Breaking down: the scandal of

THE TIMES
Child mental health
Time to mind

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Growing up has always been a messy business but these days it can seem close to intolerable. High-pressure exams, social media, selfies, body image and bullying have placed children's mental health under siege as never before. Experts say that it is not surprising that all available data suggests it is deteriorating.

"Growing brains are vulnerable because of the unpredictable surges of hormones that take place during the teenage years in particular," says Linda Blair, a clinical psychologist. "When you add to that the internet and social media, results-driven school stress and lack of good quality sleep, it is a lethal combination."

Parents — working flat out, living apart or simply busy and distracted — are often not around when children need to offload their problems, a first line of defence against depression, anxiety and other disorders. Hospital admissions for a range of psychiatric conditions have soared and GP referrals for treatment are up across the country.

It points to a crisis but it is impossible to know how deep it goes. The last nationwide prevalence study was published in 2004. Its findings were shocking, revealing that one in ten youngsters has a diagnosable mental problem, ranging from conduct disorders to emotional illnesses.

The Labour government, furious that it might be held responsible, cancelled plans for another study. The coalition government promised to bring it back but has spent the last five years arguing over who should pay for it. Those responsible for planning and paying for services operate in the dark. The same goes for politicians who set the policy priorities.

Escalating problems are being met with declining clinical services. Sarah Wollaston, the Conservative MP, GP and chairwoman of the Commons cross-party health committee, called the situation "alarming".

Reports that children were travelling halfway across the country for treatment, in one case from London to Edinburgh, prompted the committee to investigate. It found a combination of cuts, lack of prioritisation and poor organisation had resulted in a "vicious circle" where children are forced to wait until their conditions are life threatening before they get any help.

"Children are entering the system with severe problems, really very unwell, because there is so little good early intervention," Dr Wollaston said

Admission to a psychiatric ward near home is, in some ways, a success story. There are so few beds that many children simply cannot be accommodated. Last year 236 children in the midst of a mental breakdown were held in police cells because there was no other safe place for them to go. Another 355 were treated on adult psychiatric wards, compared with 250 the previous year. Of those lucky enough to secure a place on a children's ward, one in six was forced to travel 100 miles from home.

The Royal College of Psychiatrists said children's lives were being put at risk because of the gaps in services. Fourteen per cent of members reported cases of children and young people who had attempted suicide while waiting for a bed.

However, it is not just acute services that are struggling to cope. Three quarters of local authorities have cut back on the early intervention services, some by up to 30 per cent.

The government put into law that mental health services have "parity of esteem" with physical health, raising expectations that investment would flow into services. Yet spending on services has fallen every year since the coalition came to power, from £766 million in 2010 to £717 million in 2012-13. This is despite the overall NHS budget growing after it was protected from the government's spending cuts.

With less than a year to go before the election, the Department of Health commissioned a report seeking solutions to the crisis. It is due to be published next week but a leaked version seen by *The Times* said children's mental health services had been a "soft target" at a time of spending restraint, with no one to fight their corner.

The taskforce said the system was riddled with perverse incentives to sit and wait while children's conditions deteriorated. As a result only between 25 and 35 per cent of children with a mental health condition got any help.

Dr Wollaston said she believes there is now sufficient momentum to get children's mental health into the election manifestos. "Six per cent of the mental health budget is spent on children and it is just not enough," she said.

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10-point manifesto

Children and Adolescent Mental Health Services receive just 0.6 per cent of the NHS budget, despite three in every classroom suffering from a diagnosable problem. In The Times today, Professor Tanya Byron, a government adviser and one of the UK's leading psychologists, calls on the political parties to deal with the crisis in their election manifestos. Her report is backed by three other top experts in the field

1 Get the facts right
The government must urgently commission a new prevalence study of child and adolescent mental health and begin work on it this year. It should repeat the exercise every five years. The last study was conducted in 2004, meaning that professionals and service commissioners work from data that is ten years old. Services are being commissioned in the dark.

2 Offer proper treatment
The referral and treatment for children and young people with mental health problems must be on a par with those for physical health issues. Problems occur when doctors adopt a "wait and see" approach to problems. Then, often, the treatment is not available — or not quickly enough.

If the initial assessment is carried out by an inexperienced or poorly trained clinician and the diagnosis is missed or inaccurate, treatment may not be evidence-based, will be unsuccessful and a waste of money. Diagnostic techniques and treatment paths are well established. Nice guidelines must be followed.

3 Intervene at an early stage
The focus of investment in child and mental health services (CAMHS) should be on early intervention to detect and treat problems before they become severe, life threatening or chronic.

Half of all those with mental health problems as adults present symptoms by the age of 14, yet there is often little urgency in getting a child into treatment and support. Such an approach would not be tolerated with physical health problems, where early intervention is a rule of thumb. The newly established Children and Young People's Mental Health and Wellbeing Taskforce should have an explicit remit to audit the commissioning of early intervention services in local authorities.

4 End scandal of police cells
The practice of young people suffering a crisis being held in police cells as "places of safety" must end, as must that of taking them on to adult wards during a mental health crisis or sending them miles from home. There must be sufficient inpatient places and adequate step-down support in the community to reduce costly, long lengths of stay in care. But more beds are not the answer. We don't want children and young people ending up in crisis — priority must be given to funding outpatient and community outreach services with access to early intervention, including perinatal and infant mental health.

5 Give families the access
Waiting times for talking therapies and other treatments for non-urgent cases should be a maximum of 18 weeks. Frontline support services for parents and young people must be available face to face, online and on the phone 24 hours a day, seven days per week. Better access is needed to out-of-hours crisis services, paediatric liaison teams within acute hospitals and community-based assertive outreach teams.

Reasonable terms of service for primary care and outpatients should be set and NHS England and the Department of Health must ensure all are being met. They must also monitor and increase spending levels on CAMHS. Mental health problems don't just occur during office hours.

6 Hold agencies to account
Local authorities must urgently assess the mental health needs of their child and adolescent populations, as required by law. Two thirds have insufficient or incomplete data for commissioning. Clinical commissioning groups, which are largely responsible for paying for the CAMHS services in their local authority, are commissioning services without knowledge of what is needed.Three quarters of local authorities have cut or frozen their budgets in the past year. They must be held to greater account.

7 Ease path to adulthood
The transition from CAMHS to adult mental health services has been described by NHS England as a "cliff edge". Good transitions require local co-ordination of services across the system with a system-wide commissioning framework.

8 Train the professionals
Child and adolescent mental health problems are often first picked up by schools, health visitors and GPs, known as Tier 1 services. Many GPs have reported that their training does not prepare them for the assessment and management of such problems — this must be urgently addressed by Health Education England, the GMC and relevant Royal Colleges.

A telephone access system to a senior mental health clinician should be piloted as a model of good practice for the support of Tier 1 staff, where GPs and paediatricians can contact consultants within 30 minutes.

9 New rules for teachers
The Department for Education should include a mandatory module on mental health in initial teacher training. These modules should form a part of ongoing professional development in schools for all staff. Ofsted should also include routine assessments of emotional support and mental health provision in schools as part of their inspection.

In clinical services we see the evidence of the impact of the internet and in particular cyberbullying, the use of social media and the impact of pro-anorexia, self-harm and other inappropriate websites. The departments of health and education/NHS England taskforce should work with relevant bodies, including the UK Council for Child Internet Safety, to develop a comprehensive, mandatory digital media literacy curriculum from primary school age onwards.The council should report on progress being made on issues such as access to adult content and take-down of material posted on social media.

10 Make it a priority
There must be a clear national policy directive for CAMHS, underpinned by adequate funding and driven by accurate and up-to-date data on the regional and national mental health needs of children and young people.

Professor Tanya Byron, child and adolescent clinical Psychologist; Sarah Brennan, chief executive, YoungMinds; Dr Peter Hindley, child and adolescent psychiatrist, Royal College of Psychiatrists; Professor Isobel Heyman, child and adolescent psychiatrist, Great Ormond Street Hospital, and chairwoman, London child mental health SCN

Three years in a fearful wilderness of anxiety

Case study

Within the course of a few months, Sorcha Monaghan's life feel apart. The 13 year-old went from being a bright, beautiful, student to a girl who was unable to face school, maintain friendships and began self-harming.

"I knew this was serious and she needed help," Liz Monaghan, her mother said. Thankfully her GP agreed and referred Sorcha to CAMHS. However, in the time it took to get an initial assessment she had virtually stopped going to school, so extreme had her anxiety become.

Family therapy was offered and things seemed to improve. An opportunity came for Sorcha to move from the family home in Leeds to London to live with her father and the family saw this as a chance for a fresh start .

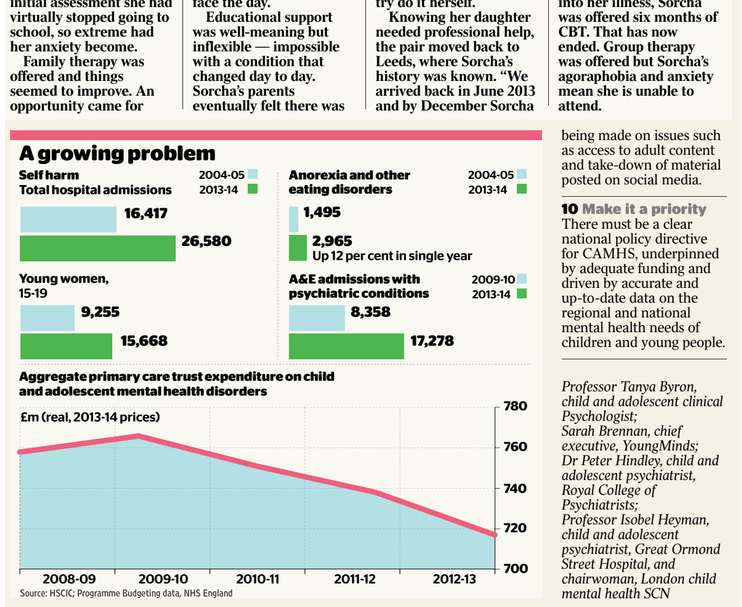
However, the symptoms emerged once more and within weeks she had again stopped going to school, unable to face the day.

Educational support was well-meaning but inflexible — impossible with a condition that changed day to day. Sorcha's parents eventually felt there was no choice but to try to teach her at home.

There was no prospect of psychological treatment. Mother and daughter were told that waiting lists were often longer than six months and a CAMHS therapist suggested Mrs Monaghan buy a book on CBT and try do it herself.

Knowing her daughter needed professional help, the pair moved back to Leeds, where Sorcha's history was known. "We arrived back in June 2013 and by December Sorcha still had not had an assessment, even though she was a continuing patient. Her mental health deteriorated as she waited for an assessment and treatment and her symptoms became life-threatening" Mrs Monaghan said.

Eventually, three years into her illness, Sorcha was offered six months of CBT. That has now ended. Group therapy was offered but Sorcha's agoraphobia and anxiety mean she is unable to attend.



A growing problem

Source: HSCIC; Programme Budgeting data, NHS England

Record number of youngsters in hospital with mental illness

Continued from page 1

frustrating that ministers claim children's mental health is a priority while figures show spending on services has fallen every year since 2010.

With only three weeks to go before parliament is dissolved, the government is yet to publish its plans to restructure Children's and Adolescent Mental Health Services. A leaked copy seen by *The Times* suggests that the report shies away from making any estimate of the resources needed to meet rising demand.

Norman Lamb, the health minister responsible, said: "Children's mental health care is a priority. We've invested £7 million in new beds, £150 million in support for young people with eating disorders and who self-harm and we will shortly publish proposals on how we can make sure every child gets the care they need at the right time."

Andy Burnham, the shadow health secretary, said: "If mental health is the poor relation of the NHS, then children's mental health has become the poor relation of the poor relation."

Peter Hindley, chairman of the Royal College of Psychiatrist's Child and Adolescent Faculty and one of the authors of the manifesto, said: "Ensuring the safety of children and young people should be the No 1 priority. Failure to improve inpatient and community care will mean they will continue to be at risk to themselves and others."

Tomorrow How parents can contribute to mental health meltdown

Online and Digital

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a system that fails our children

TIMES PHOTOGRAPHER VICTOR DE JESUS

How to spot the warning signs

Tanya Byron

One in ten children aged between five and sixteen has a recognisable mental disorder, so how can we spot the signs?

As children develop they will go through phases where their behaviour changes and they may become more challenging or withdrawn. This is normal. However, if there is a marked and sustained change in mood and behaviour, the child or young person may be developing mental health difficulties.

These can be physical as well as emotional. Physical changes include alterations in sleep patterns. Look out for it becoming excessive beyond the usual teenage fatigue or difficulty in sleeping. Weight loss and reduction of appetite or big changes in energy levels can suggest a problem, along with a lack of motivation. Stomachaches, headaches and backaches or bed-wetting or soiling in younger children may also be sign.

Sometimes a sudden change in how youngsters view themselves is a warning sign, such as loss of self-esteem, expressions of hopelessness or worthlessness, obsessive body image concerns or excessive neglect of personal appearance or hygiene.

What is happening at school can also be a signal. If a child's academic performance or effort unexpectedly and dramatically declines, if there is strong resistance to attending school or absenteeism or even problems with memory, attention or concentration, it could suggest difficulties.

No one sign indicates a problem but you know your child and it is important to trust your instincts. However, keep a log of the context, nature, intensity, frequency and duration of the problems you notice.

Do not feel afraid to ask your child what is wrong. Even if they respond defensively, knowing you have noticed is the first step to them feeling able to open up to you. Be honest and non-judgmental so that they trust you and feel able to communicate safely with you. Do not feel afraid to set boundaries around behaviour.

As with our bodies, our minds can become unwell and there is no shame in a young person becoming mentally or emotionally ill, despite the prevailing stigma. Speak to your child's school and your GP. Seek a referral to your local Child and Adolescent Services and do not feel afraid to push for this.

Contact your local authority or MP if you feel stuck on a waiting list and unsupported. Ensure that treatment offered is evidence-based for your child's difficulties and visit www.nice.org.uk so you know what that is. For private mental health practitioners who are trained and accredited, see: www.bps.org.uk and www.bacp.co.uk. If you have really serious concerns about behaviour that appears dangerous or very disturbing, do not wait —go to A&E.

Red flags

Changes in behaviour are often the first sign of problems. They include:

- A decrease in enjoyment and time spent with friends and social groups
- Loss of interest in favourite pastimes
- Excessive isolation or disobedience
- Hitting or bullying other children
- Wearing clothes to hide parts of the body
- Odd body movements
- Excessive time spent on one activity, for example screen time or digital activity
- Aggression and mood swings that are out of character
- Unexpected weeping
- Paranoia and excessive secrecy
- Excessive anxiety and seeking constant reassurance
- Seeing or hearing things that others don't see or hear
- Being overly suspicious of others

Girl found hanged after being told she was having a bad day

A schoolgirl and aspiring lawyer who cut her own body with the words "ruin", "fat" and "hate" was found hanged 24 hours after claiming that a medical worker told her she was "having a bad day", an inquest heard yesterday.

Aleysha McLoughlin, 16, who had made three suicide attempts, was taken to accident and emergency after slashing her arms in a separate incident of self-harm. While at the Royal Bolton Hospital she was seen by a mental health assessment team. The person who spoke to Aleysha was thought to have been unaware of the scars.

The teenager's body was found the following day in her bedroom by her foster mother, Beverley Sharples. Mrs Sharples told the Bolton inquest that Aleysha went to hospital after cutting herself at school last April. "A man took her to a room and she was in there for one hour and ten minutes. He said she wouldn't engage. She said it was a waste of time and he said 'I was having a bad day'. Before she went to sleep she was really upset." Charles Wilson, who examined the body, said: "She had a multitude of old scars. I would expect anybody that had close contact with her to notice them." The inquest continues.

Aleysha McLoughlin had slashed her arms