



“CWPs as the key resource
for the future of preventive
child psychiatry.”

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University
of Exeter

Cedar
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Feedback

You have really helped me cope with my low mood and anxiety. I now have learned more about my mental health and coping strategies for when I feel low, and I can't thank you enough for that

(CWP) always made me feel at ease and my worries/concerns were taken seriously and I wasn't made to feel stupid

I've learnt that its ok to worry, and sometimes when you overcome your fear it could make you more brave - Year 6 child

NHS

England



The people have helped me and listened to me over the last few months and have helped me become a better person. The service is really good here and I would highly recommend it to anyone else that is struggling with their low mood

It was nice to have someone listen to me and make me feel like my worries are actual worries and didn't dismiss them
- Young Person

This course was a game changer for my family. It gave me the tools and support that my son and I needed at a critical time. Joshua was incredible and helped me gain the confidence to help my son with his anxiety and I continue to implement the strategies every day. The course, the book along with guidance from Joshua have been invaluable and has been such a good experience. It will continue to impact my family in a positive way going into the future.



*The Wellbeing
Problem of Our
Time*

The problem of mental health is real & serious

- YP (10-24 yrs) a **quarter** of the world's population
- **Mental ill-health** represents the number one threat to their health (**50%** before **15** and **75%** by **25**)
- Dropping **birth rate** and lengthening **lifespan**: A **perfect demographic storm**
- **Journey from childhood to “emerging adulthood”** is longer and accompanied by **increased** levels of **instability** and **risk**
- **Daunting** psychological, social and vocational tasks while negotiating changes in brain structure and **function**.

Adult Outcomes for Children and Young People Who Experienced Mental Health Problems

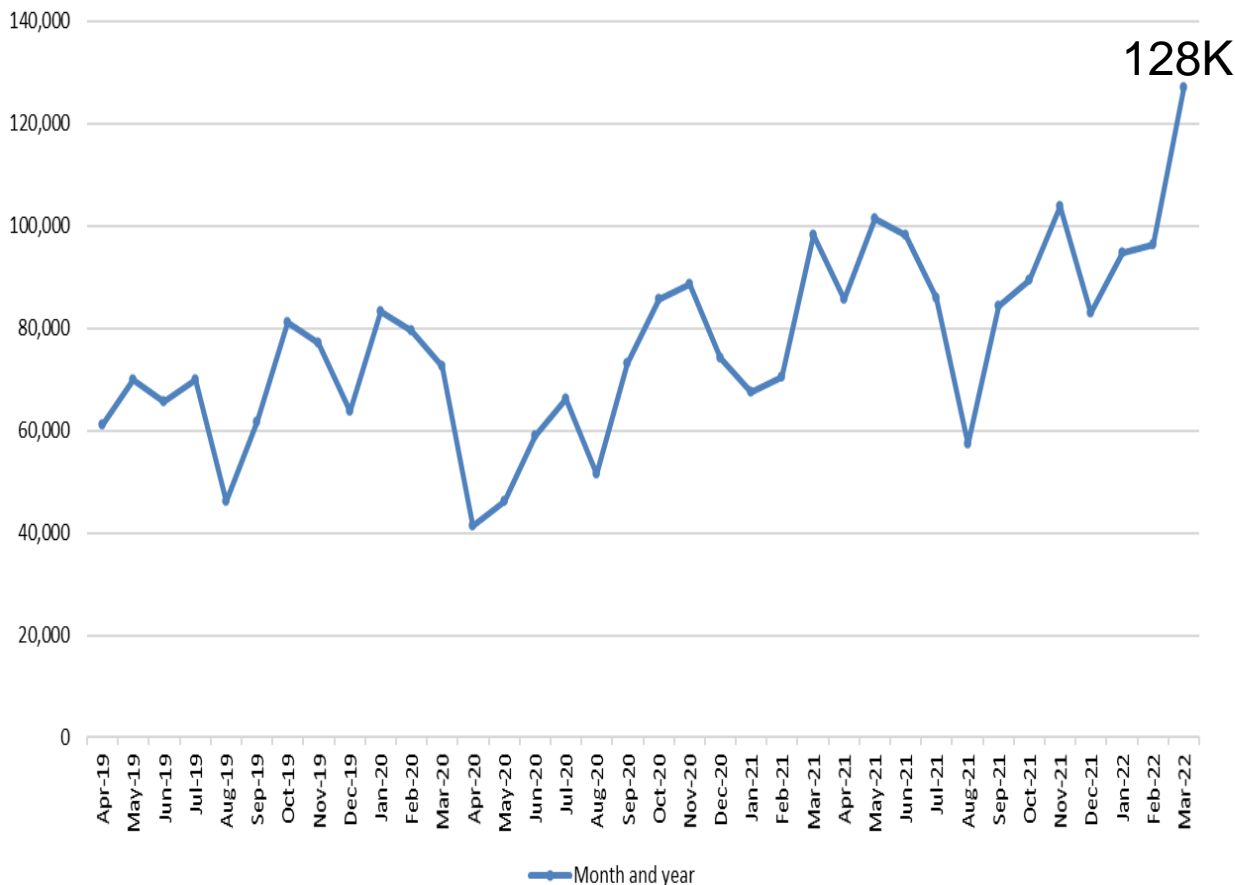


The prevalence of probable mental disorder

- 2017 to 2022 **56%** increase in probable prevalence in 6 to 16 year-olds **to 18.1%**
- 2017 to 2022 **154%** increase in probable prevalence in 17 to 19 year-olds **to 25.7%**
- An accelerating trend: **10%** ↑ in **13 years to 2017** then **50%** ↑ in **5 years to 2022**
- **Referrals** for CYP MH services at 124,000 per month, **up 60%** (138% ↑ in acute Eating Disorder) including **greater acuity (31% ↑ cases seen)** currently exceeding **historic levels** meaning a **widening treatment gap** (~70%)

Demand & Access to Services

New referrals under 18 years (MHSDS MHS32a)



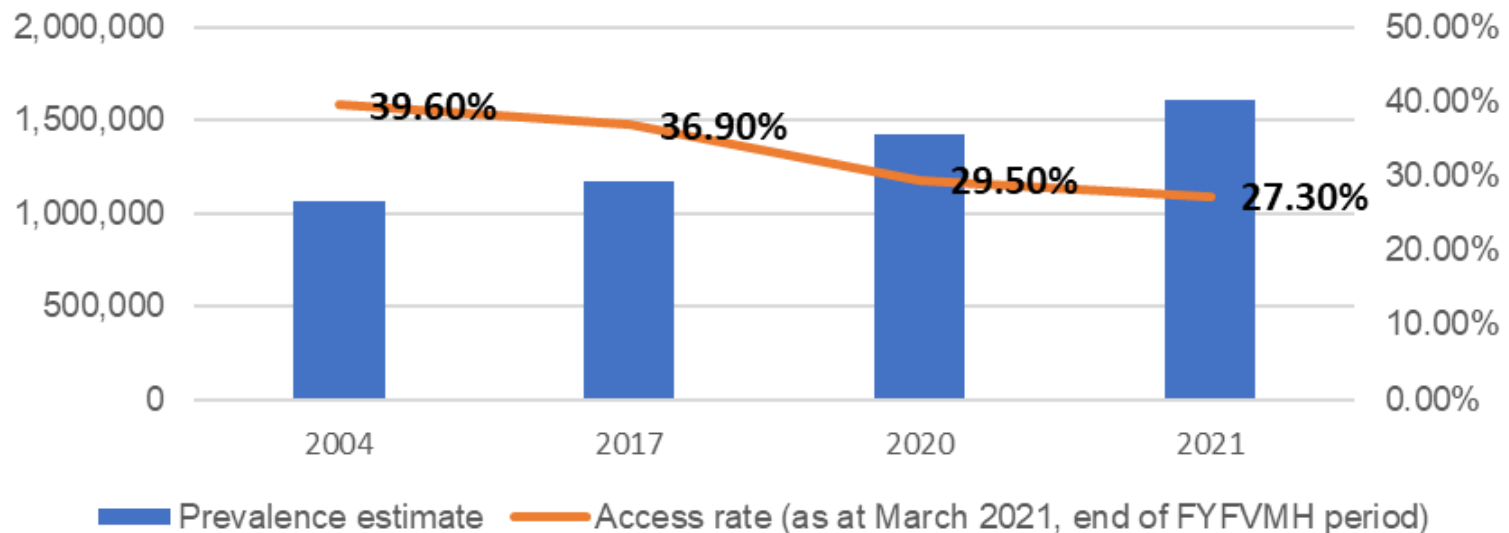
Referrals to CYP community mental health services are currently **exceeding historic levels** → **widening treatment gap**

The **percentage of children referred** was **6%** in 2021-22, up from **4%/yr** 2019-21: **↑ 50%**

Treatment gap: The number of CYP with mental ill-health and the number who access

Due to **historic underinvestment**, there is a significant 'treatment gap' Over **60%** of children and young people with **diagnosable mental health conditions do not** currently receive **NHS-funded support**

Comparison of prevalence estimate and access rate for NHS CYP Mental Health Services



This gap has been **widened** by increases in prevalence **since 2017**.

Some possible reasons for explosion

■ They had rotten time

- The pandemic involved significant **loss**, (friends, school, structure) stress and **uncertainty** → **MH** ↓

■ **Suppressed** demand (bigger things going on than their anxieties)

■ **Isolation** in pandemic (disruption to schools, families stressed) → ↑ ↑ **loneliness** → MH

■ More **dependent** on social media (Molly Russell)

Impact of school closure on MH (Viner et al., 2021)

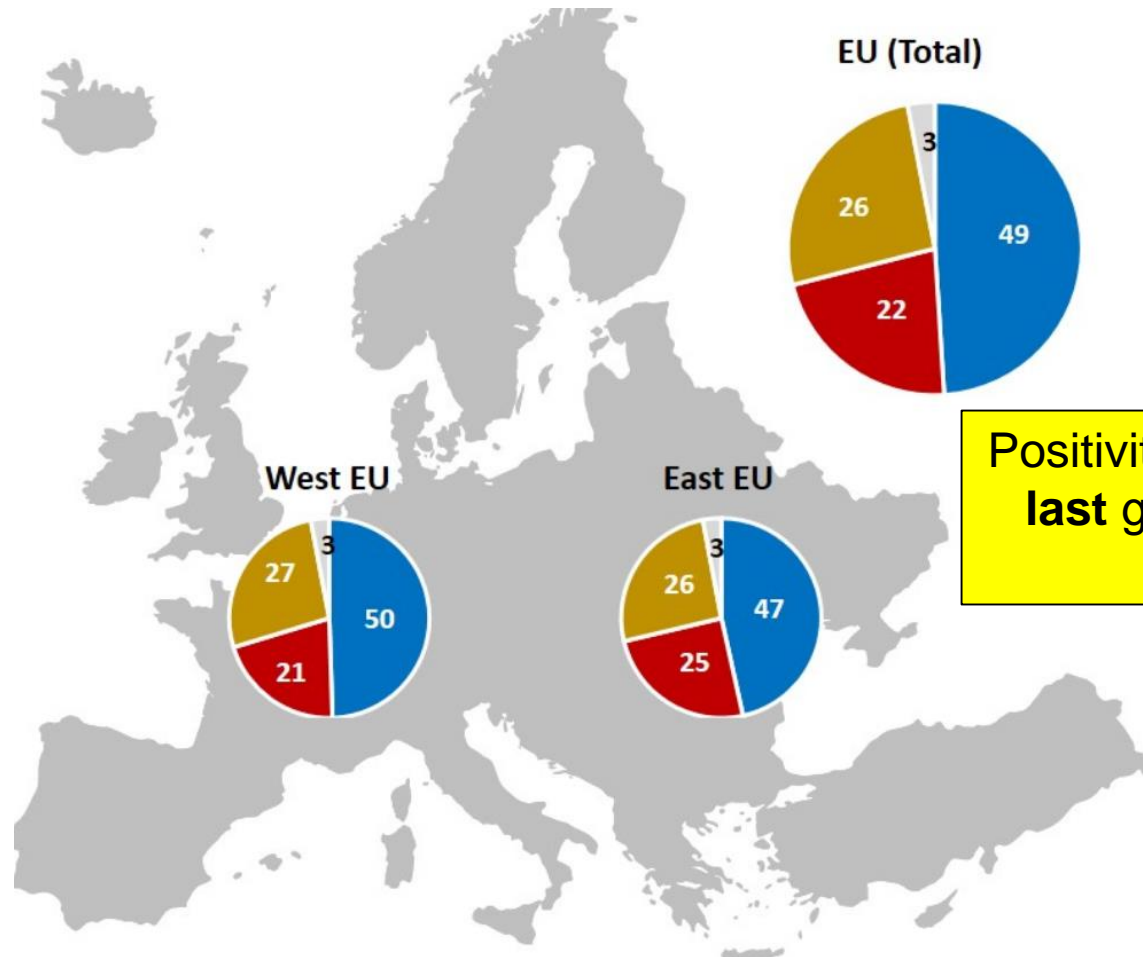
- Almost all of **72 studies** from **20 countries** (8 LMIC) **document harms** to CYP from school closure
- **27 studies** of **MH** from 11 countries
 - ↑ **emotional, behavioural** and restlessness/**inattention** problems
 - two studies reported **non-significant** rises in **suicide** rates.
 - **self-harm** and psychiatric **attendances** were markedly reduced (rise in unmet mental health need)
 - **child protection** referrals fell 27-39% (expected from schools).
- **19 studies** concerning **health service use**
 - marked **reductions** in emergency department (**ED**) presentations and **hospital admissions**,
 - marked rises in **screen-time** and **social media** use and reductions in **physical activity** however data on sleep and diet were inconclusive..
- School closures are associated with considerable **harms** to CYP health and wellbeing in the **short-term** and **longer-term** harms are likely to be **magnified**.

Some non-pandemic reasons for explosion

- Change of **methodology** 2017 vs 2021
- **Underlying increase** especially females 14-18 year old (related to **culture**)
- Young people today **cope with stress less well**
 - ↓ risk in parenting (e.g. through **less time for unsupervised play** or **helicopter parenting** styles)
 - reduced opportunities to become resilient
- **Culture of ‘safetyism’ → intolerance of disagreement** and **debate** has led to young people **lacking the psychological skills** to deal with these **disagreements**
- **Pessimism** about our **children’s future**: “Crisis of MH”

Gallup survey of 60 countries of 60,724 individuals

Do you feel that overall you have a better, a worse or roughly similar life to that of your parents?

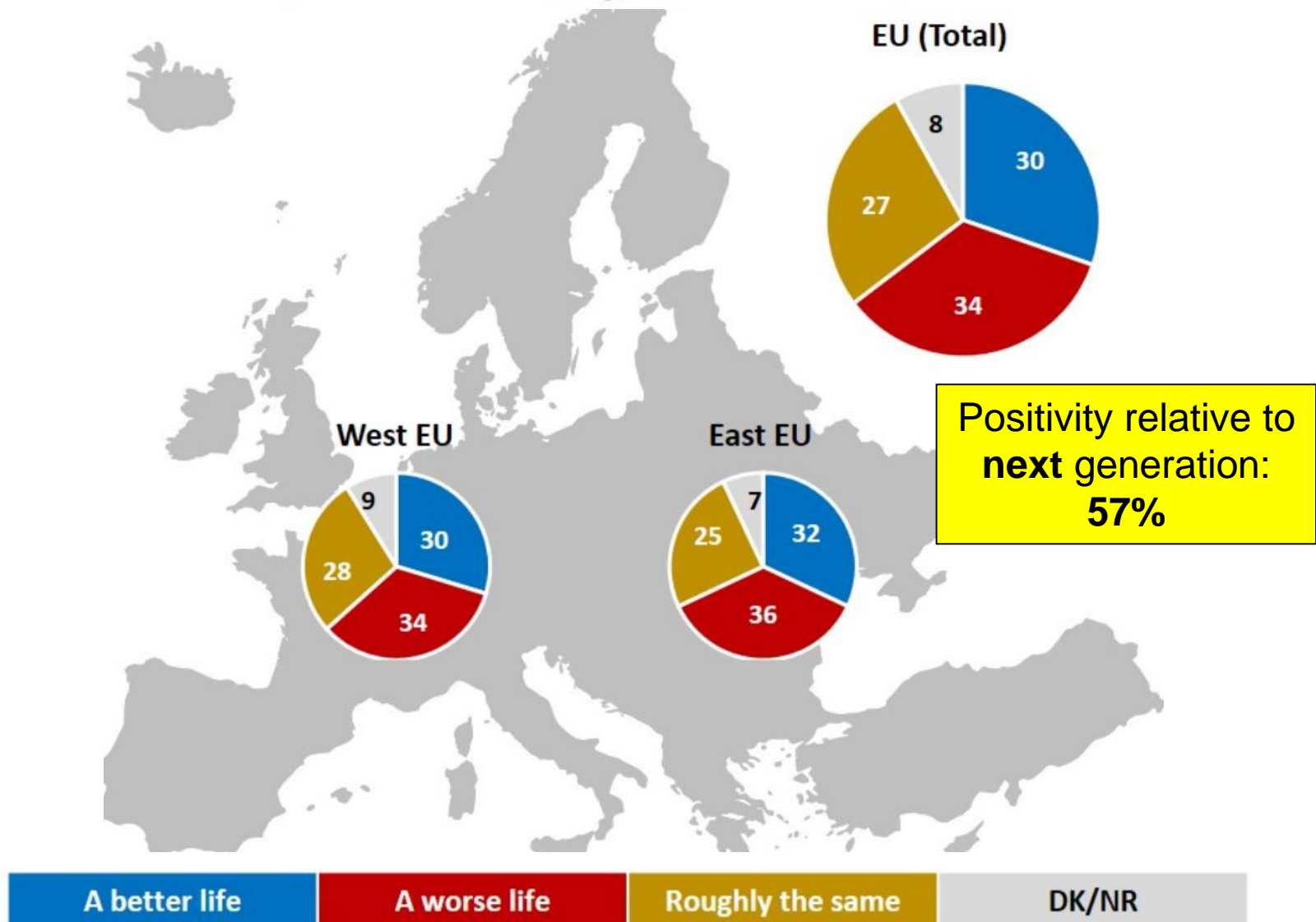


Positivity relative to **last** generation: **75%**



Gallup survey of 60 countries of 60,724 individuals

And do you think children today will have a better, worse or roughly the same life to you?



The risks of a 'crisis' narrative

- It **paralyzes** us
 - attention to **immensity** → concerned, saddened, overwhelmed
 - but **not** on **how** to **manage** → unable to act as too big → will not provide imaginative solutions
 - crises are everywhere → **crisis fatigue**
- Advances **damaging stereotypes**
 - YP as **troubled teens** (10 and 25) → **inevitably** dangerous (helplessness)
 - **unbalanced negativity** (suicide rates and violent behaviour issues) → obscures focus on **supporting positive development** (access to enriching activities, address systemic racism, address causes of social inequity, robust school health services)
- Raises **awareness** which isn't enough and **can backfire**
 - **awareness** of what is considered insurmountable **in the absence of an explanation** isn't helpful → if we **understand** how things work, we can better **generate and evaluate solutions**
- Attention is on what is **already happening** rather than prevention.
 - Youth mental health **needs to be built not retroactively repaired**

How we (including CWP's) need to think about youth mental health

- Move from **persistent alerting** (depressing and disengaging) to offering an accurate and motivating sense of **what's possible**
 - Balancing statement of the problem with **actions to be taken** to create opportunities for **improving YP's lives and experiences**.
- They face **challenges** and therefore need
 - environments that allow them to **explore** their **identities**
 - **make a difference** in the world
 - establish close and **trusting relationships** with adults
- Start from understanding how **adolescent development** works
 - the kinds of **experiences they need** for development to enable educational and health systems to support their well-being
 - how **brain development** supports **social learning** helps → need for opportunities of **navigating complex and meaningful relationships** with peers and adults
- Information about what **facilitates** mental health and well-being (trusting relationships, agency, respect), not just **what threatens** it (trauma)

What the desirable clinical approach needs to be for CWP

- Formulating policy around YP **not as victims of circumstance** but as **active agents of change** with control, and power in their lives.
 - **Not just manage** their **stress** but **address the cause** of their stress
 - Describing **opportunities** that put them in **agentive** active **roles** with control
 - Young people's voices to **inform the policies** that affect them
 - YP need to **experience agency** to enjoy **mental health**
- We need a **new narrative around mental health** that is about
 - **balancing risk** and **opportunity**
 - is **about** mental **health** (literally) not just challenges to it
 - is about the role of **agency, curiosity, adaptation, resilience, and discovery** which drives development
 - is about **working collaboratively with YP** to **generate policies** to enable them to **live in places where they have opportunities** to engage with communities, take healthy risks, and have relationships with peers, and adults
 - is about the **support** that all young people need, but **only some receive**
- YP don't need to be our next crisis—but they do need us to do better for them and this includes **changing our story about their mental health**

THANK YOU FOR TRUSTING ME ENOUGH TO LISTEN

- For the slides e-mail me:
- **P.Fonagy@UCL.AC.UK**