Are the kids alright?

*Exploring the intersection between education and mental health*

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This is the place

“Resilience is… the capacity of any dynamic system to adapt or recover from a significant threat to its function or viability” (Masten et al, 2011, p.103)
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Some of the things I will talk about this afternoon

• How rats look after their young
• Humpty Dumpty
• Winnie the Pooh (and Tigger too!)
• Bart Simpson
• Inside Out
• Penny Dreadfuls
Prologue: a rat’s tail tale

- Behavioural epigenetics – environmental influences on gene expression and subsequent consequences for behaviour and learning
- The moral of the story? An environment characterised by nurturance and care during our formative years provides a strong foundation for good mental health throughout the lifespan
Some foundations
What do we mean when we talk about mental health?

"When I use a word," Humpty Dumpty said, in rather a scornful tone, "it means just what I choose it to mean—neither more nor less." "The question is," said Alice, "whether you can make words mean so many different things." "The question is," said Humpty Dumpty, "which is to be master—that's all."

(Lewis Carroll, *Through the Looking Glass*, 1871)
What do we mean when we talk about mental health?

Mental health difficulties
What do we mean when we talk about mental health?

• Long-standing objection to the ‘illness framework’ (Pilgrim, 2014), particularly as applied in education (Graham et al, 2011)

• Emergence of the ‘enhancement agenda’: agency, resilience and wellbeing (Graham et al, 2011)

• Dual factor approach: mental health as comprising two distinct dimensions, representing experience of symptoms of psychological distress and adaptive functioning, respectively (Dowdy et al, 2014; Westerhof et al, 2010)
What do we mean when we talk about mental health?

• If you go down to the woods today (Shea et al, 2000)….
What do we mean when we talk about mental health?

- Changes in thinking, mood and/or behaviour that impair functioning (Murphey, Barry & Vaughn, 2013)
- Reduced quality of life, lost economic productivity, destabilisation of communities, and higher rates of health, education and social care utilisation (Belfer, 2008)
- Costs around £105 billion annually in England (Centre for Mental Health, 2010)
- By 2030, depression alone will yield the highest disease burden in high-income countries, accounting for nearly 10% of disability-adjusted-life-years (Mathers & Loncar, 2006)
- Up to 20% of children and young people affected worldwide (Belfer, 2008); 50% of adult cases originate in childhood or adolescence, 75% by age 24 (Kessler et al, 2005)
  - Significant increase in prevalence of mental health difficulties between childhood and adolescence (Green et al, 2005)
What do we mean when we talk about mental health?

• Wellbeing is a slippery and elusive construct (Dodge et al, 2012)
  – “Essentially, wellbeing is a cultural construct and represents a shifting set of meanings – wellbeing is no less than what a group or groups of people collectively agree makes ‘a good life’” (Earaut & Whiting, 2008, p.1)
  – “Children and young people feeling good, feeling that their life is going well, and feeling able to get on with their daily lives” (Deighton et al, 2016, p.6)
What do we mean when we talk about mental health?

- Relationship between mental health difficulties and wellbeing (Patalay & Fitzsimons, 2016)
What do we mean when we talk about mental health?

- Risk and resilience (Masten, 2014)
  - Cumulative and multiple risk perspectives (Evans, Li & Whipple, 2013)
    - Allostatic load and/or disruption of key proximal processes in the developmental ecosystem
  - Parallel perspectives in protective factors/developmental assets (e.g. Leffert et al, 1998)
  - Multiple ecological levels: individual, familial, school, community
  - Risk and health inequality: risk factors as markers/proxies for inequalities (e.g. Reiss, 2013)
    - Number of people reporting mental health difficulties is almost twice as high for those living in deprived areas compared to those living in less deprived areas (Mental Health Foundation, 2016)
What do we mean when we talk about mental health?

The intersection between cumulative risk exposure and developmental assets as predictors of externalising problems (Humphrey et al, in preparation)
Are mental health difficulties among children and young people increasing?

“There is a popular perception that children and young people today are more troubled and badly behaved than previous generations”

(Murphy & Fonagy, 2012, p.3)
Are mental health difficulties among children and young people increasing?

• Social changes
  – Rising affluence but increased income inequality
  – Changes in family environment (increased rate of single parenting, family conflict, parental mental health problems)
  – Changes in parenting styles, increased exposure to screen time, internet and social media, increased pressure in school (Murphy & Fonagy, 2012)
• Recent policy changes: expansion of academies and free schools, raising of participation age, changes to academic assessment procedures, increase in University fees (Lessof et al, 2016)
• Socio-economic disadvantage, impact of digital technologies, changes to family structure (Thorley, 2016)

Income inequality and mental health difficulties (Wilkinson & Pickett, 2010)
Are mental health difficulties among children and young people increasing?

Revealed: Which is most dangerous social media platform for children to use

Excessive social media use harms children's mental health

Facebook and Twitter 'harm young people's mental health'

Instagram worst social media app for young people's mental health

by Kara Fox, CNN

Updated 2128 GMT (0528 HKT) May 19, 2017
Are mental health difficulties among children and young people increasing?

• 1974-1999: significant increases in conduct problems and emotional difficulties among young people (Collishaw et al, 2004)

• 1999-2004: no significant change (Green et al, 2005)
  – ONS survey repeated in 2016 (findings pending)

• 2009-2014: significant increase in prevalence of anxiety in female adolescents (Fink et al, 2015)

• Systematic review by Borr et al (2014) using international studies – review of time trends into the 21st century
  – No change for toddlers and children
  – Increase in emotional difficulties among adolescents, especially girls

• 2005-2014: increases in psychological distress among adolescent girls (Lessof et al, 2016)
Are mental health difficulties among children and young people increasing?

- 2002-2014: Substantial increase in self-harm among adolescents from 6.9% (Hawton et al, 2002) to 20% (WHO/HBSC, 2014)
- Substantial increase in hospital admission episodes in under 17s where self-harm is recorded as the cause (Burt, 2016):

![Graph showing admissions over years]
Are mental health difficulties among children and young people increasing?

• UNICEF Report Cards 7 and 11 (2007, 2013) – child wellbeing in rich countries
  – Material well-being, health and safety, education, behaviours and risks, housing and environment
  – UK ranked bottom of 21 rich countries overall in 2007; by 2013 we were 16\textsuperscript{th} of 28 (but 24\textsuperscript{th} for education)

• Good Childhood Report (Children’s Society, 2015)
  – Children’s subjective wellbeing had been improving over time but has stalled since the end of the last decade
  – Children in England ranked 14\textsuperscript{th} out of 15 countries for overall life satisfaction (Children’s Worlds Project, 2015)
  – In relation to their school experience, children in England were unhappier than their peers in 13 of the 14 other countries in the study
  – Things appear to get worse as children get older and go to secondary school

• It Turned Out Someone Did Care (NSPCC Childline Review, 2016)
  – 87\% increase in young people reporting difficulties in accessing local support services, and 34\% increase in young people reporting dissatisfaction with these services
  – 11\% increase in young people reporting exam worries; 12\% increase in young people reporting problems at school
  – … in one year
Are mental health difficulties among children and young people increasing?

“Claims that there has been a profound rupture in the experience of growing up, and one that causes unprecedented levels of misery are often based on questionable historical thinking, on data that is subject to variable interpretation and on a silencing of the difficulties that are intrinsic to social scientific accounts of change over time, especially when some of the variables being measured are conceptually problematic and historically novel”

(Myers, 2012, p.411)
Are mental health difficulties among children and young people increasing?

(Source: Lexis Nexis via Professor Peter Fonagy)
Are mental health difficulties among children and young people increasing?

Mentions of child and adolescent mental health services (or ‘CAMHS’) in UK newspapers: quinquennial rates

Source: Lexis Nexis via Professor Peter Fonagy
Is there a crisis in child and adolescent mental health?

(with thanks to Terry Hanley)
Is there a crisis in child and adolescent mental health?

• Major cuts to CAMHS (Young Minds, 2013, 2015)
• ‘Decade of delay’ between first signs of problems and getting help (Khan, 2016)
• Significant increases in CAMHS referral thresholds and waiting times (HOCHC, 2014; NHS, 2013; Wolpert et al, 2014)
• 28% of children (range 18-75%) referred to CAMHS not allocated a service in 2015 (Children’s Commissioner, 2016)
• Promised investment of 1.25 billion in child mental health over five years (2015 budget) – but where has it gone?
• Swift removal of critical voices (e.g. Natasha Devon)
• 235,189 under 18s in receipt of specialist (NHS) mental health care in 2016 (in 60% of mental health trusts who provided data; NHS Digital, 2016)
  • 65,000 under 11, of whom males 2:1 females
Is there a crisis in child and adolescent mental health?

- Increased accountability measures in schools impact on children and adolescent mental health (Hutchings, 2015)
- “There are clear indications ... that the pressure to perform in an increasingly micro-managed, accountable education system may be playing a part in developing mental health problems and in suicidal behaviour” (Sharp, 2013, p.10)
- Implementation of a ‘zero sum game’ approach to attainment and wellbeing in education (Bonell, Humphrey et al, 2014)
- Introduction of ‘character’, ‘grit’ and ‘resilience’ into the mainstream education policy discourse (Humphrey, Lendrum, Wigelsworth & Greenberg, 2016)
Is there a crisis in child and adolescent mental health?

“I have just had a child off school for three days because he was so worried about his recent test result and didn’t want to take any more tests. In the lead up to SATs, I have had pupils in tears, feeling sick, feeling stressed because they were so worried about the results from the tests”

(Primary school teacher; Hutchings, 2015, p.56)
Why have schools become a central focus in this area?

• Why could/should schools play a central role in preventing the onset, maintenance or progression of mental health difficulties? (Greenberg, 2010)
  – Broad reach
  – Prolonged engagement (“15,000 hours” – Rutter et al, 1979)
  – Central hub in most communities

• School is the primary developmental context after the family

• Teachers are the most commonly contacted mental health ‘service’ (Ford et al, 2007)

• Children’s learning and their mental health are inter-related (Panayiotou & Humphrey, 2016)
Why have schools become a central focus in this area?

Panayiotou & Humphrey (2017)
Why have schools become a central focus in this area?

Panayiotou & Humphrey (2017)
Why have schools become a central focus in this area?

- Universal prevention: “An ounce of prevention is worth a pound of cure” (Benjamin Franklin)
- Universal school-based interventions can influence outcomes for children who would not otherwise access the support they need through usual care pathways
  - Estimate of unmet need for children with significant mental health difficulties is 75% (Kelvin, 2014)
- More inclusive and less stigmatizing? (Humphrey, 2013; Stallard et al, 2012)
- Unintended consequences of targeted/indicated approaches (e.g. ‘deviancy training’) (Evans, Scourfield & Murphy, 2014)
Why have schools become a central focus in this area?

- Universal school-based interventions can be impactful and cost-effective (Humphrey et al., forthcoming)
  - Promoting Alternative Thinking Strategies (PATHS) RCT
  - 45 schools, 5k+ children
  - Small, positive impact on children’s psychological wellbeing
  - Small, positive impact on children’s quality-adjusted-life-years
    - Mean incremental cost of PATHS (compared to usual provision) = £29.93 per child
    - Incremental net benefit of introducing PATHS = £7.64
    - Probability of cost-effectiveness = 88%, but this increased to 99% or above in all but one alternative costing scenarios

CEAC for PATHS: base case and using alternative CHU-9D algorithm (Humphrey et al., forthcoming)
Is evidence-based practice the answer?
Is evidence-based practice the answer?

- Balancing the three-legged stool: evidence, expertise, preference (Sackett et al, 1996)
- The evidence ‘hierarchy’:

(Harbour & Miller, 2001)
Is evidence-based practice the answer?

“I'm right there in the room, and no one even acknowledges me.”
Is evidence-based practice the answer?

- Of the 30 most common difficulties experienced by children who see a child mental health specialist, NICE guidance only exists for 13 (43%) (Wolpert et al, 2015)
  - For the other 57%, we don’t currently know what are likely to be the most effective ways to support children experiencing these difficulties
- Even among those individuals in receipt of evidence-based interventions, 1 in 3 will continue to experience the same level of difficulties (or worse!) (Warren et al, 2010)
- Girlanda et al (2016) systematic review and meta-analysis of the implementation of evidence-based guidelines in mental health care
  - “Only a minority of the studies included in our review showed a positive, statistically significant effect of guideline implementation on provider performance or patient outcomes” (p.5)
  - Some studies actually showed a negative effect from guideline implementation
Is evidence-based practice the answer?

- Schools rarely change what they do on the basis of research findings, let alone RCTs (Lather, 2004)
  - Only one-third of schools report using research evidence (of any kind) in their decision making regarding mental health interventions (Vostanis, Humphrey et al, 2013)
- The ‘evidence to routine practice’ lag can be up to 20 years (Walker, 2004)
- Not all RCTs are equal! Aside from standard methodological quality issues, we need to consider:
  - The developer effect
  - Stage of evaluation
  - Cultural translation (Wigelsworth et al, 2016)
- The importance of ‘doing well in whatever you do’ (Durlak, 2010)
Is this just the ‘child panic’ for a new generation?

“Over the past 15 years or so, educational policy discourses, related research and everyday practices... reflect profound political and public pessimism about declining emotional wellbeing and mental health amongst growing numbers of groups and individuals deemed to be ‘at risk’ or ‘vulnerable’... this pessimism intersects with... a broader sensibility that childhood and youth are in profound and unprecedented crisis”

(Ecclestone & Rawdin, 2016, p.1)
Is this just the ‘child panic’ for a new generation?

- Talk of crisis in children’s mental health as an escalation of ‘therapy culture’ (Furedi, 2003) into education and social policy?
  - The ‘dangerous rise’ of therapeutic education (Ecclestone & Hayes, 2009)
- Diminished view of the human subject
- Policy discourse of risk and vulnerability (Ecclestone & Lewis, 2013)
  - Vulnerability zeitgeist (Brown, 2015)
- Does every generation have its own ‘child panic’? (Guldberg, 2009)
  - Evidence stretching back several generations of widespread concerns about “the telltale signs of maladjusted youth” (Havighurst, 1974, p.6)
  - Data does not always support the crisis model (Humphrey, 2013)
Is this just the ‘child panic’ for a new generation?

• Folk devils and moral panics (Cohen, 1973)
  – Screen time, internet, social media et cetera as folk devils?
  – The role of the media (Guldberg, 2009)
  – “Sometimes the panic passes over and is forgotten... at other times it has more serious and long-lasting repercussions and might produce such changes as those in legal and social policy or even in the way society conceives itself” (Cohen, 1973, p.9)

• Stich’s (1993) four-stage process for the promotion of unfounded ideas
  1. (Self) fraud
  2. Anxiety
  3. Absent evidence
  4. Ignoring evidence
Where do we go from here?

- Education, mental health and sleight of hand
- Rising need (for some) and reduced provision (for most)
- Crisis reframed as a decision/turning point as opposed to a time of difficulty or danger
- Supporting children and young people experiencing distress when our resources are stretched
- Four barriers to improvement (Thorley, 2016): funding, commissioning and representation, quality, accountability
- Future in Mind (2015) revisited (again and again and again)
- Prevention pays? (Davies, 2013)
Thanks for listening!

“It is easier to build strong children than to repair broken men”
(Frederick Douglass)