

CHOOSE – CHildren and yOung peOple pSychiatric diagnoses before and during the Covid-19 pandEmic

Introduction

Meet the team

University of Manchester

Darren Ashcroft
Matthew Carr
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Roger Webb

McPin Foundation

Emma Garavini
Thomas Kabir
Rachel Temple

Young People Advisory Group

8 members

Parents/Carers Advisory Group

5 members

Keele University

Carolyn Chew-Graham

University of Exeter

Lauren Asare
Emma Cockcroft
Georgia Jenkins



Stakeholder Group

15 members

Acknowledgements

We would like to thank:

- Our young people, parents and carers advisory group members, and our stakeholder group members, for all their contributions and support throughout this study.
- Our funders:
 - NIHR School for Primary Care Research
 - NIHR Greater Manchester Patient Safety Research Collaboration

CHOOSE: Study aims

- To investigate temporal trends in incidence of primary care-recorded psychiatric diagnoses, self-harm episodes, prescription of psychotropic medications, and referral to mental health services among children and young people aged 1-24 years in the UK before and during the COVID-19 pandemic.
- To come up with recommendations for GPs, other healthcare services, social services, schools and colleges so that they can better identify and support children and young people with mental health conditions.

Outcomes

| Outcomes | Age (in years) |
|--|----------------|
| Depression | 6-24 |
| Anxiety disorders | 6-24 |
| Eating disorders | 10-24 |
| ADHD | 1-24 |
| Autism spectrum disorder | 1-24 |
| Personality disorders | 16-24 |
| Substance misuse | 16-24 |
| | |
| Self-harm | 10-24 |
| Prescriptions for psychotropic medicines, e.g. for depression, anxiety, and ADHD | 6-24 |
| Referrals to further treatment (e.g. mental health services) | 10-24 |

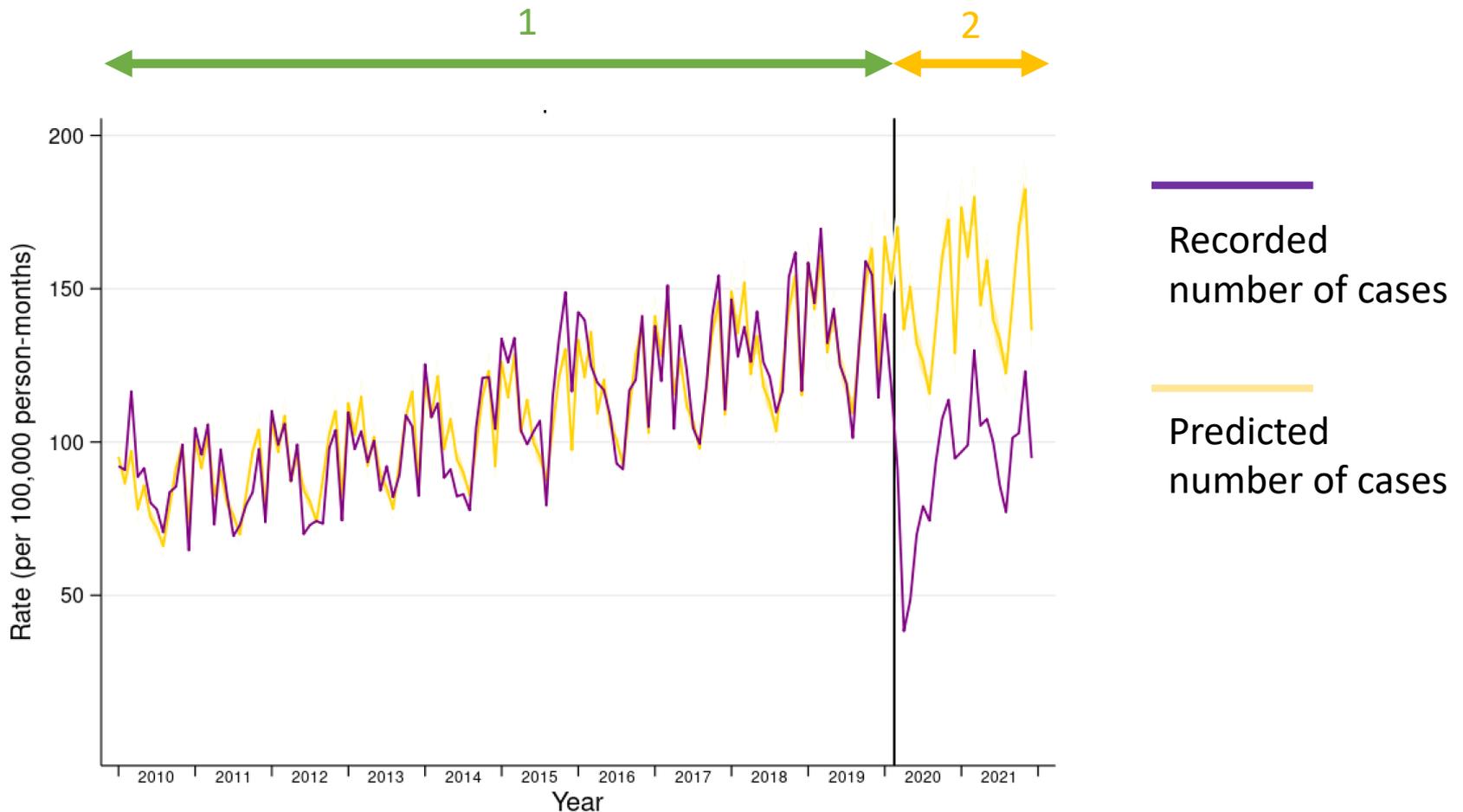
Methods

- Using data from the Clinical Practice Research Datalink (CPRD) – big database of anonymised electronic health records from GP practices in England, Northern Ireland, Scotland, and Wales.
- Involving members of our young people, parents and carers advisory group, and stakeholder group, to help us interpret the findings and to come up with recommendations

Methods

- Monthly incidence rates January 2010 through March 2022, i.e. approximately 10 years before the onset of the COVID-19 pandemic, to two years after the onset.
- Using negative binomial regression to predict incidence rates after the pandemic commenced in March 2020, based on antecedent trends.
- Percentage differences between observed and predicted rates after March 2020 - indication of potential influence of the COVID-19 pandemic.

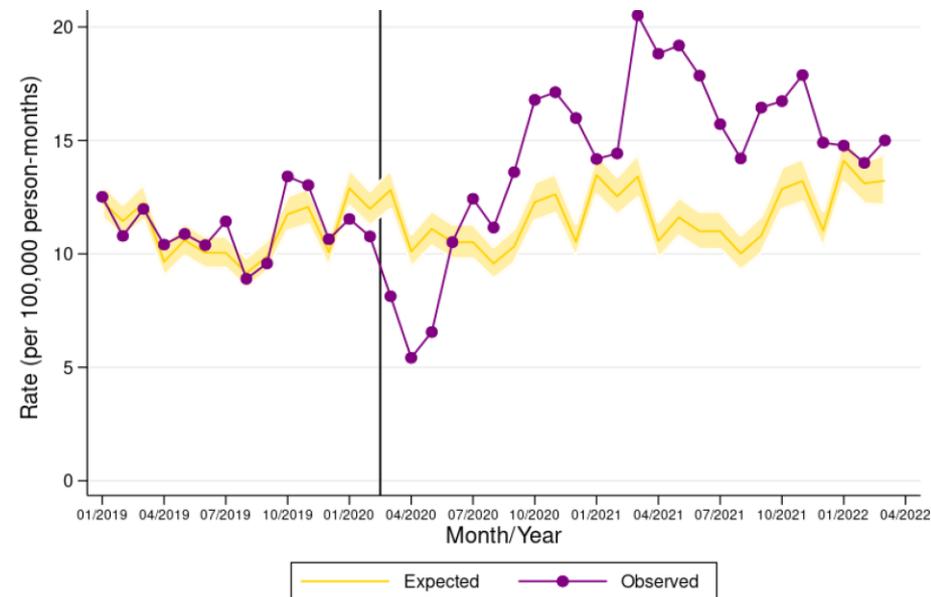
Methods



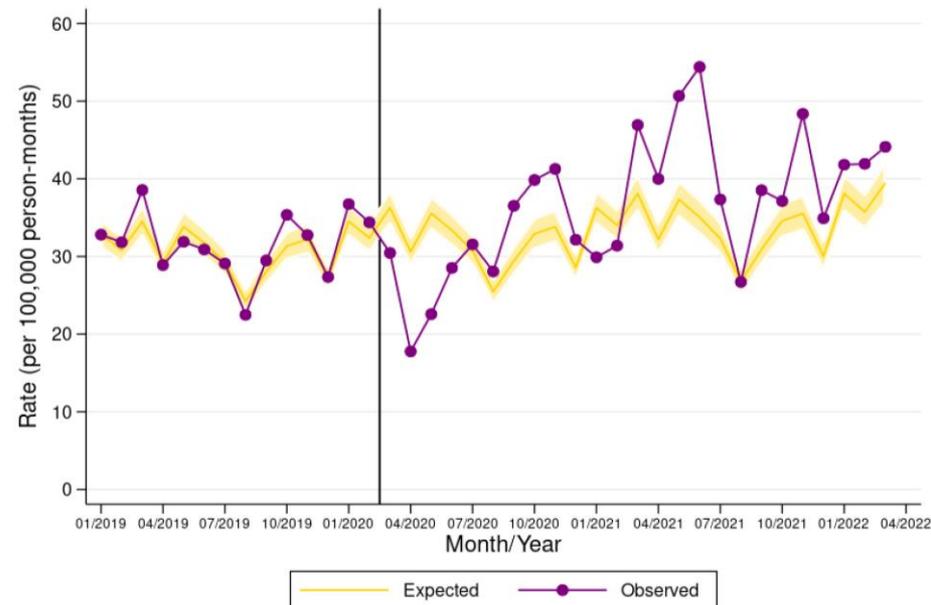
We counted the number of cases that were recorded in **period 1** (before the pandemic), and then predicted how many cases would be expected to occur in **period 2** (after the first lockdown).

Broad findings: diagnoses

However, for a small number of diagnoses, the number of records during the pandemic was beyond what we would expect to see



Eating disorders



Self-harm

In numbers...

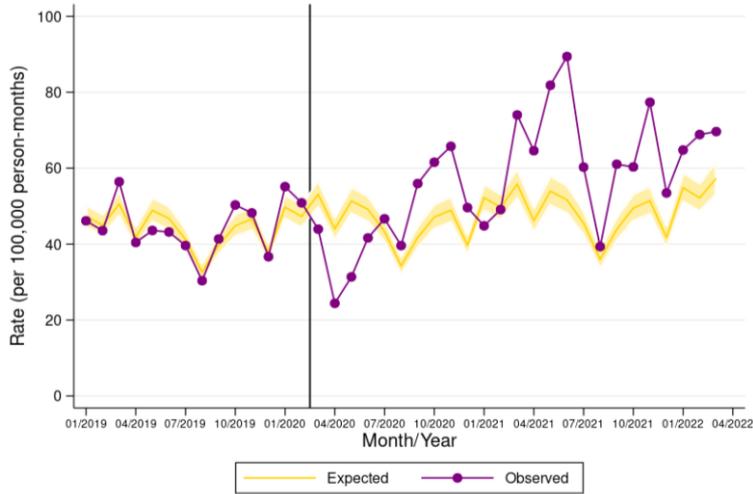
After the pandemic onset, there were:

24% more new eating disorder diagnoses than expected

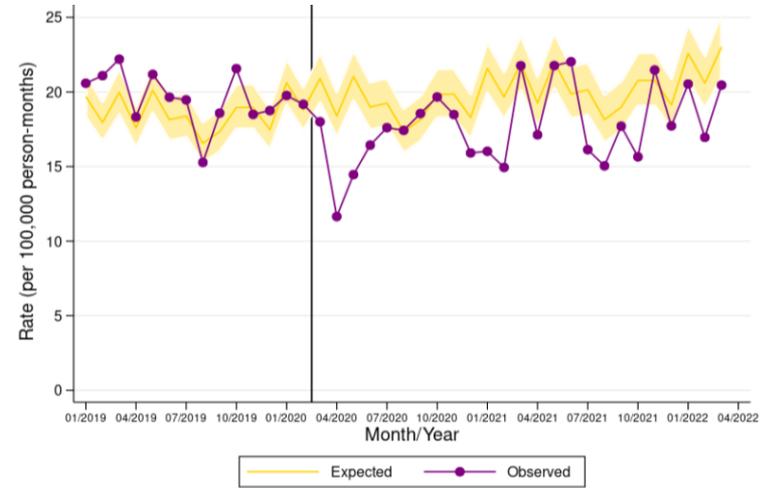
9% more new self-harm episodes than expected

Variation by sex

Self-harm

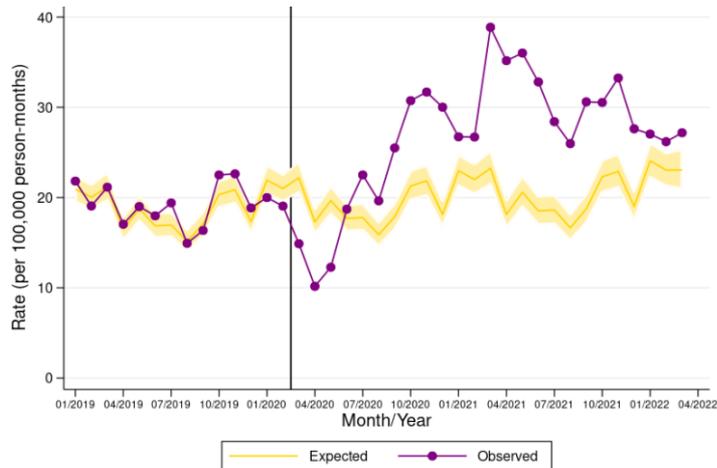


Female

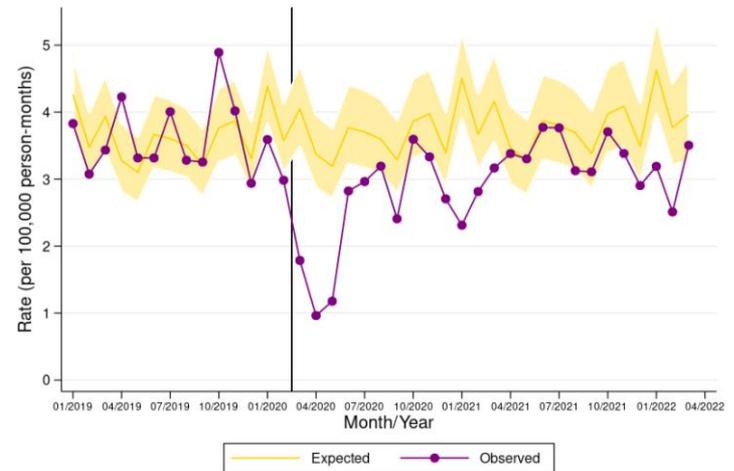


Male

Eating disorders



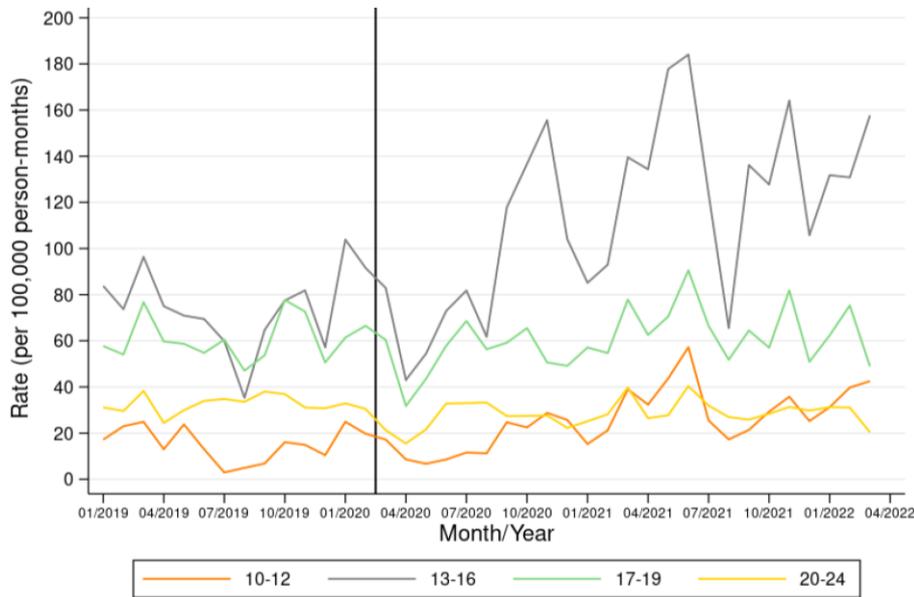
Female



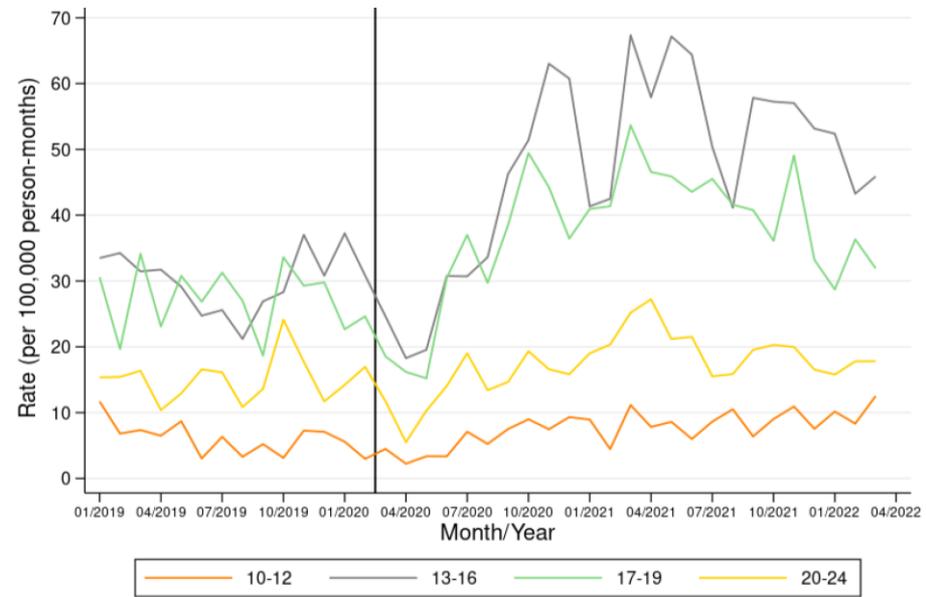
Male

Variation by age group

However, in diagnoses that have increased beyond expectation, differences have not remained consistent between age groups



Self-harm - Female



Eating disorders - Female

In numbers...

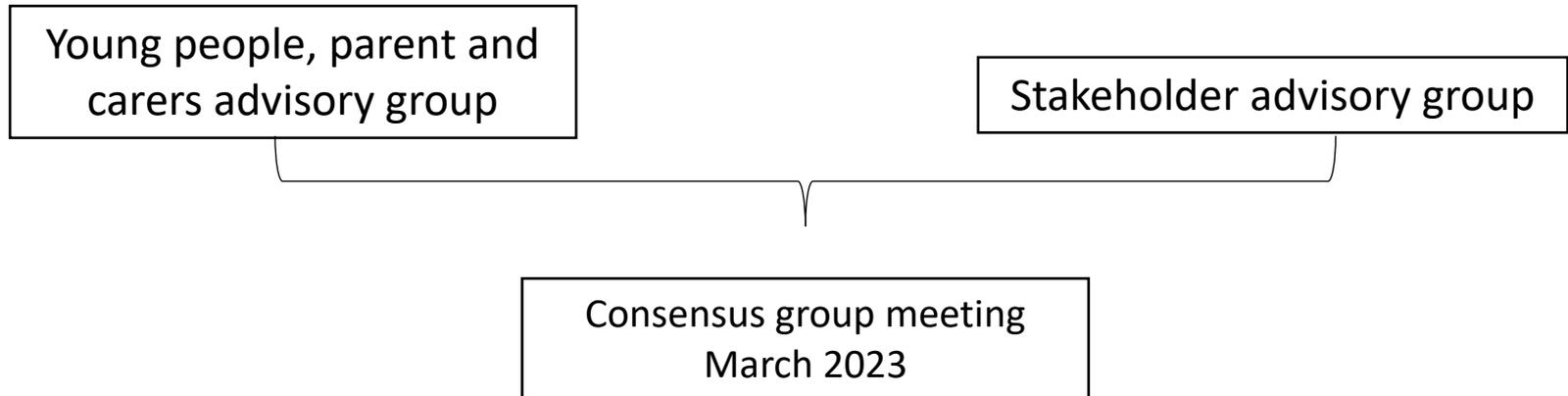
38% more new self-harm episodes than expected in females aged 13-16

42% more new eating disorder diagnoses than expected in females aged 13-16, 32% more in those aged 17-19

Key messages from CHOOSE – views of young people, parents, carers, and stakeholder groups



Involving stakeholders in CHOOSE



- What are the key messages?
- Who the key messages should be aimed at?

Key messages

#1: Children and young people did not consult primary care at the start of the pandemic

#2: Males were less likely to seek help as pandemic and associated restrictions progressed

#3: Increase in ED, SH and ADHD in females

#4 Diagnoses (SH and ED in females) greater in higher SES groups – “inverse care law”



#1: Children and young people did not consult primary care at the start of the pandemic

What our stakeholders suggested:

- May not have been have been distressed and not needing help?
- Difficulty accessing primary care?
- Sought and found other sources of support?

Unsurprising that few young people were consulting at start of lockdown,
but surprised that consultation rates have not yet recovered.

#2: Males were less likely to seek help as pandemic and associated restrictions progressed

What our stakeholders suggested:

- Males less likely to admit to symptoms / seek help
- Might males may have found restrictions protective/helpful?
- Does gaming protect – with social networking function?

Why did males consult less than females and why have consultation rates have not yet recovered?

#3: Increase in ED, SH and ADHD in females

What our stakeholders suggested:

- Possible increase in ED and SH in response to perceived need for control when COVID-19 restrictions took away control
- Role of diagnostic criteria for ADHD
- Social media emphasizing the importance of 'getting a diagnosis'

Responding to the increase in presentations is vital

#4 Diagnoses (SH and ED in females) greater in higher SES groups – “inverse care law”

What our stakeholders suggested:

- Increase in SES means higher health literacy and parents may be more likely to request referrals to specialist care
- Private referrals also likely to be higher when higher income allows

Another example of health inequalities

Who should key messages be aimed at?

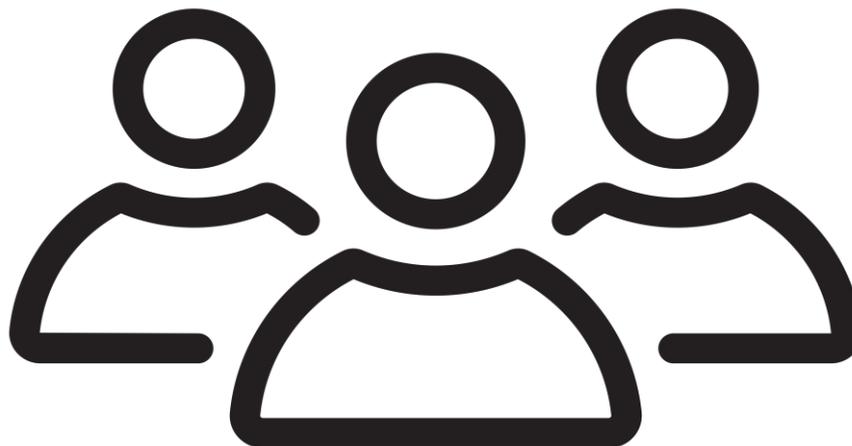
Policy makers (health and education)

Young people

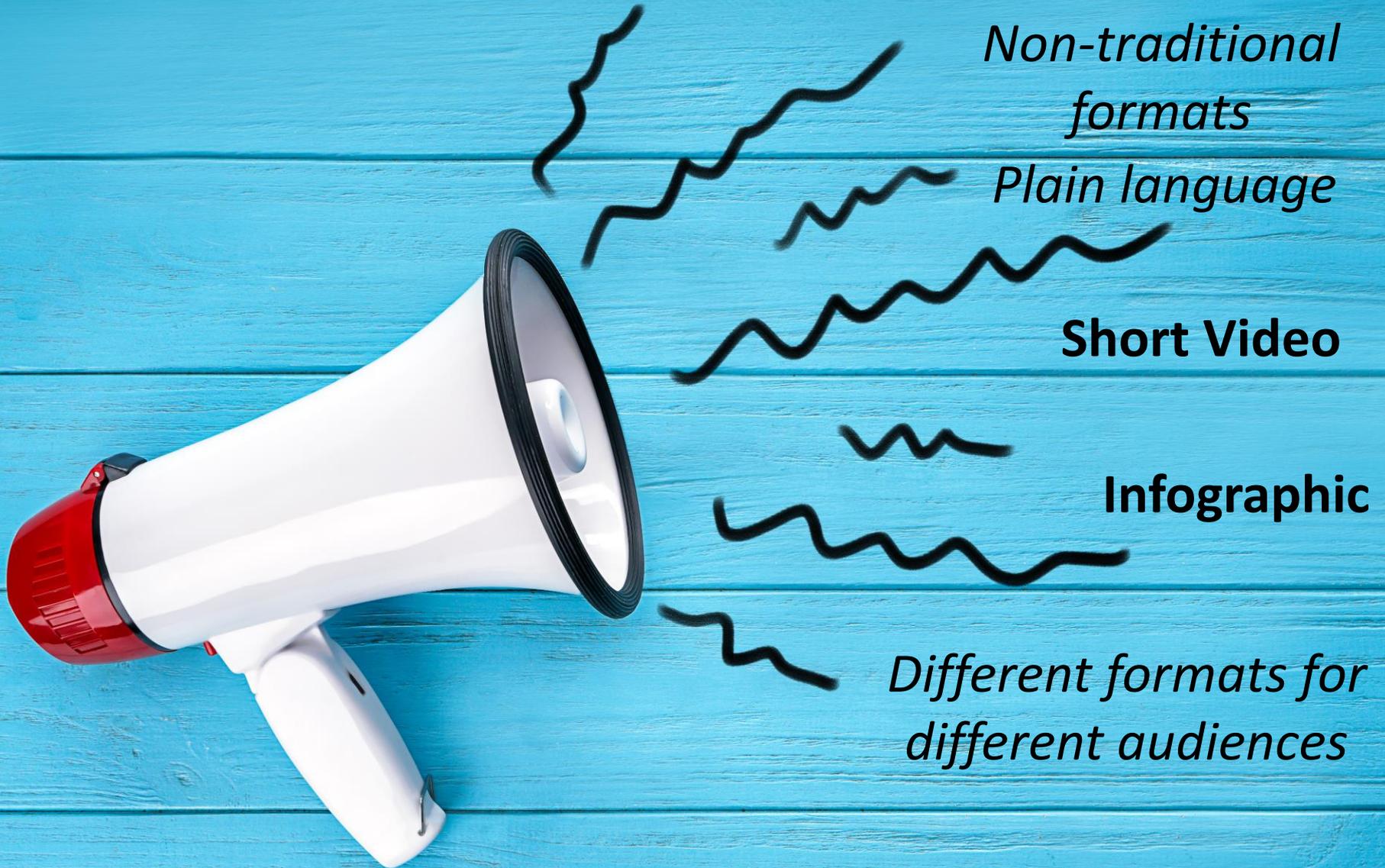
Department of Education

Health services (primary care)

Schools and Universities



How can we get our messages across?



THANK YOU





MENTAL HEALTH IN IRISH SCHOOLCHILDREN IN THE COVID ERA

RESULTS OF SURVEYS FROM
NORTH DUBLIN, CAVAN & MONAGHAN

PROF MARY CANNON

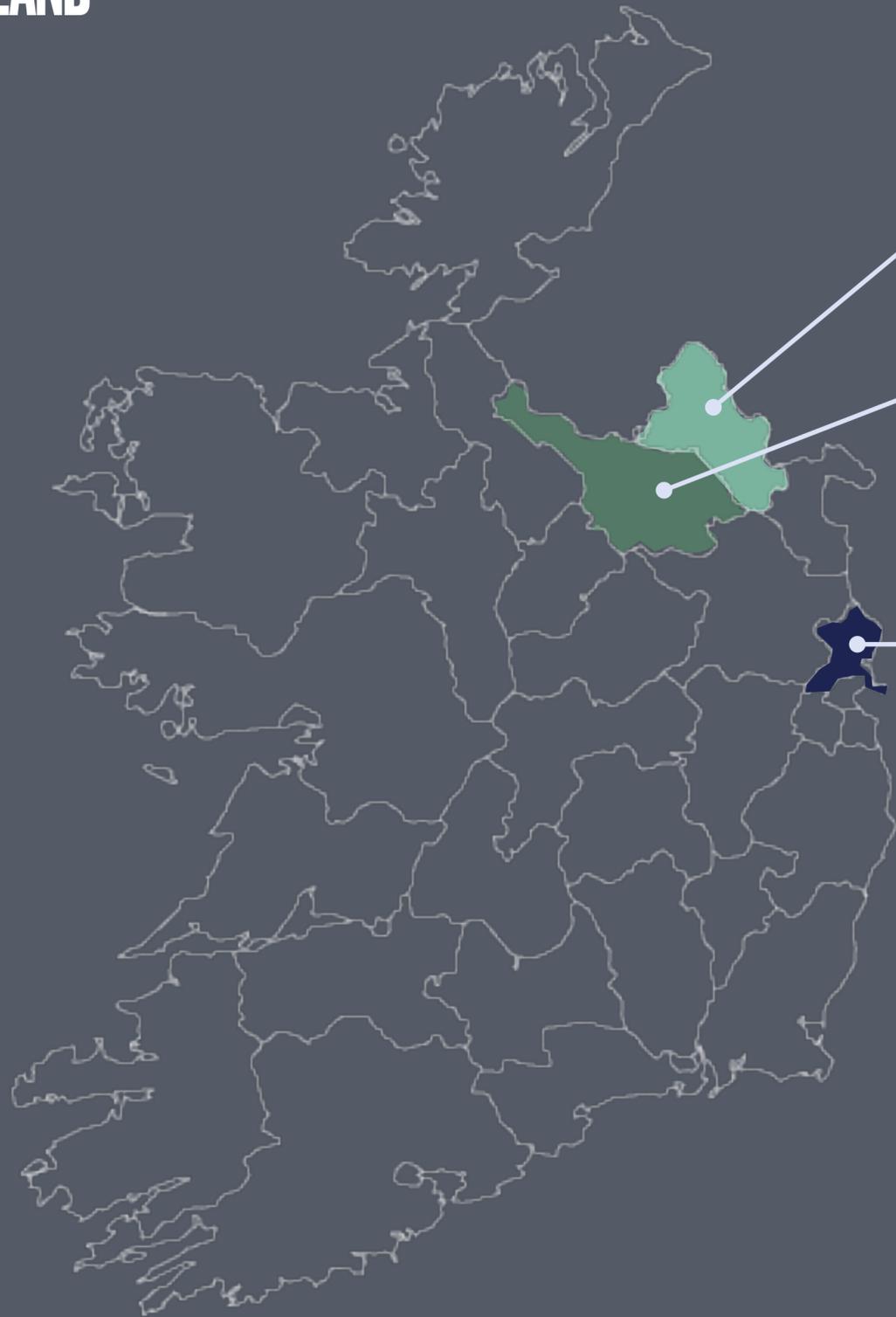
DR EMMET POWER

DR NIAMH DOOLEY



RCSI

UNIVERSITY
OF MEDICINE
AND HEALTH
SCIENCES



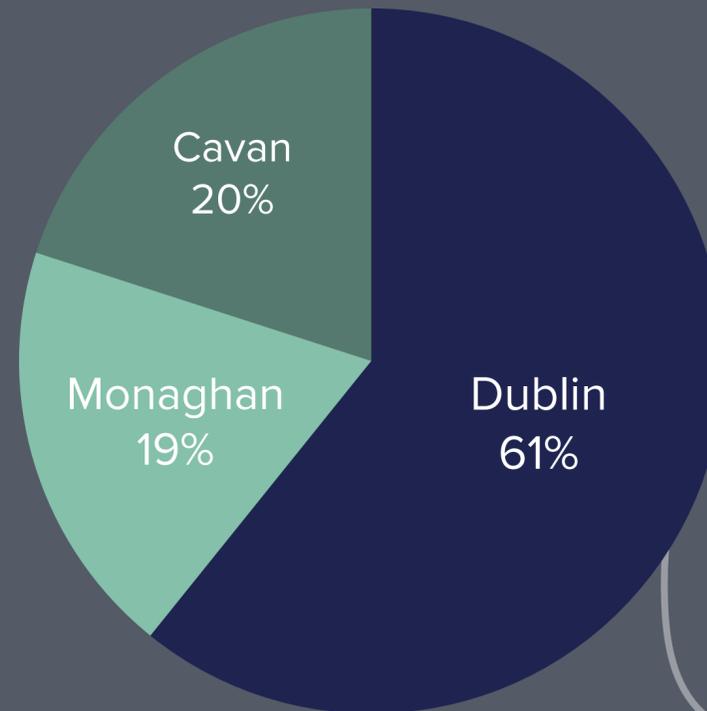
845 STUDENTS FROM 13 SCHOOLS
MONAGHAN TOWN, CARRICKMACROSS, CASTLEBLAYNEY,
CLONES, & BALLYBAY

882 STUDENTS FROM 12 SCHOOLS
CAVAN TOWN, VIRGINIA, BAILIEBOROUGH, BALLYJAMESDUFF,
BAWNBOY, BELTURBET, COOTEHILL & KINGSCOURT

2677 STUDENTS FROM 15 SCHOOLS
FINGAL COUNTY

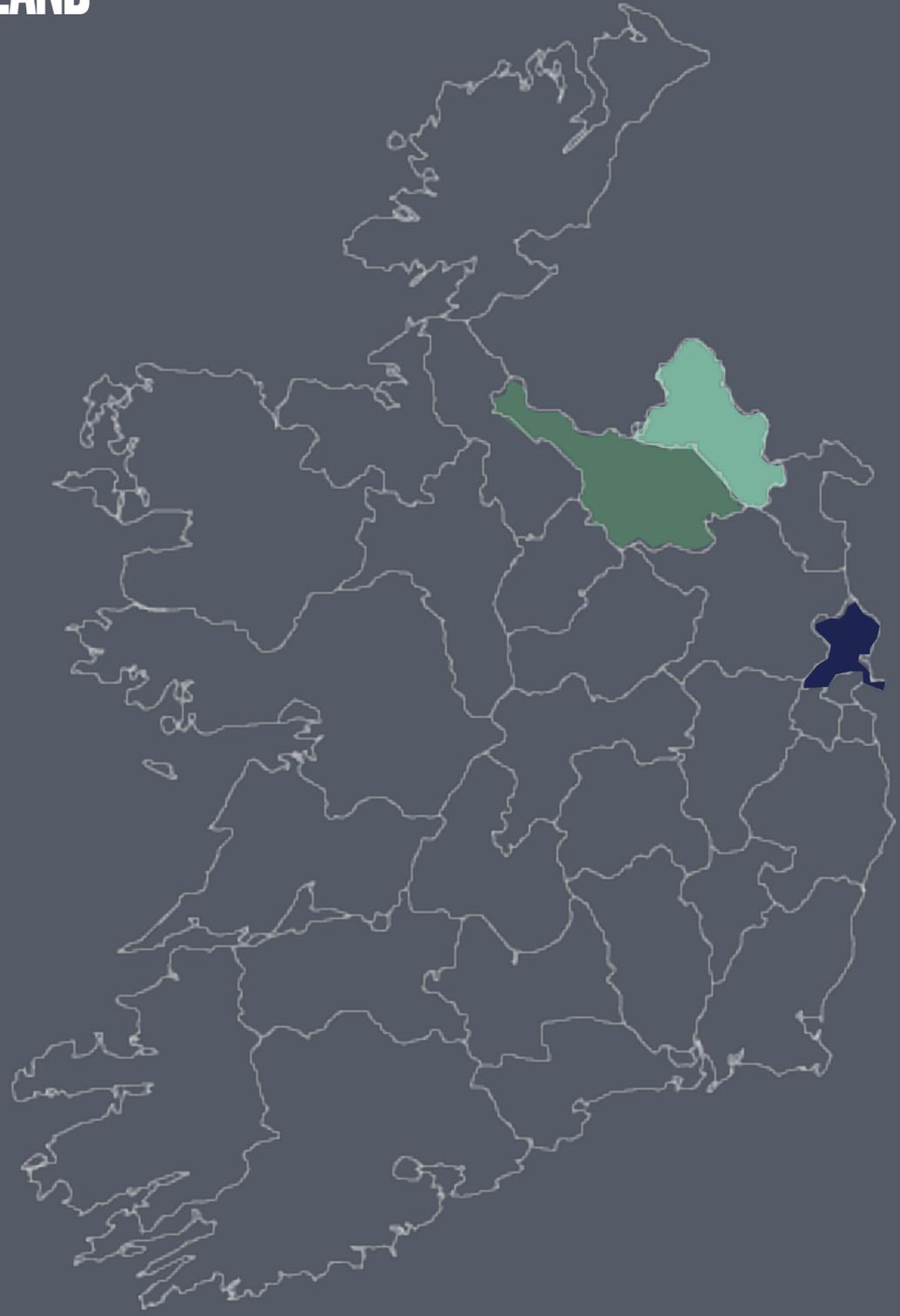
SCHOOL RESPONSE RATE: 100%
PARTICIPANT RESPONSE RATE: 88%

SCHOOL RESPONSE RATE: 75%
PARTICIPANT RESPONSE RATE: 76%

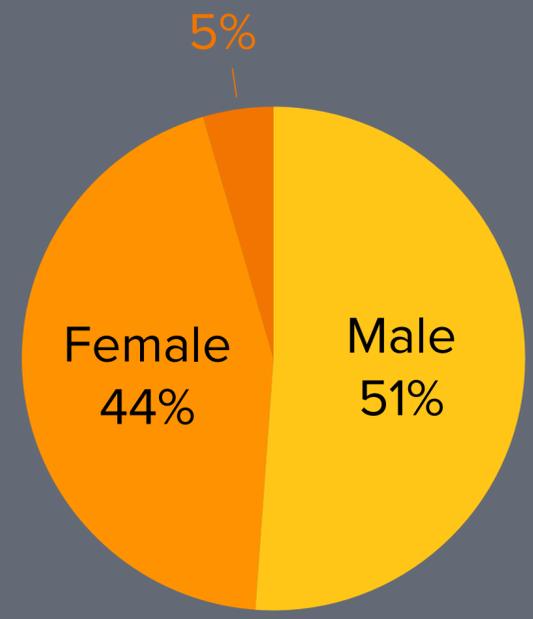


N = 4,404

SURVEYED: SEP-DEC 2021

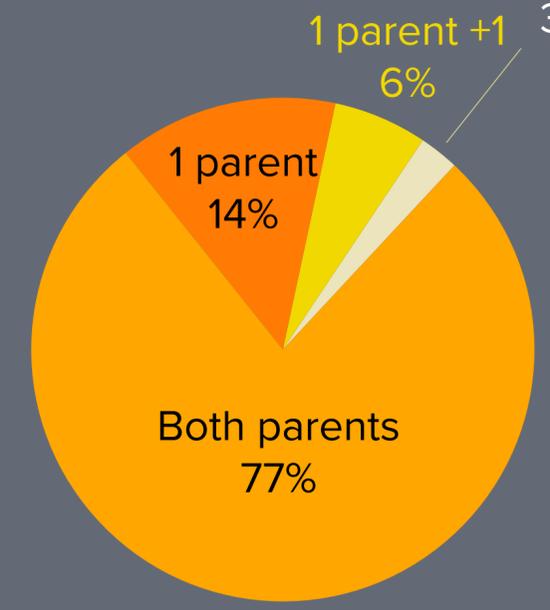


NB, trans or PNTS

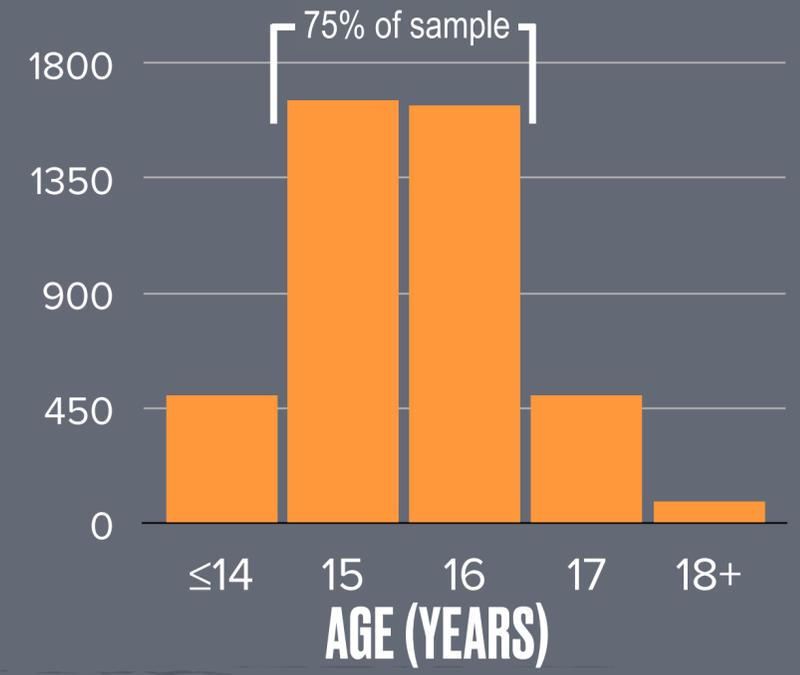


GENDER IDENTITY

Other

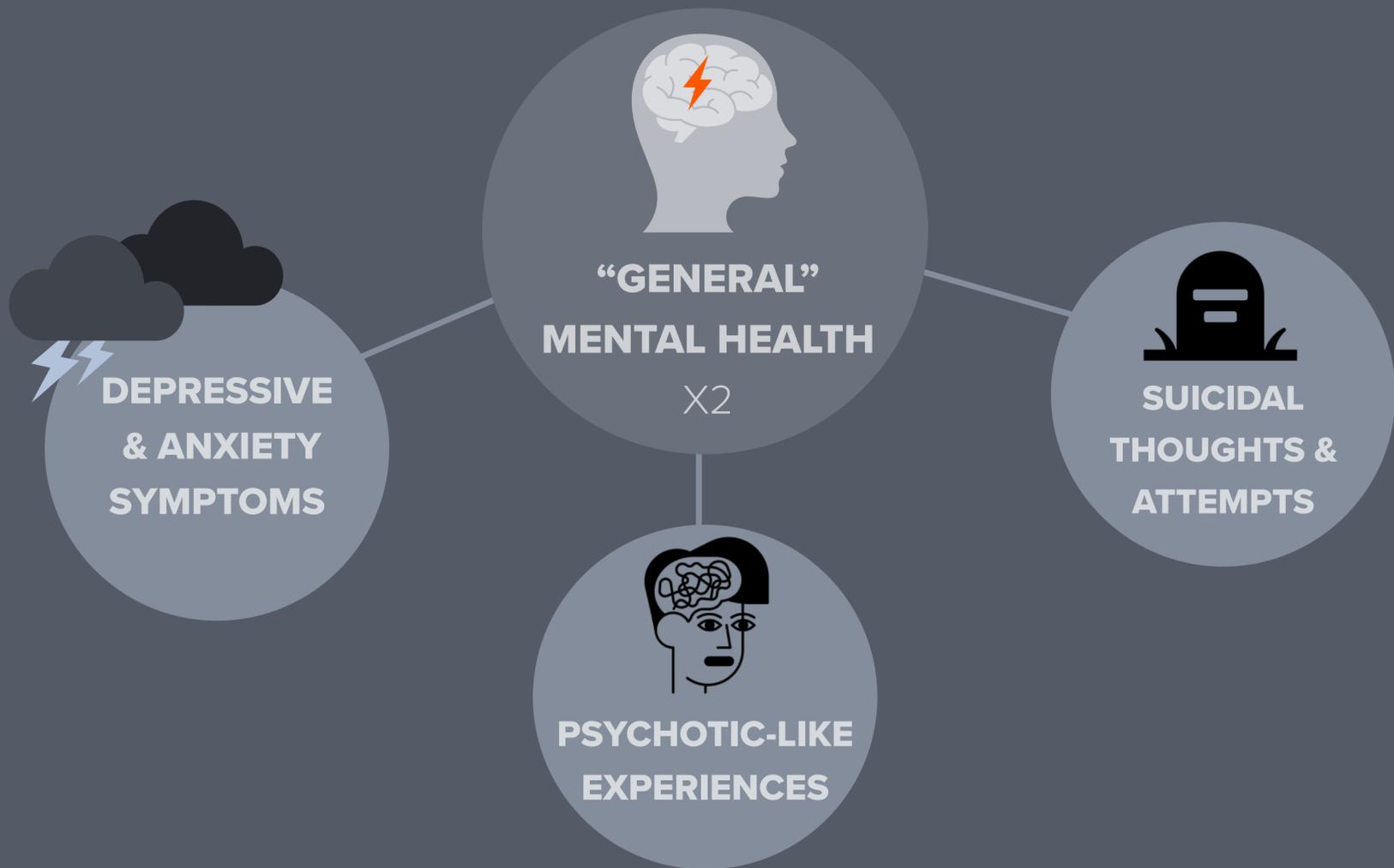


FAMILY MAKE-UP



NB = Non-Binary
PNTS = Prefer not to say

OUTCOMES



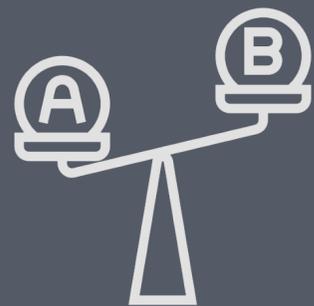
METHODS



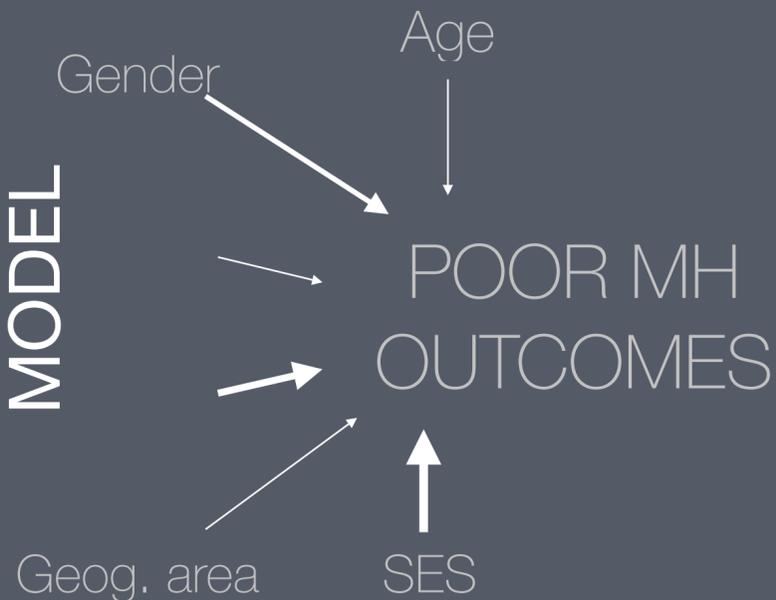
FREQUENCIES
SPLIT BY

COUNTY
GENDER

COMPARE TO
NORMS



STATISTICAL
MODEL



GENERAL MENTAL HEALTH (1)

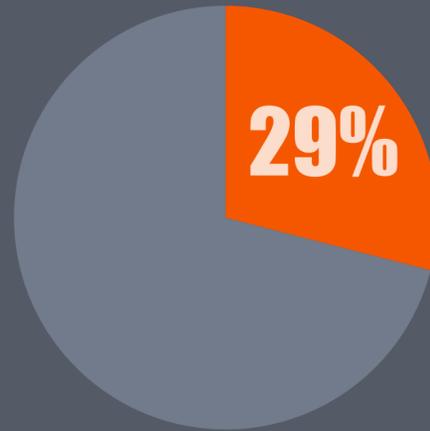
**HOW WOULD YOU
RATE YOUR
MENTAL HEALTH?**

VERY GOOD / GOOD / OKAY / **BAD** / VERY BAD

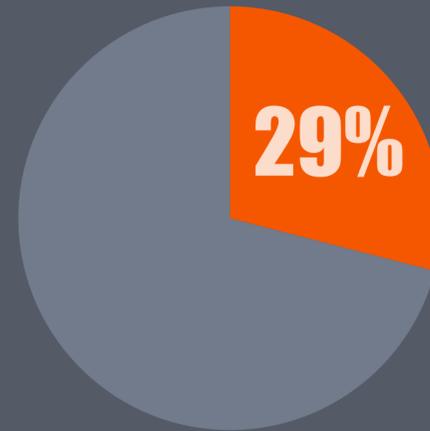
29%



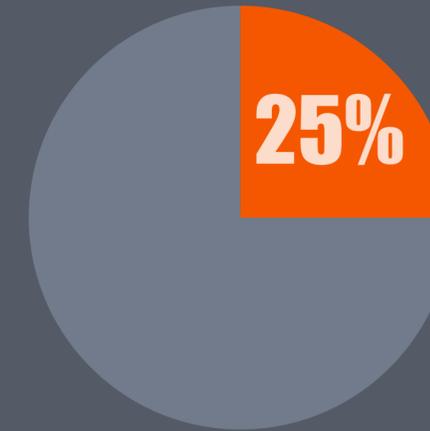
DUBLIN



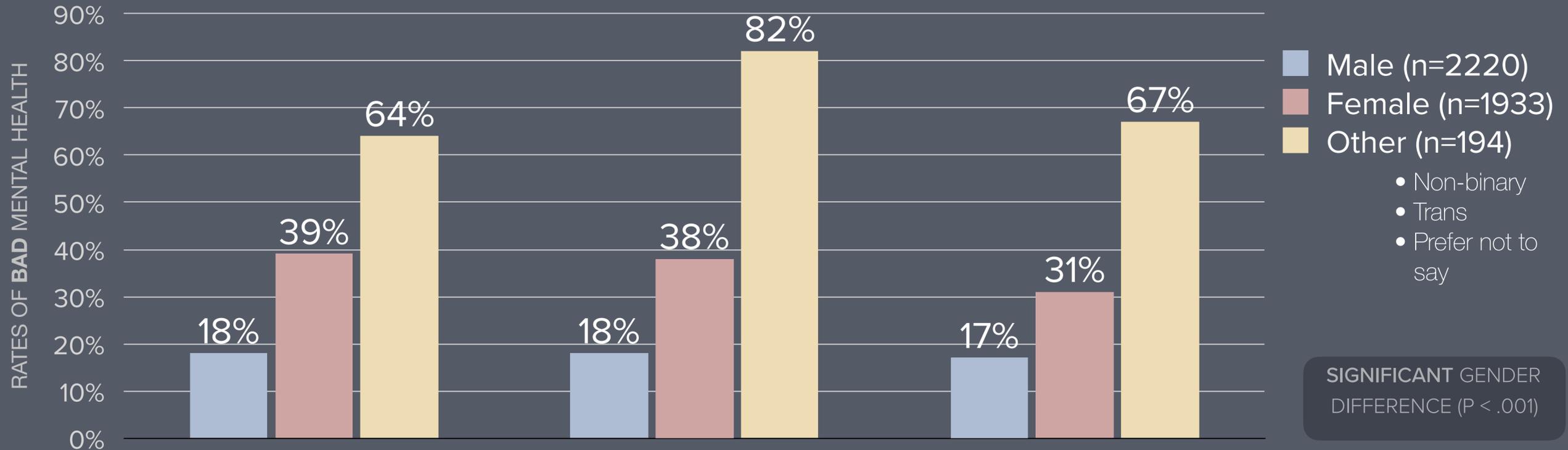
CAVAN



MONAGHAN



NON-SIGNIFICANT
GROUP DIFFERENCE
(URBAN V RURAL)

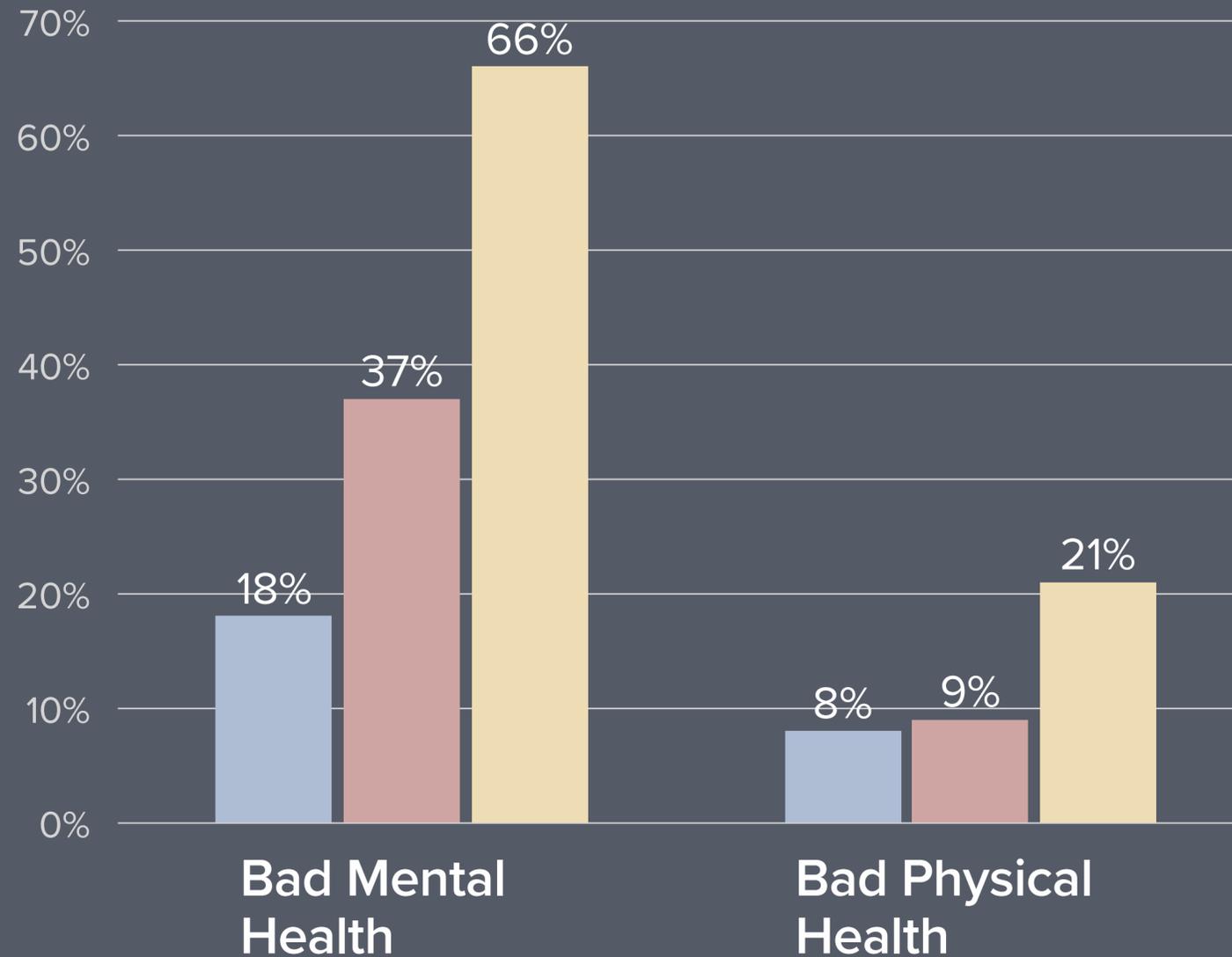


HOW WOULD YOU RATE YOUR MENTAL HEALTH?

VERY GOOD / GOOD / OKAY / **BAD** / **VERY BAD**

Full PY Sample

- Male (n=2220)
- Female (n=1933)
- Other (n=194)



HOW WOULD YOU RATE YOUR PHYSICAL HEALTH?

VERY GOOD / GOOD / OKAY / **BAD** / **VERY BAD**

SDQ SCORE > 20

AS AN INDICATOR OF
PROBABLE MENTAL DISORDER

26%



DUBLIN

28%

CAVAN

24%

MONAGHAN

20%

SIGNIFICANT GROUP
DIFFERENCE (P < .001)
URBAN V RURAL

SDQ SCORES

0 (NO PROBLEMS) — 40 (MAX PROBLEMS)

I do not have at least 1 good friend

I'm often worried

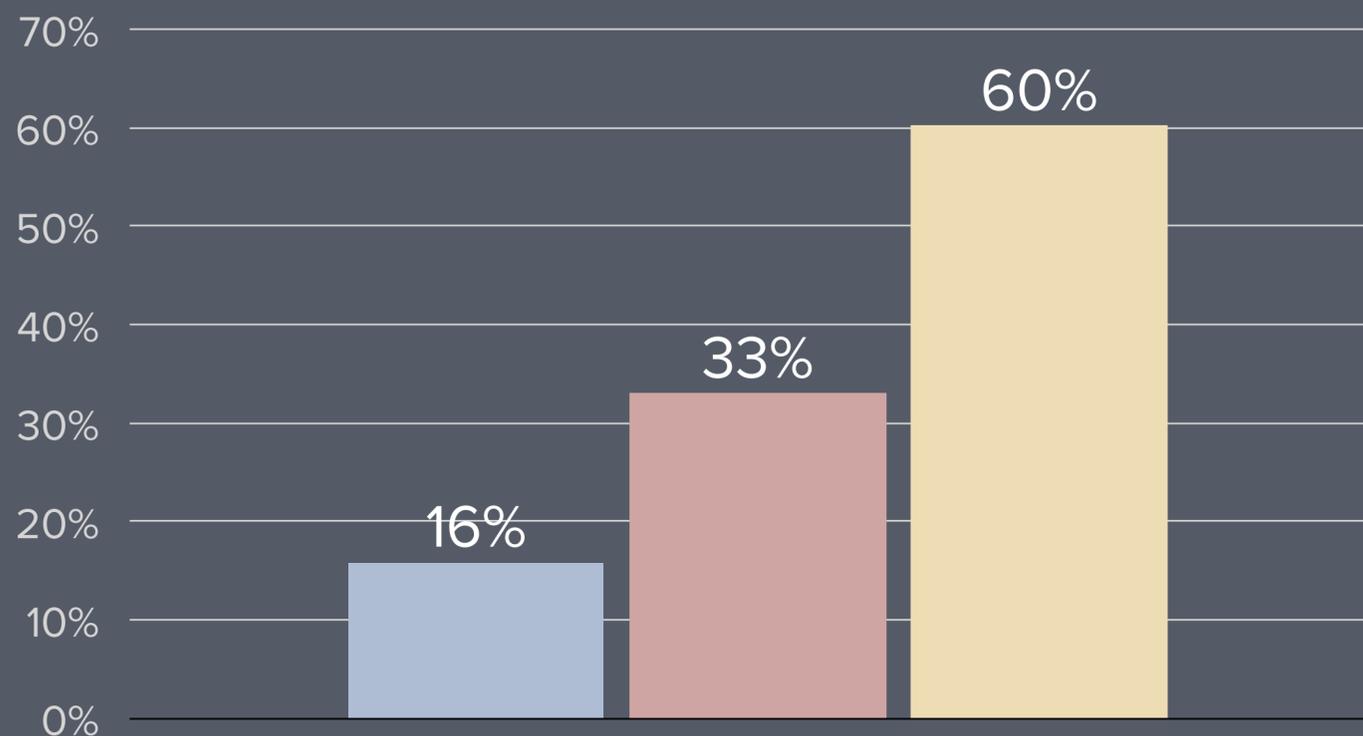
I'm restless, overactive & cannot stay still

I'm bullied by others

I steal things

I have many fears, I'm easily scared

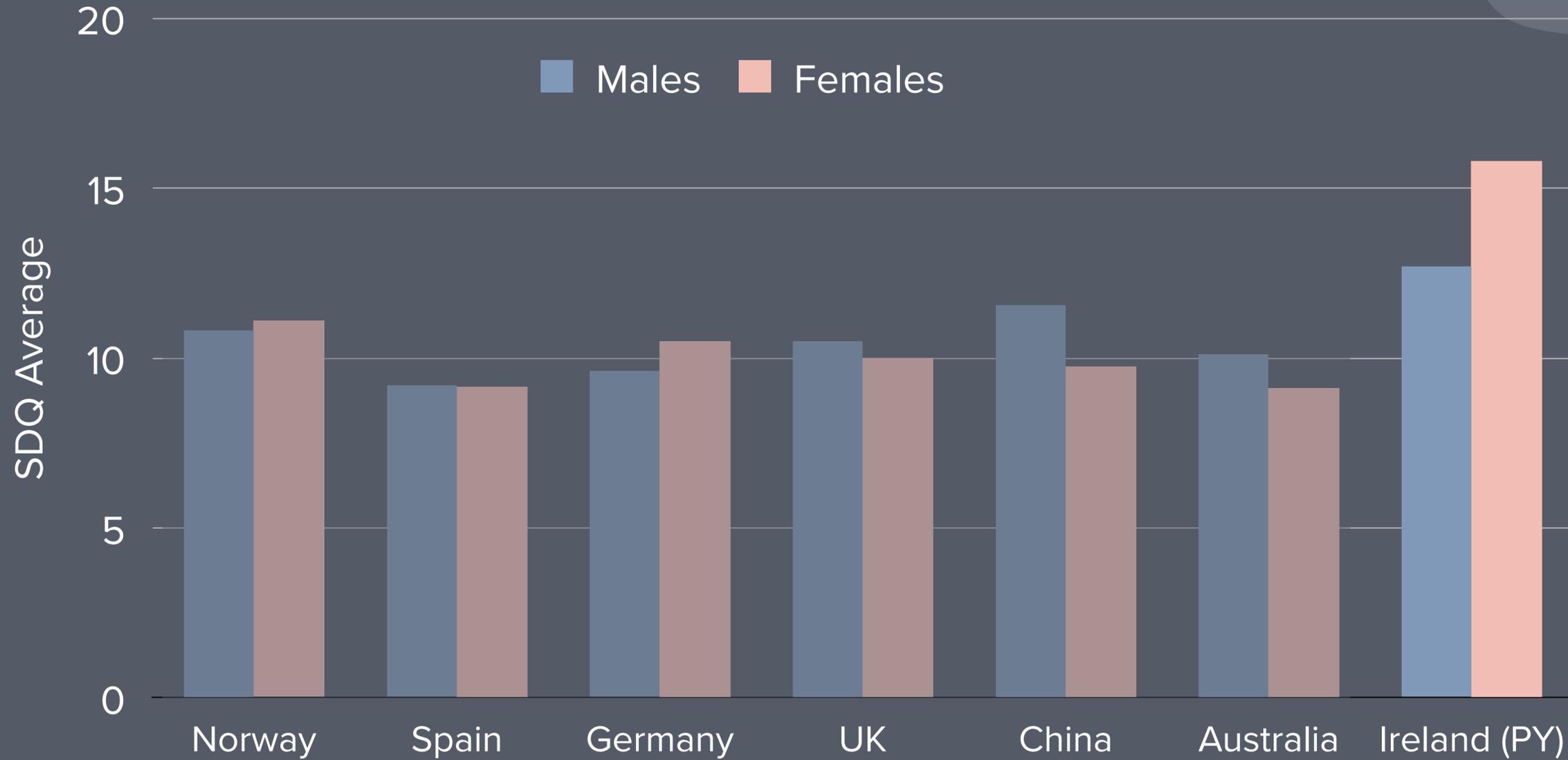
etc.



Male (n=2220)
Female (n=1933)
Other (n=194)

SIGNIFICANT GENDER
DIFFERENCE (P < .001)

SDQ SCORES



NATIONAL & INTERNATIONAL COMPARISON

| | | | | | | | |
|--------------------|-------|-------|-------|-------|-------|-------|-------|
| Ages | 13-16 | 11-17 | 11-17 | 11-15 | 11-17 | 14-17 | 14-18 |
| Year of pub | 2006 | 2021 | 2018 | 2003 | 2008 | 2005 | 2021 |
| Approx N | 9,000 | 2,000 | 6,500 | 4,500 | 800 | 150 | 4,000 |

SUICIDAL THOUGHTS & ATTEMPTS

**HAVE YOU EVER
HAD SUICIDAL
THOUGHTS?**

NO / YES



42%

DUBLIN

44%

CAVAN

39%

MONAGHAN

37%

SIGNIFICANT GROUP
DIFFERENCE (P < .001)

**HAVE YOU EVER
ATTEMPTED
SUICIDE?**

NO / YES



11%

13%

10%

8%

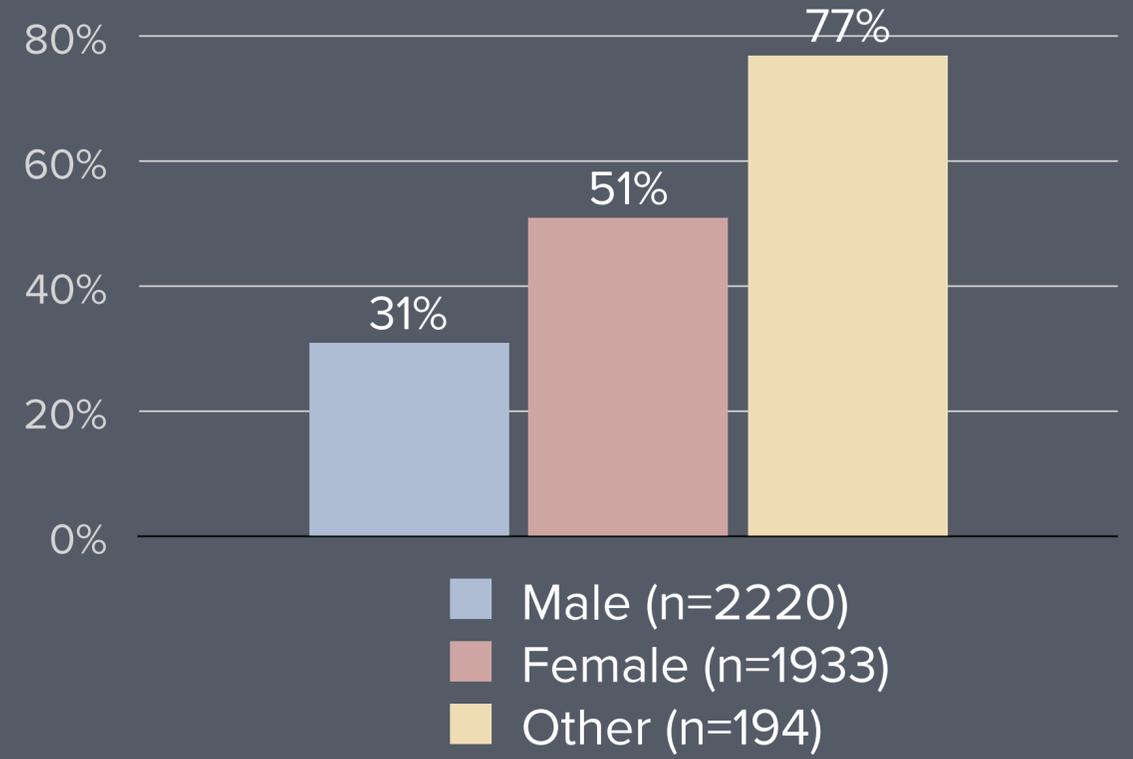
SIGNIFICANT GROUP
DIFFERENCE (P < .001)

SUICIDAL THOUGHTS & ATTEMPTS

... BY GENDER IDENTITY

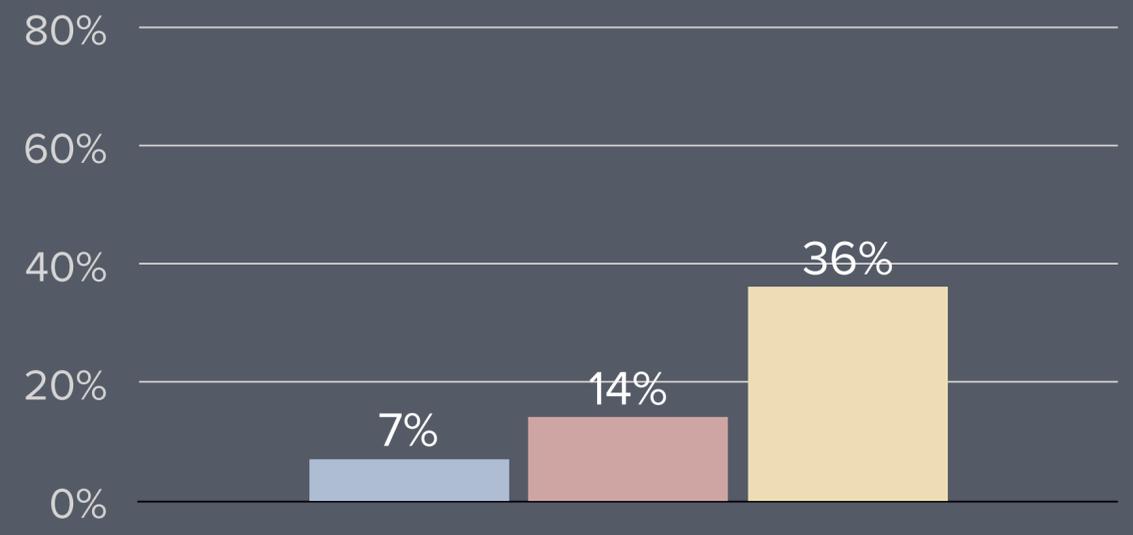
**HAVE YOU EVER
HAD SUICIDAL
THOUGHTS?**

NO / YES



**HAVE YOU EVER
ATTEMPTED
SUICIDE?**

NO / YES



THE **GENDER GRADIENT** EXISTS FOR
ALL SPECIFIC MENTAL HEALTH OUTCOMES



NON-BINARY / TRANS /
PREFERRED NOT TO SAY

2 IN 3 REPORTED BAD / VERY BAD
MENTAL HEALTH

HALF REPORTED PSYCHOTIC-LIKE
EXPERIENCES

1 IN 3 HAD ATTEMPTED SUICIDE

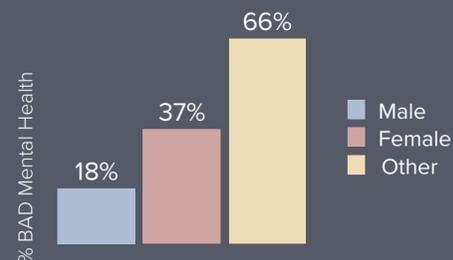
FEMALES

2X MORE LIKELY THAN MALES TO:

- REPORT BAD/VERY BAD MENTAL HEALTH
- HAVE ATTEMPTED SUICIDE

SIGNIFICANTLY MORE ANXIETY &
DEPRESSIVE SYMPTOMS THAN
MALES

* **Non-cis gender:** a major risk
factor for poor mental health



BUT

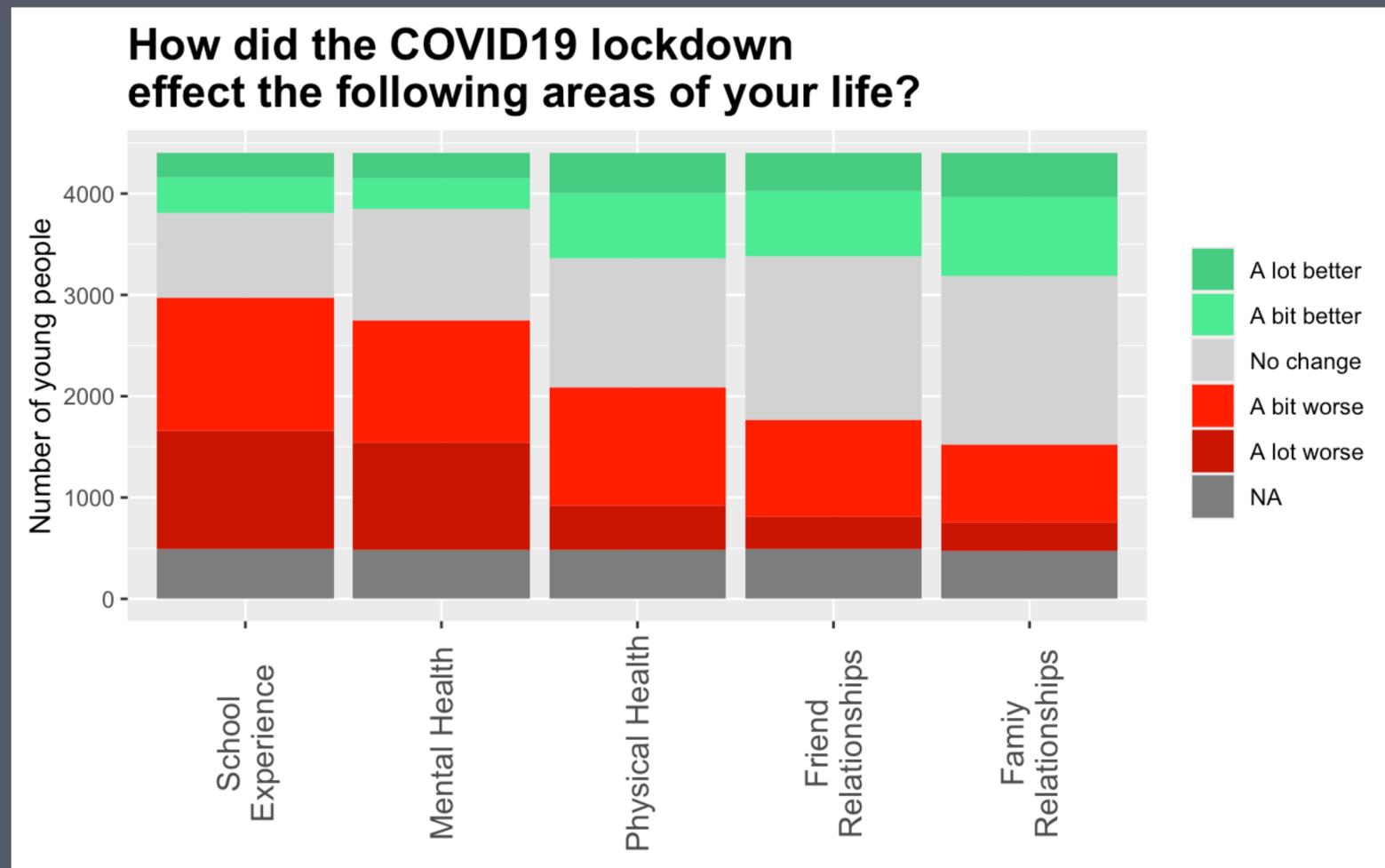
Majority of those bad mental
health are males



HIGHER PREVALENCE OF
(1) **PLE'S**
(2) **SUICIDAL ATTEMPTS**
COMPARED TO PREVIOUS
ESTIMATES FOR THIS AGE
GROUP



WHAT ABOUT THE EFFECTS OF COVID?



Logistic Regression: Effects of COVID on various areas of life as predictors of bad mental health

| | BAD SUBJECTIVE MENTAL HEALTH | |
|----------------------------|-------------------------------------|-----------|
| Worse physical health | OR = 1.32 | p < .001 |
| Worse family relationship | OR = 1.26 | p < 0.001 |
| Worse school experience | OR = 1.24 | p < .001 |
| Worse friend relationships | OR = 1.07 | p = 0.10 |

Controlling for: gender identity, age, geographic region, & financial poverty.

MENTAL HEALTH IN IRISH SCHOOLCHILDREN IN THE COVID ERA

RESULTS OF SURVEYS FROM
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ACKNOWLEDGMENTS



Tracking the mental health of children and young people during the COVID-19 pandemic in the UK: findings from the Co-SPACE study

Dr Simona Skripkauskaitė

University of Oxford

simona.skripkauskaite@psych.ox.ac.uk

@DrSkripka

Co-SPACE study

COVID-19: Supporting Parents, Adolescents and Children during Epidemics



NIHR | Applied Research Collaboration
Oxford and Thames Valley

NIHR | Oxford Health Biomedical
Research Centre

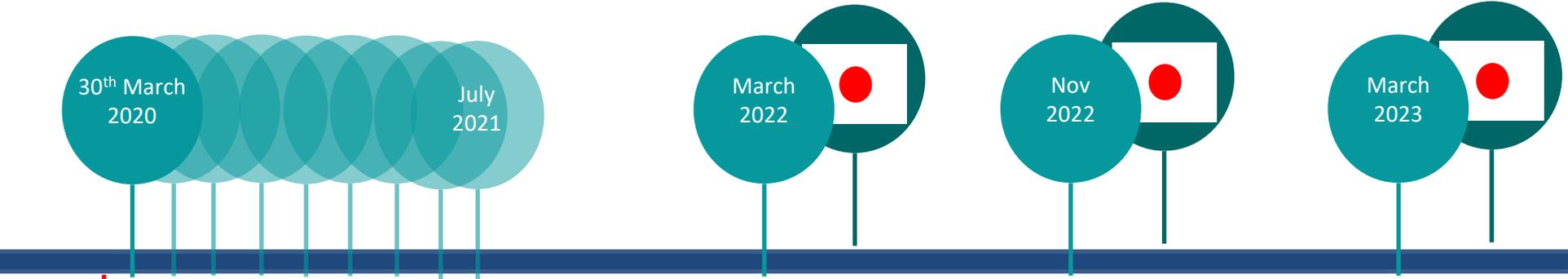


**Economic and Social
Research Council**



**Westminster
Foundation**





23rd March
Lockdown
in UK



WHO?

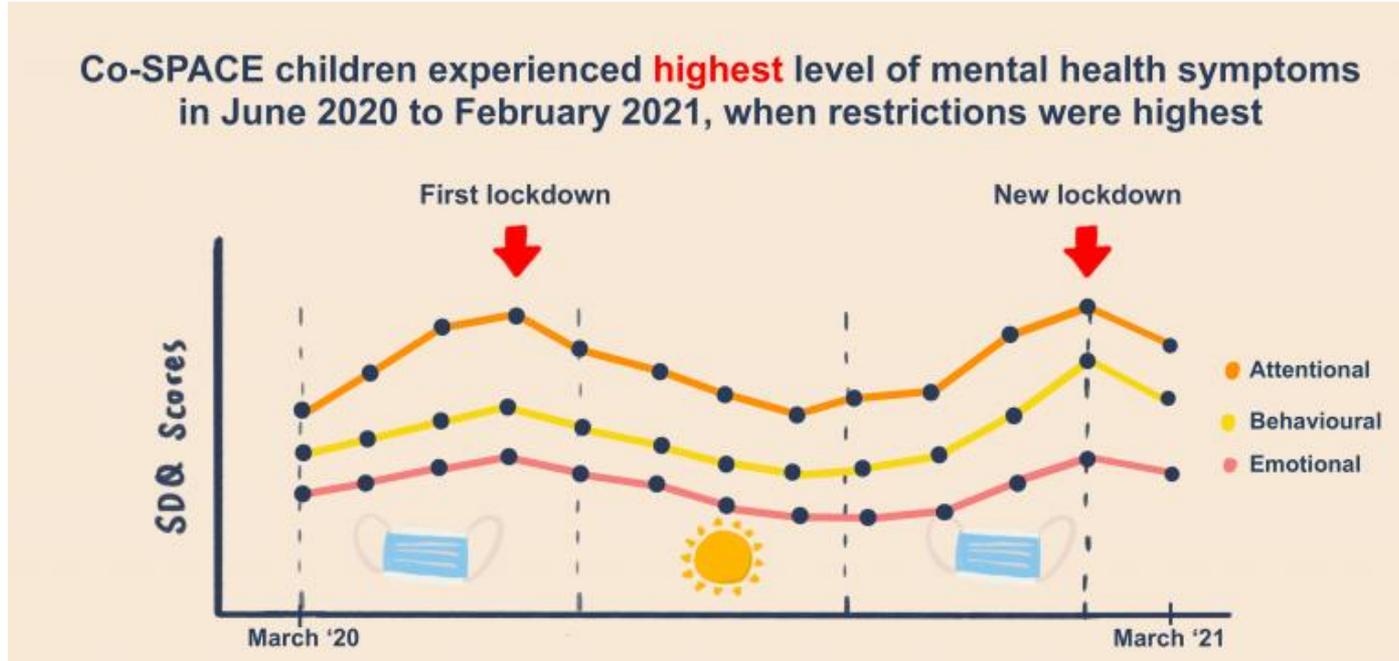
- Parents/carers of children aged 4-16 (>12,000).
- Young people aged 11-16 (>1,300).
- Not a representative sample.

WHY?

- To understand how families have been getting on during the COVID-19 pandemic.
- To share our findings with policy makers and organisations to find out how to support families.

Children's Mental Health

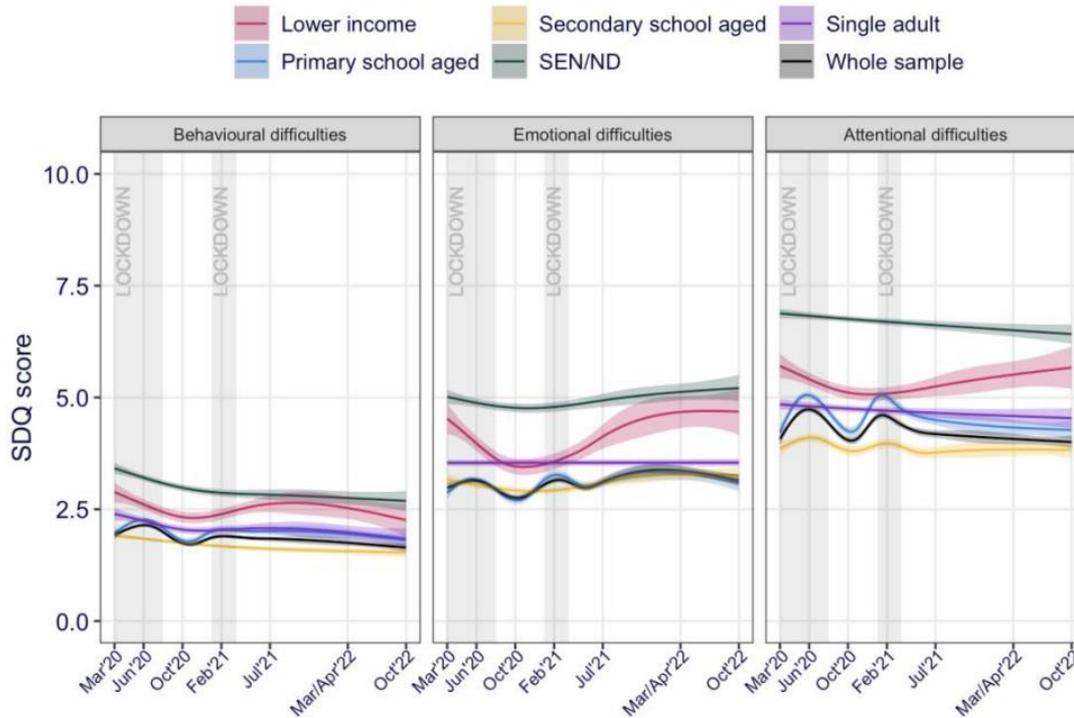
[March 2020 – March 2021]



This was especially the case in **primary school aged children** (4-10 years old)

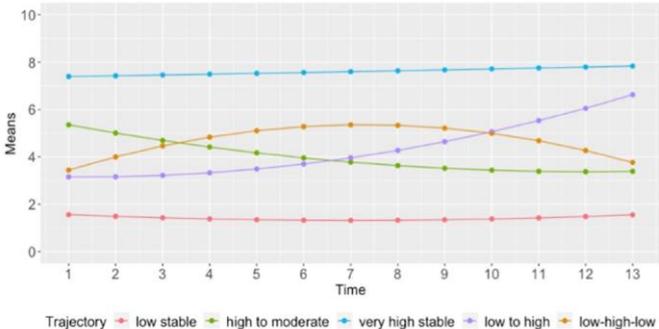
Vulnerable groups: some are not 'bouncing back'

[March 2020 – October 2022]

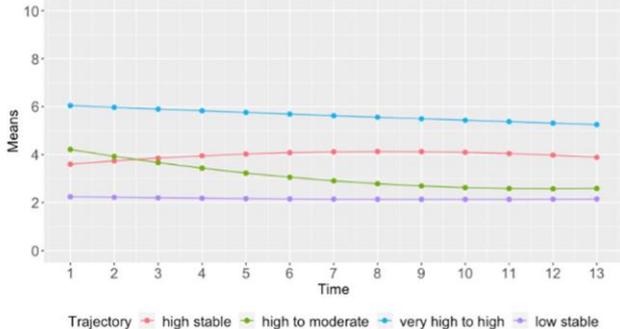


Different Experiences: Trajectories

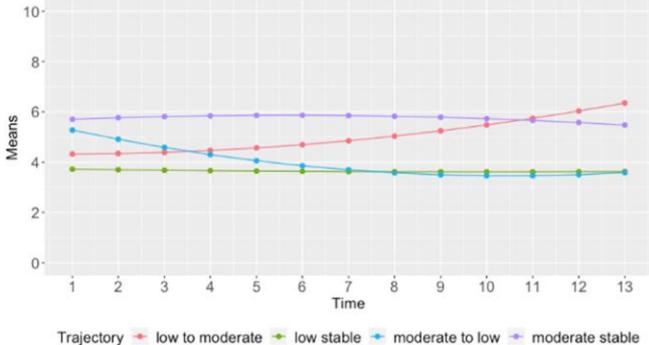
A. Emotion GMM 5-class



B. Conduct GMM 4-class

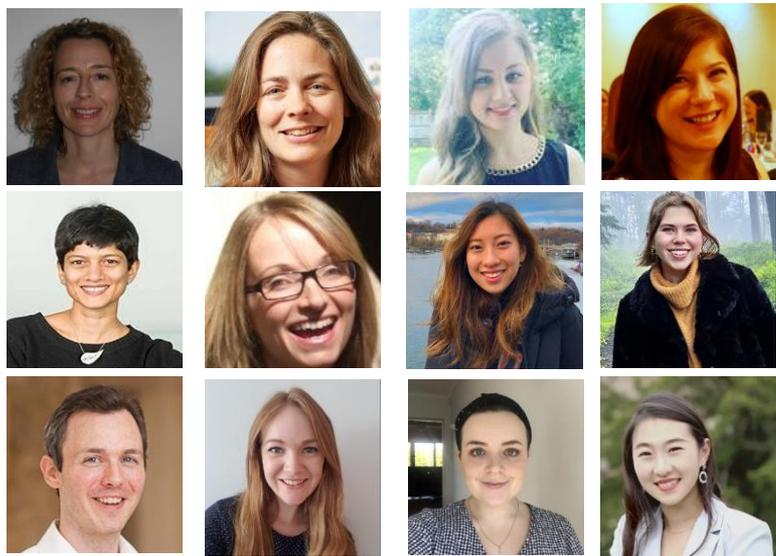


C. Hyperactivity/Inattention GMM 4-class





Thank you!



CHOOSE webinar: Collaborating to provide crisis care

Bobbie Dutton

The University of Manchester

Dutton, B., Humphrey, N. & Qualter, P. Getting the pieces to fit: NHS and third sector collaboration to enhance crisis mental health service provision for young people. *BMC Health Serv Res* **23**, 307 (2023). <https://doi.org/10.1186/s12913-023-09198-w>

Greater Manchester's Crisis Care Pathway

- Developed for children and young people.
- Aims to offer the RIGHT help, at the RIGHT time, by the RIGHT person, in the RIGHT place, 100% of the time.
- Created new services, and supported improvements to existing services.
- 6 key elements that make up the Crisis Care Pathway; Medical on-call, Rapid Response Teams, We can talk, Assessment centre, All-age mental health liaison, and Safe Zones.

Safe Zones

- Newly created service.
- Four locations across Greater Manchester offering face-to-face and online support for young people aged 13-18 years.
- Young people are referred into Safe Zones from the crisis care pathway partners (RRT, CAMHS, mental health liaison).
- Provide step-down crisis care – short-term interventions, tailor-made sessions to meet young persons needs.
- **Sub-contracted** to The Children's Society, who work in partnership with other local charities.

Benefits and Challenges of Collaboration

- Focused on the benefits and challenges of the NHS collaborating with the third sector to provide crisis services.
- Thematic analysis of in-depth interviews with 9 operational stakeholder across 3 operational layers of Safe Zones; NHS Crisis Care Pathways leads, leaders within The Children's Society, staff working within Safe Zones.
- What can we learn from this experience?

Benefits outweighed the challenges of collaboration

Benefits

- Do things differently
- Flexibility
- Hybrid approach
- Shared learning and expertise

Challenges

- Getting the pieces to fit
- Obtaining a shared vision (geography, referrals)
- Timing

Importance of understanding and expectations in communication.

Underlying issues

Why is collaboration through subcontracting so desirable?

- Collaboration with the third sector can act as a mechanism to encourage creative innovation of crisis services funded by the NHS.
- Highlights deeper issues with NHS service provision:
 - Rigid structures of NHS preventing innovation
 - Perceptions of “Red-tape”
 - Should sub-contracting be necessary to develop innovative services?

Implications

For **Safe Zones**... more time, more funding, and more research.

For the **NHS**...

- Further enhance collaboration efforts to develop and deliver innovative crisis services.
- Reflect upon and reform current systems which are limiting their ability to develop and provide innovative crisis MH services.

A service evaluation of the THRIVE Framework for System Change in Greater Manchester (GM i-THRIVE)

Emily Banwell



Study 1:

Barriers and facilitators to training delivery and subsequent implementation of a localised child and adolescent mental health initiative: A qualitative content analysis

Banwell, E., Qualter, P. & Humphrey, N. (In press). Barriers and facilitators to training delivery and subsequent implementation of a localised child and adolescent mental health initiative: A qualitative content analysis. *BMC Medical Education*.

Study 1 findings:

- Peer support
- Tailored discussions
- Scaffolded training
- Clear purpose

Study 2:

Reformed child and adolescent mental health services in a devolved healthcare system: A mixed-methods case study of an implementation site

Under review

Study 2 findings:

- Experiences of support matched up with staff reports of progress
- Young people's experiences were generally positive

Study 3:

Child and adolescent mental health services in a devolved healthcare system: A qualitative exploration of sustainable practices

Banwell, E., Humphrey, N., & Qualter, P. (2023). Child and adolescent mental health services in a devolved healthcare system: A qualitative exploration of sustainable practices. *Health Research Policy and Systems*, 21(1), 27.

<https://doi.org/10.1186/s12961-023-00970-2>

Study 3 findings:

- More attention needed to embed core principles
- Flexible application appreciated
- THRIVE as a “mindset change”

Overall conclusions

- Positive changes *are* being made
- Ongoing monitoring is needed