Are the kids alright? Examining the intersection between education and mental health

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MIE Building Evidence into Education (BEE) blog

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Mental health by the numbers

6% of total NHS expenditure on mental health for child and adolescent services\(^6\)

50% of lifetime cases of mental health difficulties begin by age 15 (74% by age 18)\(^2\)

£13 billion per year
Wider economic costs of mental health difficulties\(^5\)

£105

Average return for every £1 invested in evidence-based interventions for adolescents with conduct disorder\(^7\)

13% of CYP aged 5-19 experience clinically significant mental health difficulties\(^1\)

4.5x more likely to experience mental health difficulties than those living in least deprived areas\(^4\)

Teenage girls are nearly 3x more likely to experience emotional problems than teenage boys\(^3\)
Overview

- What is mental health?
  - Why does mental health matter?
  - What factors are associated with variability in mental health?
- Are mental health difficulties among children and young people (CYP) increasing?
- What is the role of social media and screen-based lifestyles in CYP’s mental health?
- Is there a crisis in CYP’s mental health?
- Why have schools become a central focus in this area?
- Is evidence-based practice the answer?
- Is this the latest generational ‘child panic’?
Some foundations

The propensity to make strong emotional bonds to particular individuals [is] a basic component of human nature.

— John Bowlby —
What is ‘mental health’?
What is ‘mental health’?

Complete mental health (Keyes, 2005)
What is mental health?

- Internalising symptoms, externalising problems and wellbeing as distinct but related constructs, though all may be underpinned by a general internalized distress factor in early adolescence (Black, Panayiotou & Humphrey, 2019)
  - S-1 and bifactor modelling of data from c.2,000 10-12 year olds

- Mental health profiles in middle childhood support complete mental health model (Petersen, Qualter & Humphrey, in preparation)
  - Latent class analysis of data from c.3.3k 8-9 year olds

- Compared to complete mental health class (57%)
  - Emotional symptoms but content (18%) class more likely to be female, have SEN, lower KS1 maths, lower IDACI scores
  - Conduct problems but content (12%) class more likely to be male, have SEN, lower KS1 maths, lower school connectedness
  - Vulnerable (13%) class more likely to be eligible for FSM, lower peer and social support, lower school connectedness
What is mental health?

- Distinct and shared correlates of mental health difficulties and wellbeing (Patalay & Fitzsimons, 2016)
Why does mental health matter?

- Reduced quality of life
- Cost over £100 billion annually
- Highest rates of DALYs

Belfer (2008); Centre for Mental Health (2010); Mathers & Loncar (2008)
Why does mental health matter in childhood?

What factors are associated with variability in mental health?

- Risk and resilience framework (Masten, 2014)
- Cumulative and multiple risk perspectives (Evans, Li & Whipple, 2013)
- 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)

Multiple disadvantage and low wellbeing (Children’s Society, 2017)
Are mental health difficulties among children and young people increasing?
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)

In the graph, the trend indicates a correlation between income inequality and mental health difficulties (Wilkinson & Pickett, 2010).
Are mental health difficulties among children and young people increasing?

- 13% of CYP aged 5-19 experience clinically significant mental health difficulties
- 8% of CYP aged 5-19 experience clinically significant emotional difficulties
- 5% of CYP aged 5-19 experience clinically significant behavioural difficulties
- 2% of CYP aged 5-19 experience clinically significant hyperactivity difficulties

NHS Digital (2018)
Are mental health difficulties among children and young people increasing?

- Upward trend over time (9.7% in 1999; 10.1% in 2004; 11.2% in 2017)
  - Increase in emotional problems (e.g. anxiety, depression) among 5 to 15 year olds from 2004 (3.9%) to 2017 (5.8%)
  - Stability over time in conduct problems and hyperactivity (NHS Digital, 2018)

- Rates of diagnosable MHDs are highest in females aged 17 to 19 (23.9%)
  - Age related increase in prevalence for females: 6.6% among 5-10, 14.4% among 11-16, 23.9% among 17-19 (NHS Digital, 2018)

- Other research provides evidence of significant increase in MHDs over time among female adolescents (Borr et al, 2014; Fink et al, 2015; Lessof et al, 2016)
  - Significant increase in non-suicidal self-harm in females aged 16-24 (6.5% in 2000 to 19.7% in 2014; McManus et al, 2019)
What is the role of social media and screen-based lifestyles in children’s mental health?
What is the role of social media and screen-based lifestyles in children and young people’s mental health?

Revealed: Which is most dangerous social media platform for young people’s mental health?

When Social Media Is Really Problematic for Adolescents

Social media is supposed to be positive, so why is it ruining your mental health?

Six ways to protect your mental health from social media dangers

Excessive social media use harms children’s mental health.
What is the role of social media and screen-based lifestyles in children and young people’s mental health?

• Social media as the new ‘folk devil’ (Panayiotou & Humphrey, 2019)
  – Health secretary called for new laws to ban under-13s from social media
  – Chief Medical Officer instructed to draw up guidelines on daily time limits
  – Digital detox campaign at DeMontfort University
  – Scroll Free September campaign by Royal Society for Public Health

• “There is, as yet, no scientific consensus on the impact of screen-based lifestyles on the mental health of young people” (Frith, 2017, p.29)

• "Scientific research is currently insufficiently conclusive to support UK CMO evidence-based guidelines on optimal amounts of screen use or online activities (such as social media use)” (UK CMO 2019, p.2)
  – Unhelpful conflation of ‘screen time’ and ‘social media usage’
  – Problematic focus on amount of time spent rather than how said time is spent (e.g. active vs passive use)
  – Different social media platforms provide distinct user experiences that may have different consequences for mental health (Panayiotou & Humphrey, 2019)
What is the role of social media and screen-based lifestyles in children and young people’s mental health?

- A tale of 3 studies…..
  - Kelly et al (2019): social media use associated with depression among adolescents, particularly females
    - BUT! Cross-sectional and causal ordering not possible
  - Heffer et al (2019): longitudinal analysis of adolescents (2 years) and young adults (6 years) indicated that social media use did not predict later depression, but that depression did predict later social media use among adolescent females
  - Orben & Pryzbylski (2019): digital technology use explains at most 0.4% of the variation in adolescent wellbeing
Is there a crisis in child and adolescent mental health?

Children turned away by mental health services

More than a fifth of children referred to mental health services in England have been refused treatment, according to research by the NSPCC.

Improve children’s mental health care, head teachers urge

Manchester’s mental health bosses push through savage cuts despite public rage

A public consultation carried out following pressure from councillors last year has concluded people were against the move.

NHS child mental health money ‘missing’ despite investment

Some mental health trusts in England have seen “no significant investment” in psychiatric services for children despite government plans to overhaul provision, say experts.
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)
Why have schools and colleges become a central focus in this area?

- The ‘turn’ to schools….

- The notion of schools as central sites for promoting mental health and wellbeing is not new (e.g. TaMHS, 2008; SEAL, 2005; Every Child Matters, 2003), but it has arguably reached an unprecedented level of exposure and intensity in the last 5 years

- Green paper (2017) highlights
  - Systematic evidence review suggests an important role for schools and teachers (e.g. in identification and early intervention)
  - Designated senior lead for mental health in schools
  - Mental health support teams to bridge education and health services
  - Reduced waiting times for specialist child and adolescent mental health services
  - Go to MIE BEE blog to read a summary of criticisms of the Green Paper
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 (Bronfenbrenner, 2005)

- 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, 2018)
Why have schools become a central focus in this area?

Panayiotou & Humphrey (2018)
Why have schools become a central focus in this area?

Panayiotou & Humphrey (2018)
Why have schools become a central focus in this area?

- Mental health difficulties
- Social and emotional skills
- Academic attainment

Panayiotou, Humphrey & Wigelsworth (2019)
Why have schools become a central focus in this area?

- Proposed roles that schools can play in promoting mental health (NatCen/NCB, 2017)
  - Environment
  - Identify
  - Support
  - Refer

- Universal school-based interventions can improve mental health in a cost-effective manner (Humphrey et al, 2018)
  - Promoting Alternative Thinking Strategies (PATHS) RCT
  - 45 schools, 5k+ children
  - Small, positive impact on children’s psychological wellbeing
    - Larger effect size with increased intervention exposure (from 0.17 to 0.43; Panayiotou, Humphrey & Hennessey, 2019)
  - 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, 2018)
Is evidence-based practice the answer?

Unless you're using evidence-based procedures, I can't hear a word you're saying.
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?

- 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)

![Graphs showing academic achievement, conduct problems, and social-emotional competence](image-url)
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)
  - 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
Thanks for listening!

Mental health isn’t Fight Club. We can talk about it.

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