

6. CHILDREN AND YOUNG PEOPLE

6.14 Mental health and wellbeing in children and young people

This section presents information about the mental health and emotional wellbeing of children and young people with a focus on those aged 5-18 years. Information for those aged 0-5 years is in JSNA section 6.9, Early Years. The term mental ill-health generally relates to diagnosable conditions such as depression or eating disorders, while the terms mental and emotional well-being are usually applied more broadly to describe how young people feel about themselves and their lives.

6.14.1 The importance of mental health and wellbeing in children and young people

Mental health and wellbeing is a fundamental part of young people's general wellbeing, and is closely bound up with their physical health, their life experience and life chances. Mental health problems not only cause distress, but can be associated with significant problems in other aspects of life. It is estimated that half of all lifetime cases of psychiatric disorders start by age 14 and three quarters start by age 24¹. Other estimates suggest most of these problems start before the age of 18².

Mental health problems have important implications for every aspect of young people's lives including their ability to engage with education, make and keep friends, engage in constructive family relationships and find their own way in the world. Identification, treatment and support for young people with mental health problems are all important parts of the services which are needed for this age group. Mental health problems are also a major contributor to the global burden of disease³ and untreated problems are likely to be very expensive for health services as young people grow into adulthood⁴.

The B-CAMHS surveys of mental health of children and adolescents show all forms of mental disorder are associated with an increased risk of disruption to education and school absence⁵. Research on the longer-term consequences of mental health problems in childhood and adolescence has found associations with poorer educational attainment and poorer employment prospects, including the probability of 'not being in education, employment or training' (NEET)^{6 7}.

6.14.2 Information on mental health and wellbeing in Buckinghamshire children

6.14.2.1. Hospital admissions

In 2013/14 55 children and young people in Buckinghamshire under the age of 18 were admitted to hospital for a mental health condition, a rate of 46.7/100,000

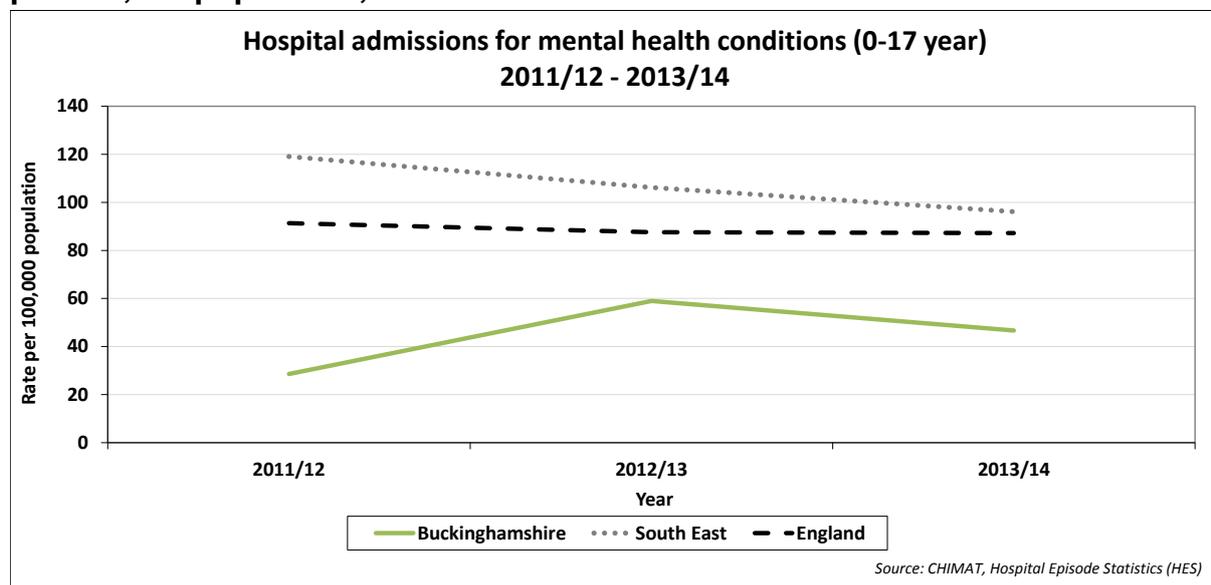
population. Rates fluctuate from year to year due to small numbers, but rates in Buckinghamshire have remained below those in England and the South East over the last few years (table 1 and figure 1)

Table 1 Hospital admissions for mental health conditions, 0-17 year olds, rate per 100,000 population, 2011/12 - 2013/14

	2011/12	2012/13	2013/14
Buckinghamshire	28.6	59.0	46.7
South East	119.1	106.2	96.1
England	91.3	87.6	87.2

Source: CHIMAT, PHE, 2014

Figure 1 Hospital admissions for mental health conditions, 0-17 year olds, rate per 100,000 population, trend 2011/12 - 2013/14



Source: CHIMAT, PHE, 2014

6.14.2.2 Prevalence of mental health problems

There is limited information about the prevalence of mental health problems in children and young people in Buckinghamshire. The prevalence of mental health problems in children and adolescents was last surveyed nationally in 2004 and it is recognised that this needs to be updated. However these are the best data currently available, and have been used by CHIMAT to estimate the prevalence of a range of mental health problems in local areas⁸.

Prevalence estimates for mental health disorders in children aged 5 to 16 from the 2004 data use the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria – that is, the disorder causes distress to the child or has a considerable impact on the child’s day to day life. Prevalence varies by age and sex, with 11.4% of boys having experienced or currently experiencing a mental health

problem compared with 7.8% of girls, and 11.5% of children aged 11 to 16 years old experiencing mental health problems compared with 7.7% of 5 to 10 year olds. Using these rates, table 2 shows the estimated prevalence of mental health disorder by age group and sex in Buckinghamshire⁹. There are estimated to be over 6,200 children aged 5-16 with a mental health disorder, around 60% of whom are boys and 40% are girls. Note that the numbers in the age groups 5-10 years and 11-16 years do not add up to those in the 5-16 year age group as the rates are different within each age group.

Table 2 Estimated number of children aged 5-16 in Buckinghamshire who have mental health disorders, by age group and sex, 2014

Estimated number of children in Buckinghamshire with a mental health disorder								
All children			Boys			Girls		
5-10yrs	11-16yrs	5-16yrs	5-10yrs	11-16yrs	5-16yrs	5-10yrs	11-16yrs	5-16yrs
2570	3720	6285	1725	2140	3865	845	1580	2420

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics; Green, H. et al (2004).

The prevalence of mental health disorders has been further broken down by prevalence of conduct, emotional, hyperkinetic and less common disorders. Table 3 shows the estimated number of children with conduct, emotional, hyperkinetic and less common disorders in Buckinghamshire, by applying these prevalence rates. Note that the numbers in this table do not add up to the numbers in table 2 because some children have more than one disorder. The commonest conditions are conduct disorders, which are about twice as common in boys as in girls, and emotional disorders, which are about 30% more common among girls than boys. Around 85% of those with hyperkinetic disorders are boys.

Table 3 Estimated number of children aged 5-16 in Buckinghamshire who have conduct, emotional, hyperkinetic and less common disorders, by age group and sex, 2014

	All children		Boys		Girls	
	5-10yrs	11-16yrs	5-10yrs	11-16yrs	5-10yrs	11-16yrs
Conduct disorders	1660	2000	1210	1270	455	730
Emotional disorders	765	1700	345	730	420	975
Hyperkinetic disorders	555	475	465	385	95	90
Less common disorders	515	440	375	305	140	135

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics; Green, H. et al (2004).

A report from ONS on national measures of Children and Young People's wellbeing found that 1 in 8 children aged 10 to 15 nationally reported symptoms of mental ill-health in 2011 to 2012, as measured by a high or very high total difficulties score¹⁰.

There is limited evidence on trends in mental health disorders among children and young people, but a study of trends in conduct and emotional problems in young people found increases in conduct problems over the period 1974 to 1999¹¹ which affected both males and females in all social classes and all family types. The study also cited evidence for a rise in emotional problems, but mixed evidence in relation to rates of hyperactivity. A study in Scotland looking at self-reported psychological distress in 15 year olds in 1987, 1999 and 2006 found that the proportion of girls reporting problems increased from 18.8% to 44.1%, and of boys from 12.7% to 21.5%. The authors' view was that while endorsing such symptoms had become more acceptable over this time, this did not account for all of the increase¹². A review by the Mental Health Foundation reported that among teenagers, rates of depression and anxiety have increased by 70% in the past 25 years¹³.

6.14.2.3 Autistic Spectrum Disorders (ASD)

A study of 56,946 children in South East London estimated the prevalence of autism in children aged 9 to 10 years at 38.9 per 10,000 and that of other ASDs at 77.2 per 10,000, making the total prevalence of all ASDs 116.1 per 10,000¹⁴. A survey of autism-spectrum conditions using the Special Educational Needs (SEN) register alongside a survey of children aged 5 to 9 years in schools produced prevalence estimates of autism-spectrum conditions of 94 per 10,000 and 99 per 10,000 respectively¹⁵. The ratio of known to unknown cases is about 3:2. Taken together, a prevalence of 157 per 10,000 has been estimated, including previously undiagnosed cases.

Table 4 shows the estimated numbers of children with autistic spectrum disorders if these prevalence rates were applied to the population of Buckinghamshire.

Table 4 Estimated number of children in Buckinghamshire with autistic spectrum disorders, 2014

Autism in children 9-10yrs*	Other ASDs in children 9-10yrs*	Total ASDs, children aged 9-10yrs*	Autism spectrum conditions, children 5-9yrs #
55	105	155	535

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).

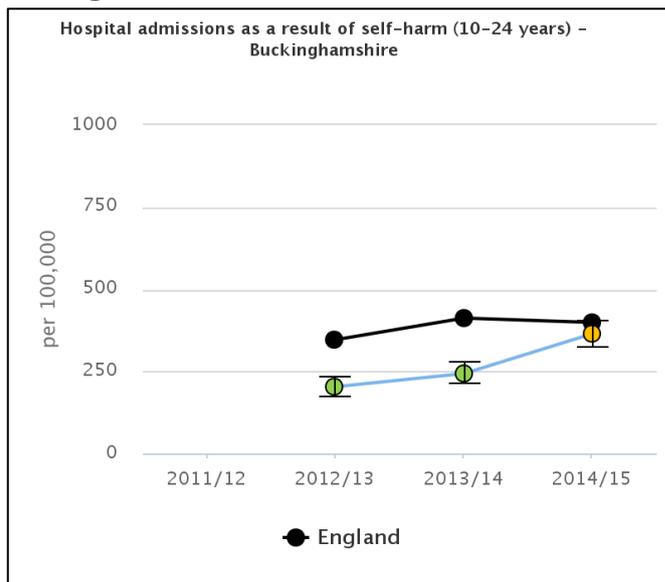
*Baird et al (2006), #Baron-Cohen et al (2009).

6.14.2.4 Self-harm

The majority of people who self-harm (usually through deliberate cutting or scratching) are aged between 11 and 25¹⁶. However, self-harm is a very private behaviour and a sensitive topic, which means that there is a shortage of reliable information unless young people present at accident and emergency or other services¹⁷.

In Buckinghamshire in 2014/15, there were 325 hospital admissions for young people aged 10-24 related to self-harm with a rate of 364.8 per 100,000 population, similar to the national average (398.8/100,000)¹⁸ (figure 2 and table 5). There was a marked increase in the number and rate young people aged 10 to 24 years in Buckinghamshire who were admitted to hospital as a result of self-harm over the 3 years 2012/13 to 2014/15.

Figure 2 Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years), Buckinghamshire and England, 2012/13 – 2014/15



Source: PHE, Child Health Profiles

Table 5 Young people aged 10 to 24 years admitted to hospital as a result of self-harm, Buckinghamshire South East and England, 2012/13 – 2014/15

	Buckinghamshire (number)	Buckinghamshire (rate*) (95% CI)	South East (rate*)	England (rate*)
2012/13	181	203.1 (174.3-235.2)	350.6	346.3
2013/14	220	243.2 (211.9-277.8)	422.6	412.1
2014/15	325	364.8 (325.9-407.8)	414.9	398.8

*Rate per 100,000 aged 10-24 years
Source: PHE, Child Health Profiles

National data show that the number of hospital admissions among 11-24 year olds due to deliberate self-harm is more than twice as high among females than males, and between 2001/02 and 2010/11 there was an increase of around 43% among 11-18 year olds, from around 11,600 admissions in 2001/02 to 17,500 in 2010/11. Among 19-24 year olds the increase was even higher, around 87%, from 10,700 admissions in 2001/02 to around 20,000 in 2010/11¹⁹.

6.14.2.5 Eating Disorders

The onset of eating disorders typically occurs in adolescence or young adulthood²⁰ and they are a serious cause of mental ill-health in this age group. It is estimated that about 1 in 250 females and 1 in 2000 males will experience anorexia nervosa in their lifetime, and about five times that number will suffer from bulimia nervosa.

Table 6 shows the number of hospital admission episodes among Buckinghamshire patients aged under 19 with eating disorders. This has remained around 40 per year from 2012/13 to 2014/15. The community CAMHS service received between 76 and 100 referrals annually over the last 3 years with an ICD10 code of F50.* (which includes eating disorders but also some other conditions). Of these patients 87% were female and 13% were male.

Table 6 Number of in-patient episodes for Eating Disorders (ICD10 F50.0-50.9 in any diagnosis field), Buckinghamshire GP registered patients aged <19, 2012/13-2014/15

Age	2012/13	2013/14	2014/15	Total 2012/13 – 2014/15
<19	41	44	40	125

Source: SUS APC

6.14.2.6 Emotional wellbeing

National data

Table 7 shows data collated from The Children's Society Household Panel Survey (10-15 year olds) and Annual Population Survey (16-24 year olds) both published by the Office for National Statistics in 2015. For 10 to 15 year olds, this includes self-reported data on the personal wellbeing measures²¹ for levels of life-satisfaction, happiness and feeling life is worthwhile. For 16 to 24 year olds, self-reported data includes personal wellbeing measures for levels of life-satisfaction, happiness, feeling life is worthwhile and anxiety.

Around three-quarters of children aged 10 to 15 rated their happiness as high or very high, and four-fifths rated their life satisfaction as high or very high in 2014/15. For young people aged 16 to 24 years self-rated levels of life satisfaction and feeling their life was worthwhile were slightly higher, and levels of happiness were slightly lower. However approximately two thirds of 16-24 year olds reported experiencing high or very high anxiety.

Table 7 Proportion of children and young people reporting high or very high levels of life satisfaction, happiness, and feeling their life is worthwhile, and high or very high levels of anxiety, UK 2012/13-2014/15

	2012-13		2013-14		2014-15	
	10-15 yrs	16-24 yrs	10-15 yrs	16-24 yrs	10-15 yrs	16-24 yrs
Life satisfaction	77.5	80.5	78.1	81.3	80.3	82.9
Worthwhile	72.4	78.7	75.5	79.1	76.8	81.4
Happiness	73.2	71.9	74.1	73.6	76.1	73.3
Anxiety		64.4		65.8		66.2

Source: The Child Society Household Panel Survey and Annual population survey (APS) - Office for National Statistics 2015

The ONS reported that 1 in 8 (12.0%) children aged 10 to 15 years in the UK suffered bullying in 2011-12. ONS also reported that bullying was related to significant short and long-term adverse outcomes, and that children who have been bullied are more likely to have low personal well-being²².

Buckinghamshire data

The CYP Voice survey was carried out in Buckinghamshire in 2015 and included 1,168 children aged 7-11 years and 774 young people aged 11-19 years. Table 8 shows that 89% of primary school children said they felt happy or very happy with their life, while 24% were unhappy about what may happen in the future and 18% were unhappy with their appearance. The proportion of secondary school pupils

feeling happy was lower, and the proportion feeling unhappy about the future or their appearance was higher.

Table 8 Findings of the CYP Voice survey among primary and secondary school children, Buckinghamshire 2015

	Primary school (n=1,168)	Secondary school (n=774)
Happy or very happy with their life as a whole	89%	76%
Unhappy about what may happen in the future	24%	38%
Unhappy with their appearance	18%	37%

Source: CYP voice survey, Buckinghamshire 2015

The Lancaster Model survey (TLM) undertaken by the school nursing service in Buckinghamshire schools in 2014/15 showed that overall self-reported emotional health and wellbeing of children and young people across all ages (reception, year 6 and year 9) is good. 92.3% of reception children and 87.2% of year 6 children said they did not have any worries or concerns about their emotional health and 79.8% of young people in year 9 usually felt cheerful and happy.

6.14.3 Mental health and wellbeing in different population groups

Any child can experience mental health problems, but those who have one or more of the following risk factors are at greater risk: ²⁴

- **Family and parental factors:** from low-income households, or families where parents are unemployed, have low educational attainment or a mental health problem;
- **Vulnerable groups:** those who are looked after by the Local Authority, in the criminal justice system, or misusing substances; children and young people who are being abused, are refugees or asylum seekers, or with disabilities (including learning disability);
- **Personal characteristics:** those who are lesbian, gay, bisexual or transgender (LGBT), from Black and other Minority Ethnic groups, or in gypsy and traveller communities.

While children and young people in these groups may be at higher risk, this does not mean that as individuals they are all equally vulnerable to mental health problems. A range of protective factors in the individual, in the family and in the community influence whether or not a child or young person will experience problems or will be significantly affected by them. Consistent support from an adult whom they trust is particularly strong protective factor.

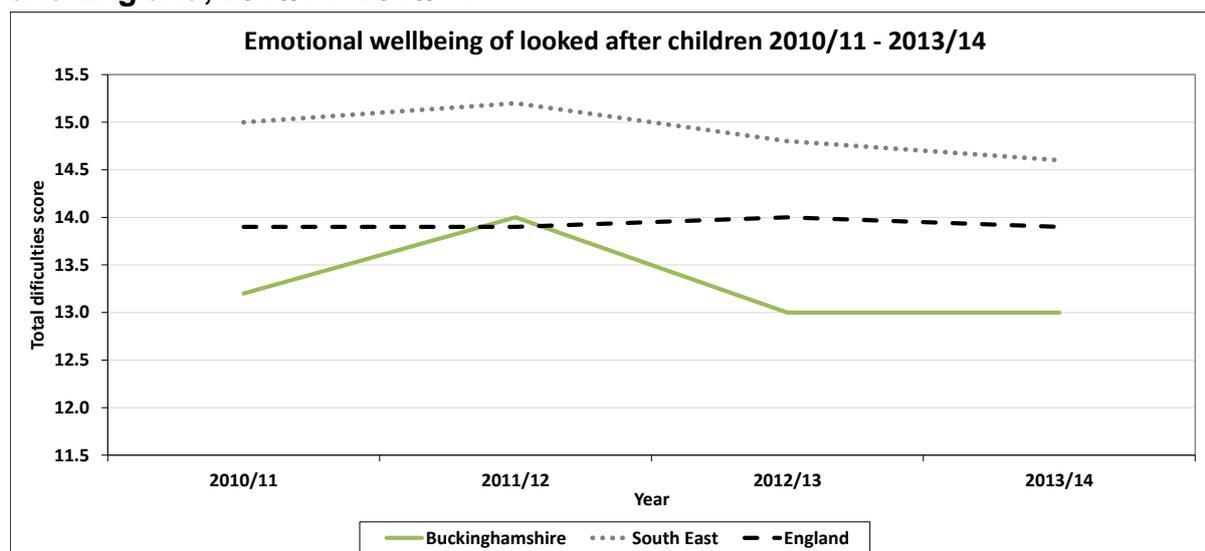
6.14.3.1 Looked after children

Looked after children (LAC) have been found to have four to five times higher rates of mental health disorders than those in private households, depending on age²³. Applying this prevalence rate to Buckinghamshire LAC data as at 31/7/12, this equates to about 130 LAC in Buckinghamshire who might have a mental health problem²⁴. In 2009/10, LAC accounted for 8% of the CAMHS workload (83 out of 998 children seen during the sample period)²⁵.

The Strengths and Difficulties Questionnaire (SDQ) is completed for all children aged between 4–16 years who have been in care for more than a year. The questionnaire produces a summary score in the range 0-40 for each child, a higher score indicating greater difficulties. A score of below 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is cause for concern. In 2013 the average score of LAC children in Buckinghamshire completing the SDQ was 12.93, but 26% scored 18 or above, which is considered to indicate a significant problem.

Figure 3 and table 9 show average SDQ scores for LAC aged 5-16 in Buckinghamshire, the South East and England over the last few years²⁶. The average score for LAC in Buckinghamshire has remained between 13-14, lower than the average scores for LAC in the South East and England, but at the higher end of the normal range. As indicated above, average scores can mask individual variations with some LAC having significant difficulties.

Figure 3 Average SDQ (Strengths and Difficulties) score for LAC aged 5-16 who have been in care for at least 12 months, Buckinghamshire, South East and England, 2010/11- 2013/14



Source: Public Health Outcomes Framework, PHE, Fingertips

Table 9 Average SDQ score for LAC aged 5-16 who have been in care for at least 12 months; Buckinghamshire, South East and England, 2010/11-2013/14

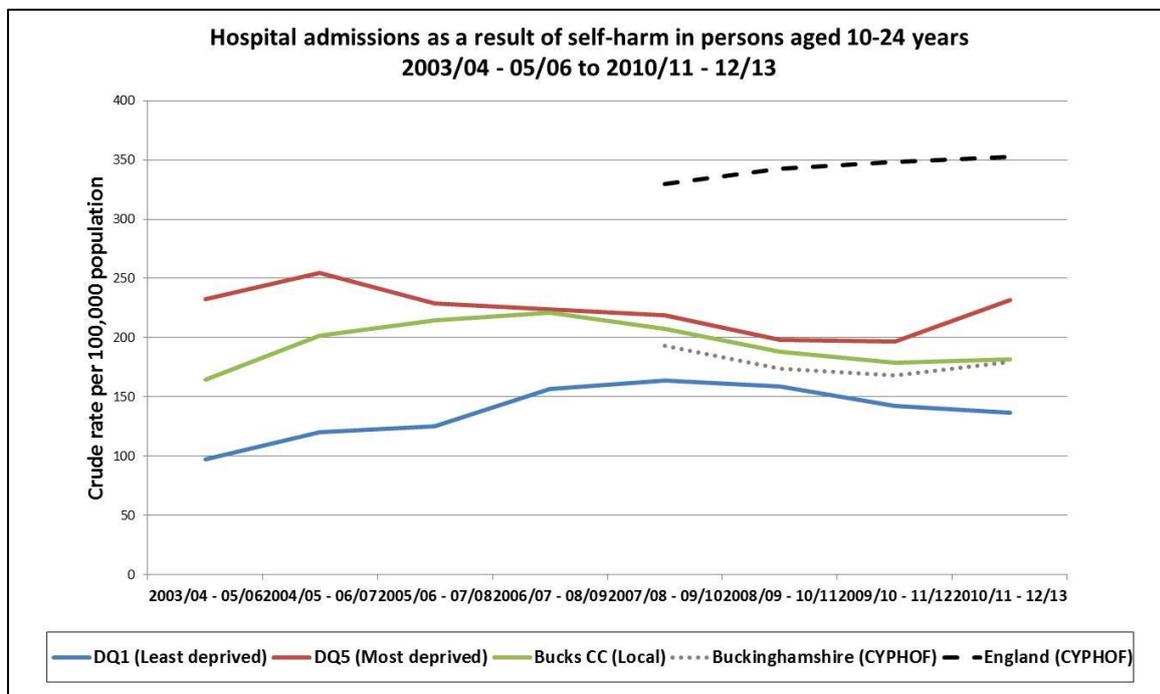
	Buckinghamshire	South East	England
2010/11	13.2	15.0	13.9
2011/12	14.0	15.2	13.9
2012/13	13.0	14.8	14.0
2013/14	13.0	14.6	13.9

Source: PHE, Children and Young People’s Benchmarking Tool

6.14.3.2 Deprivation

Figure 4 shows the rate of hospital admissions as a result of self-harm among 10-24 year olds in the most and least deprived areas of Buckinghamshire, compared to the Buckinghamshire average and England. The admission rate has been consistently higher in the most deprived areas (DQ5) compared to the least deprived (DQ1). Although the difference between areas has become less marked over the last 10 years, there was still a 41% higher admission rate in DQ5 (232 per 100,000 population) compared with DQ1 (137 per 100,000 population) over the three year period 2010/11 to 2012/13, which was a statistically significant difference.

Figure 4 Hospital admissions due to self-harm, rate per 100,000 population aged 10-24 years in Buckinghamshire by deprivation quintiles, 2003/04–2012/13

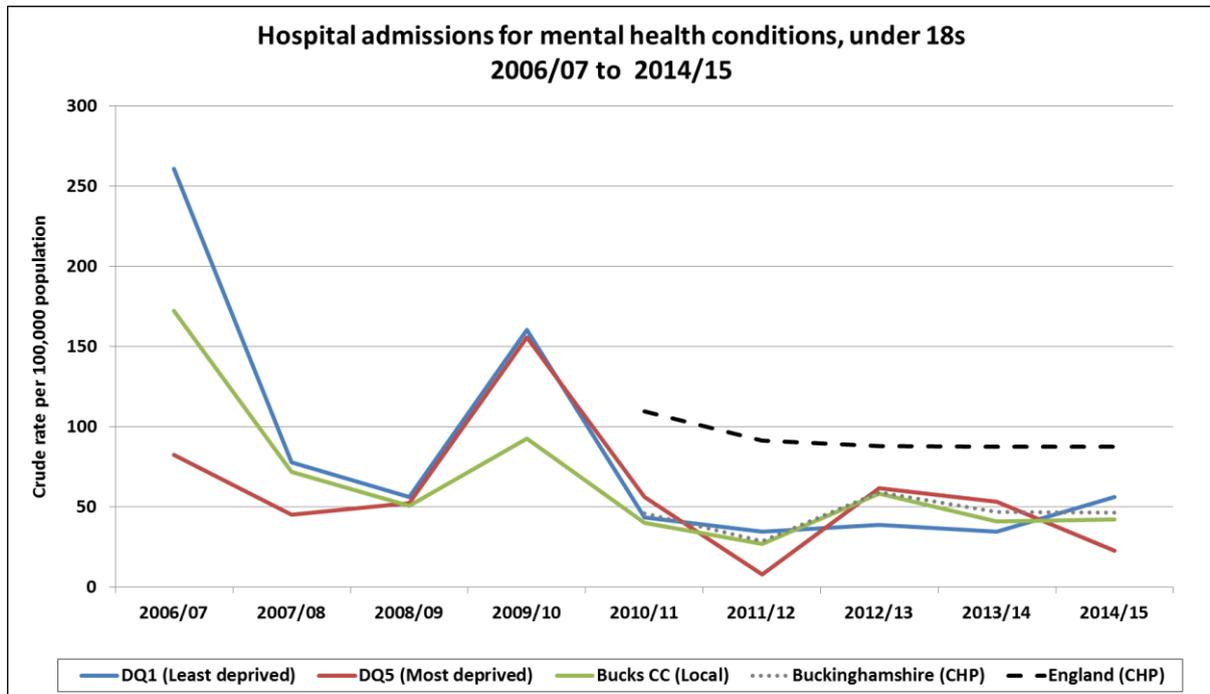


ICD 10: X Intentional self-harm (X60-X84)

Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS)

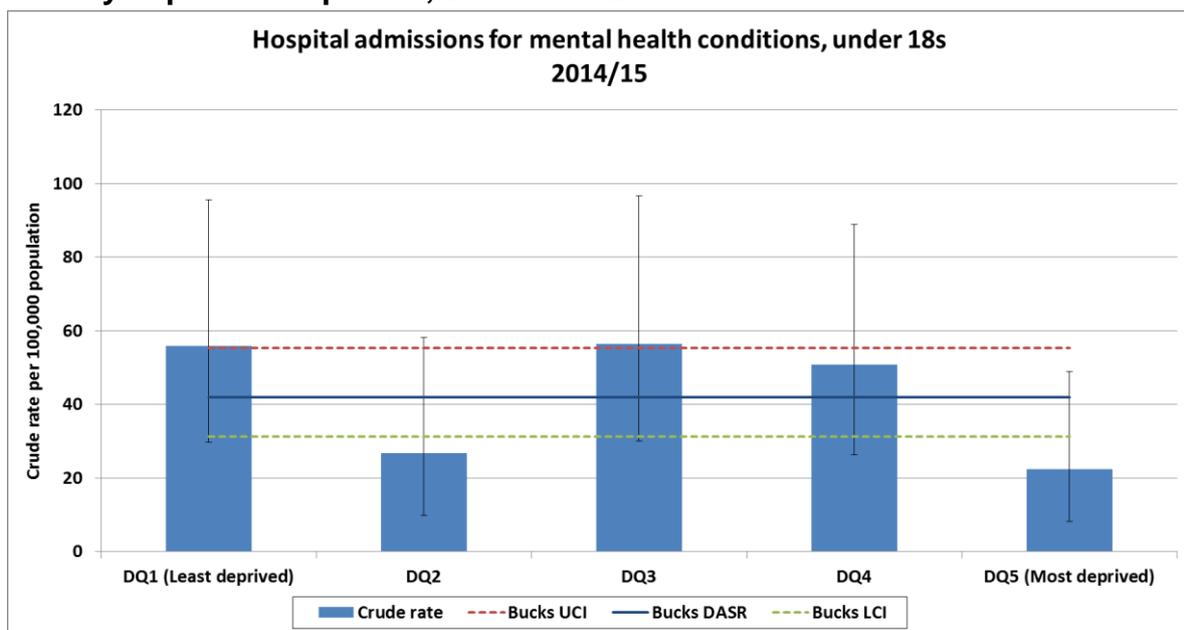
However, the hospital admission rate for mental health conditions in under 18 year olds is higher in the least deprived population quintile in Buckinghamshire than that in the most deprived quintile, although this is not a statistically significant difference (Figures 5 and 6).

Figure 5 Hospital admissions due to mental health conditions in under 18 year olds, Buckinghamshire’s most and least deprived quintiles, 2006/07 to 2014/15



Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS)

Figure 6 Hospital admissions due to mental health conditions in under 18 year olds by deprivation quintile, 2006/07 to 2014/15



SUS Admitted Patient Care (APC) Minimum Data Set (MDS)

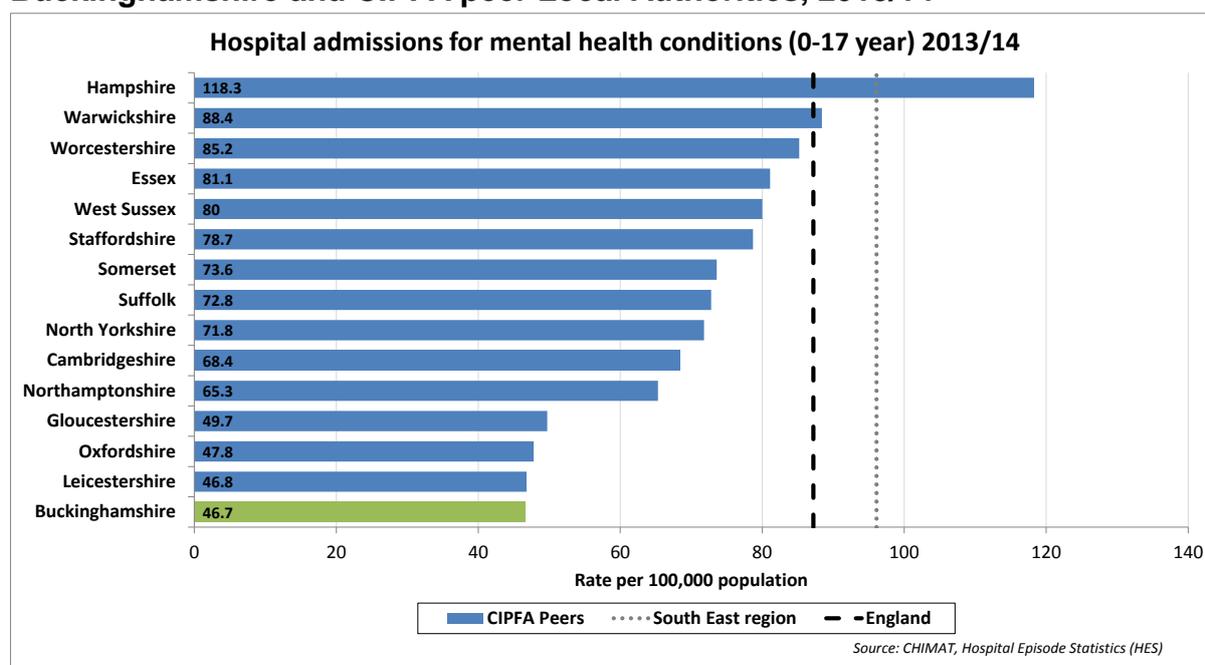
6.14.3.3 Gender

As shown above, there are clear gender differences in a number of mental health conditions in children and young people. Conduct disorders and hyperkinetic disorders are much more common in boys, and emotional disorders, eating disorders and self-harm are more common in girls.

6.14.4 Mental health and wellbeing in different geographical areas

The rate of hospital admissions for mental health conditions among 0-17 year olds was lower in Buckinghamshire than any of its group of 15 CIPFA comparator Local Authorities (figure 7) in 2013/14. The rate in Buckinghamshire was 54% of the national rate and less than half the South East average.

Figure 7 Hospital admission rate for mental health conditions, 0-17 year olds, Buckinghamshire and CIPFA peer Local Authorities, 2013/14



Source: CHIMAT, PHE, 2014

6.14.5 Demand

In the contract year 2014/15 the community CAMHS services in Buckinghamshire received 3,621 referrals, a rate of 2,794/100,000 population. The number of referrals decreased from the previous year by 5%. Work is underway to improve waiting times for clients to be seen, with 90% of assessments, or where appropriate consultations to be seen within 1 month of receipt of referral.

There is clear demand from the school age population in relation to mental health and emotional wellbeing and particularly concern around anxiety for older teenagers and young people. CAMHS link workers are available to schools in Buckinghamshire and it is anticipated that this alongside a modular training offer will enable a more integrated approach with a focus on mental health promotion and training as well as service care. There also need to be robust arrangements for transition from young people's services to adult services.

Increased awareness of mental health may lead to an increase in identification and therefore demand for services. The potential increased ASD demand also needs consideration in terms of service planning.

6.14.6 Horizon Scanning

A number of recent national reviews have highlighted gaps in many services for children and young people with mental health problems^{27,28}. Common concerns identified included the need to improve data, information and metrics on outcomes, low levels of investment, and difficulties in access to services experienced by many young people with rising demand and increasing waiting times. They also identified variable access to crisis, out of hours and liaison psychiatry for young people, and specific concerns for vulnerable groups.

'Future in Mind'²⁹, the recent joint review by DH and NHSE, emphasised the need for partnership working to improve mental health outcomes for children and young people, and identified priorities in 5 areas: prevention and early intervention, access to effective support, care for the most vulnerable, accountability and transparency, and workforce development and training.

Work to promote mental health, promote mental health services and to decrease stigma is an ongoing national agenda and is augmented at local level.

6.14.7 Conclusions

Mental health problems have important implications for every aspect of young people's lives, both currently and for their future. Mental health problems in childhood and adolescence are associated with adverse short and longer-term outcomes, including poorer educational attainment and poorer employment prospects, and mental health problems in adulthood.

The rate of hospital admissions due to mental health problems for children and young people is lower in Buckinghamshire than nationally or in comparable Local

Authority areas. There are limited local data on the prevalence of mental health problems but there are estimated to be over 6,000 children and young people aged 5-16 in Buckinghamshire with a mental health disorder. The commonest conditions are conduct disorders, which are more common among boys, and emotional disorders, which are more common among girls. There are estimated to be over 500 children aged 5-9 years in Buckinghamshire with autistic spectrum conditions. There is some evidence from national research that the prevalence of mental health problems in children and young people may be increasing. There is also evidence that self-harm is becoming more common and the rate of hospital admissions of young people in Buckinghamshire due to self-harm has increased markedly over the last few years.

National and local surveys of emotional wellbeing find that the large majority of children and young people report high levels of happiness and life satisfaction.

Some groups of children and young people are at greater risk of mental health problems, including children Looked After by the Local Authority, and those in more deprived areas who have a higher risk of hospital admissions due to self-harm.

There is a continuing need for all organisations to work in partnership to prevent mental health problems in children and young people, to intervene early when required, to provide prompt access to effective support, care for the most vulnerable, and to ensure sufficient capacity in a workforce which is supported and trained to provide care for these vulnerable children and young people.

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October 2016

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²⁸ 2014 health Select Committee report

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2010/cmh-2014/> (accessed 18/3/2016)

²⁹ Future in Mind (2015) <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people> (accessed 18/3/2016)