- Implementation of a 'zero sum game' approach to attainment and wellbeing in education (Bonell, Humphrey et al, 2014)
- UNICEF Report Cards 7 (2013) – child wellbeing in rich countries
  - 16th of 28 (but 24th for education)
- Good Childhood Report (Children's Society, 2017)
  - Children least happy with their physical appearance, school and school work
- It Turned Out Someone Did Care (NSPCC Childline Review, 2016)
  - 87% increase in young people reporting difficulties in accessing local support services, and 34% increase in young people reporting dissatisfaction with these services
  - 11% increase in young people reporting exam worries; 12% increase in young people reporting problems at school
  - … in one year

Why have schools become a central focus in this area?

- The 'turn to schools'….

- The notion of schools as central sites for promoting mental health and wellbeing is not new (e.g. TaMHS, 2008; SEAL, 2005; Every Child Matters, 2003), but it has arguably reached an unprecedented level of exposure and intensity in the last 3 years
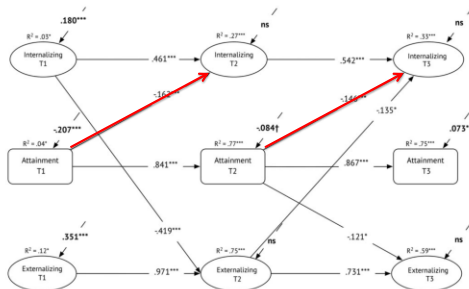
Why have schools become a central focus in this area?

- Why could/should schools play a central role in preventing the onset, maintenance or progression of mental health difficulties? (Greenberg, 2010)
  - Broad reach
  - Prolonged engagement ("15,000 hours" – Rutter et al, 1979)
  - Central hub in most communities
- School is the primary developmental context after the family (Bronfenbrenner, 2005)
- Teachers are the most commonly contacted mental health 'service' (Ford et al, 2007)
- Children's learning and their mental health are inter-related (Panayiotou & Humphrey, 2017)
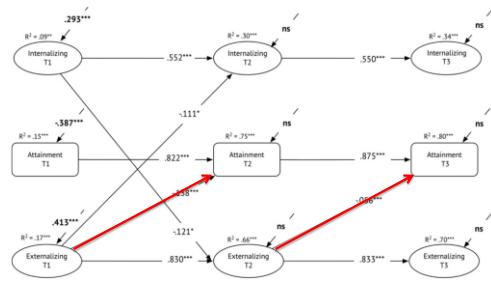
Why have schools become a central focus in this area?

Panayiotou & Humphrey (2017)

Why have schools become a central focus in this area?

Panayiotou & Humphrey (2017)

Why have schools become a central focus in this area?

- Schools as sites for early identification
- 'Refer-test-place' and 'wait to fail' models
  - Highly variable and result in under-referral and late-referral (Dvorsky et al, 2014)
- Universal screening: a population based approach (Humphrey & Wigelsworth, 2016)
  - All members of the student population in a school undergo brief assessments designed to identify those at-risk of (or already experiencing) mental health difficulties
  - Potential advantages
    - Universal reach
    - A baseline for future monitoring, assessment and evaluation
    - Cost savings over time
- More generally, high quality routine monitoring and assessment is a crucial component of school mental health provision (e.g. to take a snapshot, screen/identify, evaluate; Deighton. et al 2016)
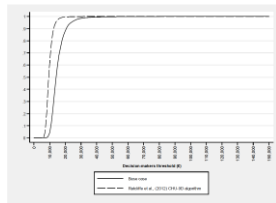

Why have schools become a central focus in this area?

- Schools as sites for earlier intervention
- Universal prevention: "An ounce of prevention is worth a pound of cure" (Benjamin Franklin)
- Universal school-based interventions can influence outcomes for children who would not otherwise access the support they need through usual care pathways
  - Estimate of unmet need for children with significant mental health difficulties is 75% (Kelvin, 2014)
  - More inclusive and less stigmatizing? (Humphrey, 2013; Stallard et al, 2012)
  - Unintended consequences of targeted/indicated approaches (e.g. 'deviancy training') (Evans, Scourfield & Murphy, 2014)
  - Problems in school-CAMHS relations: issues highlighted by Pettit (2003) replicated by Cooper et al (2016)

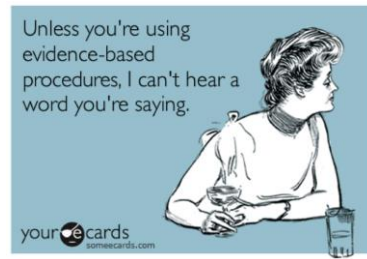## Why have schools become a central focus in this area?

- Universal school-based interventions can be impactful and cost-effective (Humphrey et al, forthcoming)
  - Promoting Alternative Thinking Strategies (PATHS) RCT
  - 45 schools, 5k+ children
  - Small, positive impact on children's psychological wellbeing
  - Small, positive impact on children's quality-adjusted-life-years
    - Mean incremental cost of PATHS (compared to usual provision) = £29.93 per child
    - Incremental net benefit of introducing PATHS = £7.64
    - Probability of cost-effectiveness = 88%, but this increased to 99% or above in all but one alternative costing scenarios

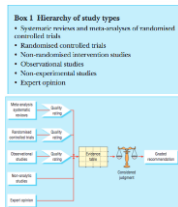CEAC for PATHS: base case and using alternative CHU-9D algorithm (Humphrey et al, forthcoming)

Is evidence-based practice the answer?

Unless you're using evidence-based procedures, I can't hear a word you're saying.

Is evidence-based practice the answer?

- Balancing the three-legged stool: evidence, expertise, preference (Sackett et al, 1996)
- The evidence 'hierarchy':

Box 1 Hierarchy of study types
- Systematic reviews and meta-analysis of randomised controlled trials
- Randomised controlled trials
- Non-randomised intervention studies
- Observational studies
- Non-experimental studies
- Expert opinion

(Harbour & Miller, 2001)

Is evidence-based practice the answer?

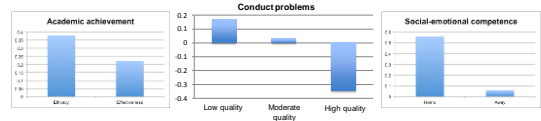"I'm right there in the room, and no one even acknowledges me."

Is evidence-based practice the answer?

- Of the 30 most common difficulties experienced by children who see a child mental health specialist, NICE guidance only exists for 13 (43%) (Wolpert et al, 2015)
  – For the other 57%, we don't currently know what are likely to be the most effective ways to support children experiencing these difficulties
- Even among those individuals in receipt of evidence-based interventions, 1 in 3 will continue to experience the same level of difficulties (or worse!) (Warren et al, 2010)
- Girlanda et al (2016) systematic review and meta-analysis of the implementation of evidence-based guidelines in mental health care
  – "Only a minority of the studies included in our review showed a positive, statistically significant effect of guideline implementation on provider performance or patient outcomes" (p.5)
  – Some studies actually showed a *negative* effect from guideline implementation

Is evidence-based practice the answer?

- Schools rarely change what they do on the basis of research findings, let alone RCTs (Lather, 2004)
  – Only one-third of schools report using research evidence (of any kind) in their decision making regarding mental health interventions (Vostanis, Humphrey et al, 2013)
- The 'evidence to routine practice' lag can be up to 20 years (Walker, 2004)
- Not all RCTs are equal! Aside from standard methodological quality issues, we need to consider:
  – The developer effect
  – Stage of evaluation
  – Cultural translation (Wigelsworth et al, 2016)
- Need for adaptive SMART designs that can better reflect the complexities of interventions 'at the chalkface' (particularly relationship between universal and targeted provision)
- 'Intention to treat' analyses may underestimate impact by failing to appreciate natural heterogeneity in universal populations – we need to know more about differential gains (Greenberg & Abenavoli, 2017)
- The importance of 'doing well in whatever you do' (Durlak, 2010)
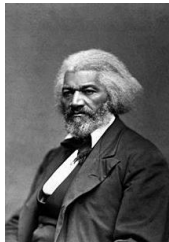

Take home messages

- School leads
  1. Children and young people's mental health and their academic attainment are inter-related – this has to be reflected in everything that you do
  2. Use the evidence base to guide your decisions about provision - but be critical!
  3. Engage in monitoring and assessment of mental health and wellbeing – if it gets assessed, it gets addressed
- Policy makers
  1. If you give with one hand and take with the other, the situation will not improve
  2. Give wellbeing equal priority to literacy and numeracy (e.g. Scottish Attainment Challenge)
  3. Policy needs to be driven more strongly by theory and evidence; ideology alone is not sufficient and can be damaging
- Researchers
  1. We know plenty about 'what works' – help us understand how, why, for whom, in what contexts and so on
  2. More research needed on universal screening, health economics of school-based interventions, and adoption and sustainability of initiatives
  3. The above requires more creativity in research design – e.g. SMART trials, CACE analysis

Some resources

Thanks for listening!

"It is easier to build strong children than to repair broken men"
(Frederick Douglass)