Reducing Health Inequalities

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‘The scandal of underfunded child and adolescent mental health services laid bare’

RCP 2016

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London 2017

Affiliations

- Consultant Lancashire Care Foundation Trust
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- National Institute Health Research, member HTA mental health panel
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‘Shocking report by Children’s Commissioner reveals millions of children in England living vulnerable or high risk lives’

Children’s Commissioner for England, Anne Longfield, July 2017

e.g.

- >half a million children need state intervention
- 800,000 children have mental health difficulties
- Tens of thousands of children in gangs
- ***‘only the tip of the iceberg’***
- ***many children are ‘invisible’***
- ***not reported to services, or gaps in data***

Urgent need to fill in these gaps

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Extent of problem

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- ONS 2000: 1/10 children aged 5-16 has a diagnosable mental health disorder and children under 18 make up a fifth of the population (21.3%)
- New survey 2018
- Evidence that prevalence is increasing e.g. self-harm

Example: rise in self-harm

- 2002: 6.9% 15-16 year olds reported self-harm, girls **11.2%** v boys 3.2%

  Hawton BMJ 2002

- 2014: 20% UK 15 year olds reported self-harm, girls **32%** vs 11% boys

  WHO Health Behaviour in School-aged Children report 2014

- suggests UK rate has almost ***tripled***

Self-harm cont

- Rates of self-harm in young people in England are some of the highest in the world

- E.g. study of 7 countries found that for females and males, England had the second highest prevalence of self-harm within a lifetime, and, for ***females, the highest prevalence within the last month*** (Madge 2008)

Self-harm cont: demand on services

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- consequent increased demand on services
- 2005 to 2015: 50% increase in admissions to hospital due to self–harm in children and adolescents aged 0-19 years in the UK (Hospital Episode Statistics)
- clinicians report increasing complexity and decreasing ability to manage risks in community (e.g. RCP tier 4 survey 2015)

Existing inequality

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- 75% mental illness starts before 18
- 50% before 14
- 3/4s CYP do not receive help
- <1% NHS budget on CAMH
- MH only receives 6% MH budget but accounts for 23% disease burden in UK

‘Poverty is ‘making children sick’
Government must tackle health inequalities or risk storing up health problems for future generations’
Royal College of Paediatrics and Child Health & Child Poverty Action Group (May 2017)

- > 1 in 4 (~4 million) children in the UK live in poverty
- Well-established links between poor mental (& physical) health
  e.g. Childrens Society 2016

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Adocare 2015
adolescent mental health care
10 EU countries

- Quality ratings: UK in bottom 3 countries (Spain, Lithuania)
- Finland top

But:

- action plan for adolescent mental health singled out for praise in England
- Also only country to have data on spend: 11% health budget on mental health, but only 1% of this on CYPMH

Transparency: Five Year Forward View Dashboard

- published Oct 2016
- response to the recommendation in FYFVMH that NHSE create a tool "*that will identify metrics for monitoring key performance and outcomes data and that that will allow us to hold national and local bodies to account for implementing this strategy.*"
- RCP welcomes transparency on CAMH spending by clinical commissioning groups

Analysis planned spend for CAMH 2016/17 Holly Taggart RCP

- 209 CCGs
- Data from CCGs to NHSE on total planned spend
- Eating disorder spend excluded: data set incomplete
- First time CCGs have been asked to report MH spend at programme level, meaning some CCGs had difficulties extracting costs for specific services due to block contracts
- Accuracy of data based on how well a CCG could disaggregate CYP spend from their total MH budget
- As a result there are some CCGs that show zero spend for MH programmes for ED (N/A in the dashboard)
- Excl LD spend

Results

- 52 CCGs in England are allocating <5% of total mental health budget to services for CYP

- 25 CCGs in England have planned to spend less than £25 a head on mental health services for CYP

Commissioners in ten areas will spend less than £10 per head

- Luton (£2.01)
- Enfield (£2.33)
- Tower Hamlets (£4.45)
- North Somerset (£5.89)
- Ealing (£6.39)
- Central London (Westminster) (£7.65)
- Tameside and Glossop (£8.61)
- High Weald Lewes Havens (£8.73)
- Walsall (£9.04)
- West London (£9.17)

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Highest reported spends

- Birmingham south and central £135.85
- Corby £131.37
- South Tyneside £126.76
- Camden £121.30
- Hartlepool & Stockton-on-Tees £100.22
- Knowsley £93.22
- Sunderland £90.18
- Warwickshire £88.88
- Barnsley £86.17
- Southampton £84.17

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President of the Royal College of Psychiatrists
Professor Sir Simon Wessely

- "Our analysis shows that in many areas of th country, the proportion of money that NHS clinical commissioning groups are planning to spend on the mental health of our children and young people is negligible. We know that more than half of all adults with mental health problems were diagnosed in childhood and less than half were treated appropriately at the time. It is a national scandal that opportunities to prevent mental illness from occurring in childhood are being missed because of unacceptably low investment"

Chair of the RCPsych Faculty of Child and Adolescent Psychiatrists Peter Hindley

- “This research confirms the stories I hear from colleagues every day; that desperately needed money, promised to child and adolescent mental health services is not getting through to local services in many parts of the country. Without this investment, it will be nigh on impossible to deliver the best outcomes for children, young people and their families, let alone achieve the national target of ensuring 70,000 more children receive treatment for their mental illness by 2021. The College calls upon commissioners to revisit their planned spend in this vital yet chronically underfunded area.”

Following publication

- Some CCGS came forward with revised data
- Luton CCG: £58.60 (vs £2.01)
- Enfield CCG: £17 (vs £2.33)
- There could be higher spending CCGs that also have incorrect figures
- *We urge CCGs with new/revised data to inform NHSE who collate the official data upon which policy makers & providers depend*
- *The RCP relies on the official published data*

Positives

- We highlighted to NHSE the variable quality of financial data within the dashboard
- NHSE then improved their guidance to CCGs on reporting this information
- we found that CCGs were able to generate a per capita spending figure in the space of 2 hours once challenged

EPI Frith 2017 dashboard analysis

- Similar wide variation in CCG spend
- Potential reasons:

Historic patterns of provision

Differing levels of need

Organisational priorities

Difficulties extracting data from block contracts

- However, **wide variation indicator of postcode lottery in care**
- Every area should increase investment in line with their share of the additional £1.4bn funds

Further updates

- The dashboard publishes every quarter with financial information provided annually
- The next iteration is due end of July and we expect new financial data to be included
- Further RCP analysis planned

Importance of evidence based interventions and inequality in research funding

- ~£8 is invested in research per person affected by mental illness
- 20x more spent on research into cancer
- 14x more on dementia
- ***<30% MH research focused on YP***
- ***Invest wisely, do no harm ('choosing wisely')***

Reduction in adolescent depression after contact with mental health services: a longitudinal cohort study in the UK Neufield et al 2017 Lancet Psychiatry

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- 14-year-olds who had contact with mental health services in past year had greater decrease in depressive symptoms than those without contact (adj coeff −1·68, 95% CI −3·22 to −0·14; p=0·033)
- By 17 yrs, odds of reporting clinical depression were higher in individuals without contact than in service users who had been similarly depressed at baseline (adj OR 7·38, 1·73–31·50; p=0·0069)

Interpretation

- ***contact with mental health services at age 14 years by adolescents with a mental disorder reduced the likelihood of depression by age 17 years. This finding supports the improvement of access to adolescent mental health services***

How to intervene?
High risk vs targeted early intervention for anti-social behaviour
Scott et al AJP 2014

- 2 follow-up studies of group parent training: elevated ASB vs clinical gp
- *early intervention with severely antisocial children (clinical) may prevent antisocial personality in adolescence*
- ***early intervention with selective high-risk samples ineffective***

Preschool Autism Communication Trial

Green et al Lancet 2016

- 121/152 trial participants
- Mean age at follow-up: 10·5 years, ~6yrs after intervention
- ***First ASD intervention to show long-term symptom reduction after an RCT of early intervention in ASD***
- ASD symptom severity: overall reduction over course of trial and follow-up ES 0·55 (95% CI 0·14 to 0·91, p=0·004)

CBT & short-term psychoanalytical psychotherapy vs a brief psychosocial intervention in depressed adolescents (IMPACT trial)
Goodyer et al, Lancet 2017

- N 470
- 18 month FU after intervention
- No differences in effectiveness and cost-effectiveness
- ***Implications: a brief psychosocial***

Intervention is as effective as more specialist treatment

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RCP Initiatives

Green paper recommendations with NAHT:

- opportunity to invest in early intervention in mental health in schools
- ‘mental health improvement clusters’
- Contribute to LTPs
- Rigorous evaluation
- **Values based systems and co-production**

THE VALUES-BASED CHILD AND ADOLESCENT MENTAL HEALTH SYSTEM COMMISSION

What really matters in children and young people's mental health

FULL REPORT

YOUNGMINDS

Children & Young People's Mental Health Coalition

RC PSYCH

MindEd

e-learning to support young healthy minds

CAMHS
RC PSYCH
Service Standards
Seventh Edition

WHO

mental health is a state of wellbeing in which every individual realises his or her own potential, can cope with the stresses of life, can work productively and fruitfully and is able to male a contribution to his or her own community

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WHO 2005

Budget for CAMH should equate to that spent on AMH

Future cost-savings (Adocare 2015)

Hope is like a road in the country; there was never a road, but when many people walk on it, the road comes into existence. ~Lin Yutang

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Thank you

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