



# **Children & Young People's Mental Health Coalition**

## **Improving Children and Young People's Mental Health: The Business Case**

*Invest today for a  
better tomorrow*

**The Children and Young People's Mental Health Coalition (CYPMHC) brings together leading children and young people and mental health charities to campaign with and on behalf of children and young people in relation to their mental health and wellbeing. With a unified voice, the CYPMHC aims to achieve policy changes at the highest level that will directly improve the mental health and wellbeing of children and young people across the UK. This is necessary because at any one time, one in ten children and young people have a diagnosed mental health problem and it is now well established that the antecedents of most adolescent and adult mental illness are in childhood. Addressing issues early will ensure better outcomes for individuals and for society.**

#### **The CYPMHC's 4 key areas of focus are:**

- **The Early Years** – To have greater emphasis on the psychological aspects of parenting and providing parents/care givers with the knowledge and tools to improve their own and their children's mental health and wellbeing.
- **Building Emotional Resilience** – To support all children and young people to meet the challenges of growing up by equipping them with self-awareness and emotional resilience to achieve good mental health.
- **Reaching Adulthood** – To achieve greater recognition that development to adulthood continues to the mid-twenties and demands a responsive and flexible approach across all areas of health and social policy and practice.
- **Seldom Heard Voices** – To give all children and young people timely access to good quality mental health and well being support, with effective outcomes, regardless of their ethnicity, gender, sexual preference, disability or other personal experience.

## **Executive summary**

The Children and Young People's Mental Health Coalition (CYPMHC) brings together leading children and young people and mental health charities to campaign with and on behalf of children and young people in relation to their mental health and wellbeing.

The need for action to promote and safeguard the mental health and wellbeing of children and young people has never been more acute: one in ten children and young people have a diagnosable mental health problem; the majority of mental illness has its roots in childhood and adolescence. We also know what factors have a major influence on children and young people's mental health and wellbeing and strong evidence to show that action to address these factors can and does make a

difference to the lives of these individuals and their families, to the communities in which they live and to society as a whole. This short paper sets out the evidence, the economic impact and the likely consequence if there is insufficient investment in the mental health and wellbeing of our children and young people. The CYPMHC also believe that the Community and Voluntary Sector (CVS) is well placed to provide significant support to children and young people in relation to their mental health and wellbeing.

## **The evidence**

- one in ten children and young people aged 5-16 have a diagnosable mental disorder (Green et al, 2006)
- at any one time, one in six young adults aged 16-24 will have a common mental disorder, such as anxiety and depression, that meets the threshold for a clinical diagnosis. Serious mental health problems affect around one person in a hundred and the average age of onset of psychotic symptoms is 22 (McManus et al, 2007)
- most mental health problems start in childhood and adolescence and the majority of severe and enduring mental illnesses are diagnosed by the age of 18 (Kessler et al, 2003)
- nearly half (45%) of young people with mental health problems drop out of full-time education by age 15. Young people aged 16-18 with severe and enduring mental health problems are twice as likely as their peers to have no educational qualifications at all (Street, Anderson & Plumb, 2007)
- it costs just £995 per family to provide a parenting training programme. The costs per child with severe conduct disorder total an estimated £70,000 per head. Adding in the indirect costs (impact of crime, cost to victims) increases these costs 'severalfold' (Scott et al, 2001)
- the health and wellbeing of children and young people in the UK compares poorly against that of children in other industrialised nations. An international comparison of child wellbeing in rich countries (UNICEF, 2007) found that the UK is the worst place for the wellbeing of children in the developed world.

### **The Children and Young People's Mental Health Coalition says:**

**"at a time of increased financial uncertainty and economic constraint, investment in our children and young people's mental health and wellbeing is investment to save and an investment that will pay off in the medium to long term, bringing significant, health, social and economic benefits. Disinvestment would be a wholly false economy, worsening health and increasing costs".**

## Why does it matter?

### The burden of mental illness

The 2010 Marmot review of health inequalities is a comprehensive overview of the burden of mental illness and highlights the following:

- mental health is a key influence on the health of the nation
- mental ill health is closely linked with many forms of inequality; the greater the severity of mental illness, the greater the significance of these links and it is a two way relationship
- people with poor mental health are much more at risk of factors known to be detrimental to mental wellbeing such as unemployment and poor housing
- people with poor mental health are at much greater risk of physical ill health and early death from a range of preventable diseases, such as cardiovascular disease and cancer
- Marmot concludes: ‘...a person’s physical and mental health is profoundly shaped by their experiences in all these areas and multiple disadvantages compound to produce significantly worse physical and mental health and wellbeing’.

### The social costs and the economic impact of mental illness

Mental ill health affects thousands of children and young people in the UK. It is a major cause of individual and family suffering and has clear links to lifetime mental health and behaviour problems:

- between one in 12 and one in 15 children and young people self harm (Mental Health Foundation, 2006)
- some 25,000 children and young people who self-harm are admitted to hospital every year for treatment for their injuries (Fox & Hawton, 2004)
- nearly 80,000 children and young people in the UK have severe depression and over 8000 of those are aged under 10 years (Green et al, 2006)
- four out of five children with behavioural problems at age five go on to develop serious anti-social behaviour in adolescence and adulthood (Green et al, 2006)
- 45% of children in care have a mental disorder (Meltzer et al, 2003)
- 95% of young offenders have a mental disorder, and many have more than one (ONS, 1997).

“The burden on individuals, families, communities and society as a whole includes the psychological distress, the impact on physical health, the social consequences of mental health problems, and the financial and economic costs” (Department of Health, 2009b).

**“These costs have been estimated at £105 billion a year in health, social care and other cost”** (Centre for Mental Health, 2010).

The New Economics Foundation (NEF) report *Backing the Future: why investing in children is good for all of us* (NEF, 2009) highlights the scale of the social problems relating to childhood in the UK, arguing that we can ill afford not to invest in both targeted and improved universal interventions for children and young people.

NEF notes that the UK ‘comes bottom of the pile on almost every preventable social problem - crime, mental ill health, family breakdown, drug use or obesity’.

Moreover the costs are not purely economic:

“The prevalence of these social problems has a direct impact on how children experience their lives and on the cohesiveness of our communities. This means that the UK has some of the lowest levels of child wellbeing when compared with countries of similar economic wealth, and across social and psychological dimensions”.

## Making the case for continued investment

### Employment, opportunity and mental health

*The State of the Nation* report (Cabinet Office, 2010) acknowledges that:

- worklessness contributes to ill health, unhappiness and depression. People who move from worklessness into work report substantial improvements in mental health and wellbeing, and;
- children who grow up in poverty are at risk of poorer educational achievement and worklessness in adult life.

*The State of the Nation* also notes that:

- a higher proportion of children grow up in workless households in the UK than almost any other EU country
- a higher proportion of young people in the UK are not in work, education or training than any other country in the EU
- the gap in educational attainment between children from rich and poor backgrounds remains persistently high.

Lastly but no less crucially, it points to what it describes as ‘the intergenerational transmission of disadvantage, whereby disadvantage is passed from one generation to the next, potentially leading to a cycle of disadvantage’.

Dame Carol Black’s report, *Working for a Healthier Tomorrow*, (Black, Department of Health, 2008) found:

“...the prevalence of psychiatric disorders among children 5–15 in families who have never worked is almost double that of children with parents in low skill jobs, and around five times greater than children with parents in professional occupations”.

These statements, combined with the well established evidence of the links between worklessness, poverty and mental ill health, show that the UK currently has a mental health time bomb. The children and young people of today are facing multiple risks to their mental health and wellbeing that could affect their whole life, with serious consequences for them, their families and communities as well as economic implications for the nation as a whole.

### Investing in our future

It is clear that we are not meeting the mental health needs of children and young people well enough and it is crucially important that efforts are focused on interventions that have an evidence base and are seen to work.

Correcting this is not just a case of investment; what is needed is smart investment – in the right services, at the right time and in the right place to prevent social and economic costs further down the line. Children and young people need timely, age-appropriate, accessible and acceptable services and support if they are to avoid mental ill health and associated difficulties, and fulfill their potential.

## The case for investment in services for children and young people

The costs of mental disorder are borne by health and social care but spread across all areas of public service, wider society, families and individuals. The economic case for continued and improved investment in services is a powerful one.

### The national agenda

In respect of key Government priorities, tackling the outcomes of conduct disorders in particular may contribute towards:

- reducing worklessness and benefit dependency; improving national productivity; reducing benefit transfer costs; and improving NEET (Not in Employment, Education or Training) numbers
- improving school performance and pupil achievement
- limiting long-term increases in mental health care costs, and adult and children's social care costs
- reducing the costs of crime and anti-social behaviour including substance misuse
- improving family wellbeing, including lowering teenage pregnancy rates
- decreasing health inequalities, particularly those linked to smoking, use of alcohol or risk-taking behaviour.

There is a strong relationship between the effects of child poverty and the effects of childhood mental illness; Office of National Statistics (ONS) surveys show higher prevalence of mental disorders among children in families with a range of socio-economic problems. However, analysis of the correlates of childhood psychiatric disorder (Ford et al, 2004) show that mental health has a greater effect on a range of key outcomes than income. Mental health is a factor that needs to be addressed separately to wider issues of childhood deprivation.

### The costs of childhood mental disorders

ONS surveys of the mental health of children and young people identify conduct disorders as the largest group of disorders, affecting some 6% of children, with higher incidence among boys. ONS followed up over three years and found that there is persisting prevalence of conduct disorder of more than 40%. The long-term effects of childhood disorders and their ongoing costs are confirmed by studies showing that adult mental illness starts before the age of 15 in half of cases (Kim-Cohen et al, 2003; Kessler et al, 2007). The costs of childhood disorders extend into adulthood.

### Childhood costs:

- health service costs including child mental health costs, in-patient and accident and emergency costs and additional health visitor support
- the costs to the education service – directly in relation to additional support services and indirectly in impacts on wider school performance
- costs to the care services including fostering and residential care costs
- youth justice costs linked to early involvement in crime and anti-social behaviour
- family costs associated with time off work to care for a child with a mental disorder or who has been excluded from school, extra time on daily tasks because of a child's behaviour and the costs of repairs because of a child's destructiveness
- wider family costs because of strains and breakdowns in relationships, and embarrassment at a child's behaviour
- quality of life costs for the child – the suffering, pain and distress caused by the condition.

### Longer-term costs:

- long-term mental health and social care costs – the costs of ongoing mental illness
- wider health care costs - linked to poorer general health often associated with higher incidence of smoking, and of drug- and alcohol-misuse
- economic impacts - through lower education and skills, regular bouts of unemployment, and lower job security and pay. The reduced productivity impacts badly on both the individual and the whole economy through reduced productivity
- crime and anti-social behaviour costs – increased due to the high incidence of prolific and other offending by people with childhood conduct disorder
- quality of life costs that result from bad health associated with the condition.

### An example: quantifying the costs of conduct disorder

There have been many approaches to identifying specific costs associated with mental disorder in childhood. The costs associated with conduct disorder (characterised by aggressive, disruptive and anti-social behaviour) are set out here as an example:

- a meta-analysis by Suhrcke (Suhrcke et al, 2008) found mean annual costs in the UK to range from £11,030 to £59,130 per child
- the Inner London Longitudinal study (Scott et al, 2001) followed 10-year-olds through to age 32. It estimated the costs to the taxpayer over that period for those diagnosed with conduct disorder at 10 to be £70,000, and just £7,000 for the rest.
- one of the largest costs of conduct disorder is crime and anti-social behaviour. The Sainsbury Centre for Mental Health (SCMH, 2009) attributed £22.5bn of the total annual cost of crime (£75bn) to offenders with childhood conduct disorder. They produced average lifetime costs of crime for the most prolific offenders of £1.1m-£1.9m. The mean costs in respect to all crime associated with conduct disorder in childhood was of £160,000
- looking at young people not in employment, education or training (NEET), the Confederation of British Industry (CBI) recently calculated the costs of the current NEETs aged 16-18 at £1.8bn, and the lifetime cost to the public of each new NEET entrant as £97,000 (CBI, 2010). Many young people with conduct disorder are NEET. There are significant similarities between the characteristics of NEETs and those diagnosed with conduct disorder or conduct problems
- Friedli and Parsonage (Friedli and Parsonage, 2007) have pulled together a number of computations, including costs of earnings, crime, smoking, use of illicit drugs, mental illness and suicide to identify the lifetime cost of childhood mental disorder. They arrived at a figure of £230,000 that when discounted in line with Treasury guidance, produces a figure of £150,000 per case. Applying this figure to a one-year cohort of children with conduct disorder (35,000), they identify the total benefits of preventing conduct disorder in this group at £5.25bn.

### Interventions and costs

Researchers who have analysed the costs of conduct disorders in children (Romeo et al, 2006) have written 'given the high burden and cost of (conduct disorders) in the short term, and even higher costs in the long term, the case for using effective interventions seems overwhelming... yet in England at present only a quarter of children with mental health problems receive specialist treatment'. Parenting programmes are identified as having a good impact. Friedli and Parsonage (Friedli and Parsonage, 2007) concur, 'interventions targeting parents and pre-school children show a high level of effectiveness and cost effectiveness'.

The National Institute for Health and Clinical Excellence (NICE, 2007) has produced guidelines and costings on parent-training/education programmes in the management of children with conduct disorders, reinforcing the importance of early effective treatment and saying that 'the main goals of parent-training/education programmes are to enable parents to improve their relationship with their child and to improve their child's behaviour.' The NICE appraisal committee said that evidence showed that parent-training programmes were statistically effective and, so long as programmes contained agreed essential characteristics, would result in substantial and sustained changes in behaviour in children with conduct disorders. They also noted that they produced improvement in trends in maternal mental health.

### Parent education programme costs

NICE recommend group-based parent-education programmes or individual-based programmes where necessary. Costs are:

- for community based group programmes with groups of 10 families - £7,200
- for clinic based group programmes with groups of 10 families - £5,000
- for home-based individual programmes - £3,000
- for clinic-based individual programmes - £2,000

All are based on two-hour sessions for eight weeks; a predicted 90% take-up; and around 20% to be delivered through individual programmes.

Based on these figures the overall cost of parent education programmes is £31.13m per annum. That is substantially less than cohort-life costs of conduct disorder as calculated by Friedli and Parsonage. NICE has also considered potential savings and identified a number of cost savings to the NHS, education services, voluntary services and social services, which potentially exceed programme costs.

It should also be noted that the NICE assessment committee recommended further research, particularly examining long-term outcomes such as educational achievement and criminality.

### Conclusion

At a time of increased financial uncertainty and economic constraint, investment to save can often be seen as unaffordable. We argue that the government can't afford **not** to invest in the future in relation to children and young people's mental health because:

- currently the Government is spending money on mopping up the consequences (e.g. adult mental disorders, welfare dependency, teen pregnancy, crime, homelessness, drug/alcohol use and smoking)
- the Government's civil society proposals provide a valuable opportunity for the voluntary sector to have a significant role in improving the mental health and wellbeing of children and young people. The voluntary sector has a proven track record of engaging with children and young people and improving a range of outcomes for them
- children and young people who grow up in social disadvantage are most at risk of behavioural problems, conduct disorders and mental health problems. Support is most effective when it is provided at the earliest sign of distress
- poor parenting is linked to behavioural problems and a wide swath of emotional and social difficulties later in the child's life. Early intervention with proven parenting programmes can make all the difference.

### To summarise:

- **there is an overwhelming case for investing in the mental health and emotional wellbeing of children and young people, as better outcomes to individuals, families, local communities and wider society are proven**
- **investing in better support for children and young people will result in substantial cost savings further down the line, especially in health and social care, welfare, benefits, criminal justice and the costs of not being in employment**
- **continued inadequate investment will perpetuate the present human, social and economic costs, while any reduction in investment would signal a disaster for individuals, communities and wider society.**

**The Children and Young People's Mental Health Coalition calls on the Government to take on board this evidence and ensure that the emotional wellbeing of children and young people is reflected in all Government activity and policy.**

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## The Children and Young People's Mental Health Coalition core members:



## In partnership with:

