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Children's mental health: priorities for investment

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Background: health economics evidence

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- Quantifying the scale and cost of a problem
- Economic analysis of interventions

Intervention: the commissioner's questions

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- Does it work?
- Is it good value for money?
- Can I afford it?

Value for money

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- Treatment of health gains
- Perspective (society, public sector, NHS)
- Time period

Prevalence – key facts (1)

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- Around 10% of all children aged 5-16 have a diagnosable mental health problem
- Prevalence appears to have changed little in the last 10-15 years, but emotional problems among teenage girls may be increasing
- Most families seek help for a child with problems but only a minority get it

Prevalence – key facts (2)

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- ❑ Prevalence increases with age, but only a minority of problems in the teenage years are new problems
- ❑ Boys are 50% more likely to have mental health problems than girls; the gender gap is particularly wide at ages 5-10
- ❑ The prevalence of children's mental health problems shows very steep socio-economic gradients (worse than among adults and getting worse over time)

Prevalence – key facts (3)

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<u>Behavioural problems</u> (conduct disorder, ADHD)	7.3%
<u>Emotional problems</u> (anxiety disorders, depression)	4.2%
<u>Other</u> (ASD, eating disorders etc.)	1.3%

A fifth of children with a diagnosable problem have two or more problems at the same time

60% of all children with a mental health problem have conduct disorder

Persistence

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1946 national birth cohort survey:

- among all children with symptoms of anxiety or depression, 86% continued to have these problems in adult life
- among all adults with symptoms of anxiety or depression, 71% had these problems in childhood

Long-term consequences (1)

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- ❑ Adverse long-term outcomes are much more pronounced and wide-ranging for behavioural problems than for emotional problems
- ❑ Early-onset conduct disorder persists into adulthood in about half of all cases and is a risk factor for all types of adult psychiatric disorder
- ❑ It is also predictive of an array of other negative long-term outcomes

Long-term consequences (2)

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- ❑ 2 x more likely to leave school with no qualifications
- ❑ 3 x more likely to become a teenage parent
- ❑ 4 x more likely to become dependent on drugs
- ❑ 6 x more likely to die before age 30
- ❑ 8 x more likely to be on a child protection register
- ❑ 20 x more likely to end up in prison

Evidence on interventions

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- ❑ Conduct disorder, anxiety disorders, depression – strong
- ❑ ADHD – moderate
- ❑ ASD, eating disorders, self-harm – weak
- ❑ For all interventions, implementation matters as much as content

Priorities for new investment

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- ❑ A more systematic approach to identification
- ❑ Increased availability of evidence-based interventions, especially for children with behavioural problems
- ❑ A shift towards early rather than late intervention
- ❑ Closer links between the NHS and schools