

# stem4

stemming teenage mental illness  
supporting teenage mental health

## “A Time Bomb Waiting to Explode”

A Survey of GPs' Concerns about Mental Health  
Services for Children and Young People

**stem4**

**May 2016**



## About **stem4**

**stem4** is a charity that aims to improve teenage mental health. Its primary focus is on stemming four of the most common mental health problems affecting young people: Eating Disorders, Depression and Anxiety, Self-Harm, and Addiction, and to enhance emotional resilience.

## About the Author

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## Acknowledgements

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We are grateful to the GPs who completed the survey and provided us with many valuable insights. Most of all we want to thank all the children and young people we work with who provide us with constant inspiration in dealing with the various challenges they face.

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## Foreword

The results of this report unfortunately reflect the fact that children and young people's mental health problems appear to be increasing in number, yet children's mental health services have historically been underfunded and undervalued. Children and young people's mental health is a critical issue given that we know that 50% of adult mental illness starts around the age of 14 years and 75% before the age of 18 years. There are strong links with social inequalities and poor parental mental health. We know there are evidence based, cost effective treatments available and that earlier intervention is important in many areas of mental ill health but particularly first episode psychosis for example.

As traditional gatekeepers for more specialist services, parents often turn to their GP for advice and guidance. Children and young people do not present in the same ways as adults when experiencing mental illness or distress. This makes it all the more important that General Practitioners receive appropriate training and resources to be able to respond effectively with a range of partner organisations such as education, social services, youth justice and secondary care to deliver high quality care and support to children, young people and their families.

Dr Elizabeth England  
RCGP Clinical Champion for Mental Health and Whole-Person Care

## Preface

**stem4** was set up five years ago in response to a rise in mental health problems among teenagers. The children and young people we support, and their parents and schools, often tell us of their experiences in asking for help, and the importance of their early encounters with healthcare professionals.

GPs are usually the first port of call for young people seeking help for mental health problems. Yet they often report their frustration at not being able to provide appropriate care due to lack of expertise and limited access to specialist help. This report includes the findings of research into the scale of those problems.

More importantly it sets out some guidelines for change. Our intention is that it will initiate not only increased understanding of the challenges faced by GPs and others dealing with children and young people's mental health problems, but also encourage a model of prevention in primary care.

Dr Nihara Krause, Consultant Clinical Psychologist  
CEO and Founder, **stem4**



## Executive Summary

This report aims to start a dialogue about the need for action at primary care level to prevent and address childhood and adolescent mental health problems.

It provides a snapshot of the current state of Children and Adolescent Mental Health Services in the UK, and examines the growing problem of mental ill health among children, noting large increases in the numbers seeking help.

After reviewing government initiatives intended to address the problem, it notes that several reports have highlighted poor service provision, shortages of expert staff, and inadequate access.

Emphasising the vital role of primary care, it sets out the result of a poll of GPs on their experiences of caring for children and young people with mental health problems. The key findings are:

- Almost eight in ten said the number of patients experiencing mental health problems had increased, either somewhat (61%) or greatly (17%), over the past five years
- Six in ten (61%) were seeing more young patients self-harming than five years ago
- 63% had seen a young patient with an addiction problem
- 89% had seen patients with eating disorders
- 85% say children's mental health services generally are either inadequate (59%) or extremely inadequate (26%)
- 83% say services for young people who self-harm are either inadequate or extremely inadequate
- Almost nine in ten (86%) had concerns about patients coming to harm while waiting for treatment
- Most (76%) want more funding for mental health, and over half (54%) want more specialist training for GPs on young people's mental health problems

The report recommends that:

- Additional funding promised to mental health services will be used most effectively if GPs are able to benefit from a greater awareness of best practice and from top up training

- The UK Departments of Health should plan and commission a targeted programme of research
- There should be regular GP training on CYP mental health matters
- There should be a cohesive structure on how GPs can provide a range of prevention and early intervention strategies within the community
- There should be expertise within primary care to offer first line interventions whilst CYP wait to be seen by specialist services and for follow up when they are discharged
- Innovative approaches to prevention and early intervention within primary care should be developed and evaluated
- Primary care centres should have access to increased wellbeing programmes including exercise on prescription, creative arts approaches and other support schemes
- Resilience and wellbeing programmes for CYP should also set up in primary care centres

In addition, **stem4** will be developing a basic training resource for GPs working with CYP to support them in responding appropriately.

## Introduction

Mental health problems in children and young people have risen over the past fifty years<sup>1</sup> **Among teenagers, rates of anxiety and depression have increased by 70% in the past 25 years<sup>2</sup> and the incidence of reported self-harm has risen, with one in 12 teenagers now thought to be affected<sup>3</sup>.**

An estimated 13% of boys and 10% girls aged 11- 15 have mental health problems including anxiety and depression, eating disorders, hyperactivity and attention deficit disorders.<sup>4</sup>

The most common age for admission to hospital for an eating disorder is 15. The Unicef Office of Research data (2015) place children's reported life satisfaction in the UK as 16<sup>th</sup> out of 29<sup>th</sup>.<sup>5</sup>

**Left unresolved, mental health problems significantly affect children and young people's social and educational development with profound and lasting impact into adulthood.** Half of all lifetime cases of psychiatric disorders start at the age of 14<sup>6</sup> and three quarters by the age of 18<sup>7</sup>.

Adolescence is therefore a critical time for laying the foundation for health and wellbeing into adulthood.



## Government Policy on Children and Young People's Mental Health

Mental health problems in Children and Young People (CYP) have grown despite several statements of government intent to address the crisis.

In 2003, the 'Every Child Matters'<sup>8</sup> initiative placed increased emphasis on children's wellbeing and mental health, stressing the importance of early intervention and identification.

In 2004, The National Service Framework<sup>9</sup> stated that by 2014 "All children and young people from birth to their eighteenth birthday, who have mental health problems and disorders have timely access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families."

'Youth Matters' (2006)<sup>10</sup> focused on empowering young people's involvement in shaping their care. A further ten year strategy 'Aiming High for Young People' was published in 2007<sup>11</sup>, promoting positive activities such as sport, developing resilience and emotional and social skills.

The Health and Social Care Act (2012)<sup>12</sup> put mental health on a par with physical health, with the Government acknowledging that 'there was no health without mental health'.

Most recently, the final report of an independent taskforce set up by the NHS as part of its Five Year Forward View highlighted that one in four people will experience a mental health problem in their lifetime, and put the cost of mental ill health to the economy at £105 billion a year. In response, **the Government acknowledged that "there hasn't been enough focus on mental health care in this country"** and announced that it would invest more than a billion pounds a year in mental health by 2020-21.<sup>13</sup>

## Progress

Child and Adolescent Mental Health Services (CAMHS) is best explained in terms of how a child or young person (CYP) accesses the service, with four 'tiers' of service provision. There are differences in the levels of support and types of intervention offered in each tier.

**Tier 1 (Universal Services)**

The primary remit of these services is not one of providing a mental health service but as part of their duties they are involved in both assessing and/or supporting CYP with mental health problems. Universal services include GPs, health visitors, schools, early years' provision and others. These services are commissioned by CCGs, Local Authorities and schools themselves.

**Tier 2 (Targeted Services)**

These include services for CYP with milder problems usually delivered by professional based in schools, e.g. counsellors, or in children's services. They are commissioned by CCGs, Local Authorities and schools.

**Tier 3 (Specialist Services)**

These are multi-disciplinary teams of child and adolescent mental health professionals providing a range of interventions. Access to the team is usually through a referral by the GP, but referrals are also accepted by schools and other agencies and in some cases self-referrals are also accepted. These services are commissioned by CCGs and there may be contribution from Local Authorities in some parts of the country.

**Tier 4 (Specialised CAMHS)**

These include day and inpatient services and some highly specialised services commissioned by NHS England.

Since 2004 there has been some progress in CAMHS services but it is not as comprehensive or consistent as it could have been.

The "Child and Adolescent Mental Health Services (CAMHS) Tier 4 report" (2014) by NHS England<sup>14</sup> revealed concerns over quality in a small number of services, closure of admissions impacting on capacity, problems in accessing beds when needed, people having to travel long distances to access in-patient treatment, inequity across the country, poor environmental standards in some services, delayed discharges and lack of intensive outreach teams.

Evaluation of Tier 3 services has only been carried out in some counties. The general feedback, primarily highlighted through the press, is that **there are concerns about lack of qualified staff, high thresholds of acceptance due to pressure to limit referrals, and transfer of services not working sufficiently well.**

An NSPCC investigation in 2015<sup>15</sup> found that the average waiting time between referral and assessment by CAMHS ranged from one week to six

months. In April 2016, the Sunday Times<sup>16</sup> reported that young people were “at the mercy of a postcode lottery”, with waiting times varying from under a week to more than a year.



## Funding

In August 2015 NHS England committed to spending an extra £133m on improving children and young people’s mental health, with £75m of this going to NHS Clinical Commissioning Groups to improve local services.<sup>17</sup>

However, that money was not ring-fenced; some mental health providers say they have seen no significant investment, and there are concerns that the funding has been used to support other NHS services. Without more investment in child and adolescent mental health, we will never be able to prevent the more costly interventions needed for adults.

## Access to Psychological Therapies

Under the Improving Access to Psychological Therapies (IAPT) programme, access to ‘talking therapies’ for Children and Young People has improved in some parts of the country since 2011. In the ‘IAPT Three Year Report: The

first million patients' (2012)<sup>18</sup> figures showed that CYP IAPT services, together with CAMHS, covered 68% of the 0-19 population.

However, the 'We Still Need to Talk' report (2013)<sup>19</sup> found that waiting times for psychological therapies generally were still unacceptably high. One in 10 people had been waiting over a year to receive treatment, over half had been waiting over three months, and around 13% of people were still waiting for their first assessment.

In addition there were complaints about not being offered psychological treatment, lack of – as well as limited choice of – treatment, and difficulties in accessing the location of treatment.



## The Importance of Primary Care

Primary care is the bedrock of Britain's NHS accounting for nine out of ten patient contacts.<sup>20</sup>

Primary care teams are very well placed to offer prevention of and early intervention in mental ill health. For example, GPs are well placed to offer screening to vulnerable groups such as children who have depressed parents or a parent with an eating disorder.

However, whilst there are several preventive programmes in primary care for adult services these are yet to be developed for CYP.

Under the auspices of its clinical priorities programme, the Royal College of GPs has declared its continued commitment to mental health and other related clinical areas. However, GPs face a number of challenges relating to the provision of mental health services. Engaging patients with mental health problems can be difficult and according to a study by Lester et al (2005)<sup>21</sup> people with mental health problems were not engaging in primary care because they felt they would be wasting GPs time or because they feel that GPs wouldn't have time to listen to them nor understand how they feel.

The RCGP has also acknowledged the need to update and enhance skills and knowledge that are already present in the primary care team.



## The Experience of GPs – **stem4** research

With mental ill health in children and young people rising, there is an increasing need to offer immediate and suitable services at primary care level.

The young people that **stem4** works with often report problems accessing services. Since their GP is their most frequent port of call, it made sense to find out whether GPs' experience mirrors the same concerns, and whether

they think they would benefit from more knowledge and training on managing certain mental health conditions within primary care especially if there is a wait for specialist services.

**stem4** therefore commissioned a survey of GPs on their experiences of providing care to young patients with mental health problems.

## Methodology

302 GPs in England took part in independent research about their patients aged 11-18. The online survey was conducted by Research Now between 8<sup>th</sup> and 13<sup>th</sup> April 2016 and focused on the following themes:

- I. The issue – Establishing whether GPs had experience of CYP mental health problems and whether they had noticed any changes in types of clinical problems over the past five years
- II. Support and therapeutic intervention – establishing their views on current service provision
- III. Their training needs

There was also free text space for comments.

## Key findings

- **Almost eight in ten said the number of patients experiencing mental health problems had increased, either somewhat (61%) or greatly (17%), over the past five years**
- Six in ten (61%) were seeing more young patients self-harming than five years ago
- 63% had seen a young patient with an addiction problem
- 89% had seen patients with eating disorders
- 85% say children's mental health services generally are either inadequate (59%) or extremely inadequate (26%)
- 83% say services for young self-harmers are either inadequate or extremely inadequate
- **Almost nine in ten (86%) had concerns about young patients coming to harm while waiting for treatment**
- Most (76%) want more funding for mental health, and over half (54%) want more specialist training for GPs on young people's mental health problems

Almost four in five (78%) GPs are seeing more young patients with mental health problems than five years ago. Most (87%) expect pressure on services to increase.

Almost all (97%) had seen a patient aged 11-18 suffering from depression over the past five years. The same number said they had seen a patient experiencing self-harm. However, half (50%) said they had received no specialist training on self-harm and over a third (36%) said they had received training but it was not adequate for them to feel confident supporting young patients.

The report paints a picture of patchy and underfunded services hit by shortages of specialists, long waits for treatment, and eligibility criteria so strict that GPs are deterred from making referrals.



## GP comments

Comments from the doctors surveyed included:

“Recently several parents have had to pay for private appointments so that their youngsters could receive the care they needed. These were not affluent parents, just desperate and caring.”

“Referrals are increasingly bounced back from secondary care with instructions to simply seek counselling”

“I feel mental health services for patients this age are woefully inadequate. The few patients that we actually manage to get seen still have to wait for often over a year in order to be seen”

“Young mental health problems are a time bomb waiting to explode!”

## Analysis and Recommendations

Mental health problems in young people can be serious and have long-term consequences. Early assessment and appropriate intervention are needed to bring about positive change.

GPs are reporting rising numbers of young people presenting with a range of mental health problems that respond effectively to evidence based treatment. Primary care is therefore a suitable setting for local access to evidence based treatments.

Given that a large number of GPs are concerned about their young patients coming to harm whilst they wait for treatment, an alternative, responsive and effective service is needed. **Immediate interim measures until this service is developed are also needed for young people who are at risk now.**

GP training to enable assessment, better manage risk, and top up knowledge of evidence would be beneficial. This is confirmed by the fact that over half of the GPs surveyed wanted specialist training.

GPs need up to date knowledge of the mental health needs of children and young people as well as recommended treatment guidelines in order to commission effective primary care services. New government guidelines are to provide primary care services with more funding, including for mental health over the next five years. This is in accordance with most of the group surveyed who wanted more funding for mental health. In order to use this money effectively GPs would benefit from a greater awareness of best practice and from top up training.

Top-up training should cover:

- focused assessment
- help to increase the motivation of young patients to enter into treatment
- support for families
- improved decision making at each point of the treatment path and in recovery
- first line evidence based interventions

Furthermore, topping up knowledge on specialist areas of mental health such as self-harm and eating disorders will provide GPs with additional tools to manage the many vulnerable young people they see now.

## Specific Recommendations

- Mental health problems in young people, particularly self-harm remain under researched subjects. The UK Health Departments should plan and commission a targeted programme of research
- There should be regular GP training on CYP mental health matters
- There should be a cohesive structure on how GPs can provide a range of prevention and early intervention strategies within the community. This would help reduce the number of CYP referred to specialist services. CYP with severe or complex problems may then also be able to access services immediately
- There should be expertise within primary care to offer first line interventions whilst CYP wait to be seen by specialist services and for follow up when they are discharged
- Innovative approaches to prevention and intervention in primary care should be developed and evaluated.
- Primary care centres should have access to increased wellbeing programmes including exercise on prescription, creative arts approaches and other support schemes
- Resilience and wellbeing programmes for CYP should also be set up in primary care centres
- In addition, **stem4** will be developing a basic training resource for GPs working with CYP to support them in responding appropriately



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Disclaimer: all young people pictured in this report are models.

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