

# Needs Assessment

## Mental health needs in children aged 2-4 years

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### Introduction

The onset of the COVID-19 pandemic has raised many new challenges to the way in which we live and work. Much emphasis has been placed on the first years of life as a critical window with regards to the cognitive, social and emotional development of the child (Marmot, 2010). Given that for many children these years have been marked by disruption of social and home environments, this raises the question as to what extent children have been negatively impacted by these widespread societal upheavals.

It is important to recognise that despite the onset of new concerns raised in the wake of the COVID-19 pandemic, that old challenges remain unaddressed. For example, nationally we have seen a rise in income inequality, as has been described in 'Fair Society, Healthy Lives' in 2010 and its 10-year follow-up report, which comprehensively outlined social determinants of health (Marmot 2010, 2020). Due to the cumulative effects of social deprivation throughout the lifetime, then it becomes of essential importance to ensure that children have the level of support they need in order to maximise their full potential.

Beyond the pandemic, families are struggling with rising costs of living, and while overall levels of employment remain high nationally (ONS, 2022), many families continue to struggle to meet basic necessities. For example, food bank utilisation remains high nationally with over 2 million food parcels distributed by food banks within the Trussel Trust network last year (Trussel Trust, 2022). This number has declined slightly in comparison to 2020, but overall utilisation remains twice as high as 2016 levels. Furthermore, according to data published by The Food Foundation, approximately 2.3 million children within the UK live in families who also struggling with food insecurity (Goudie, 2021).

The above concerns are of particular importance locally, with Kingston upon Hull being ranked as the 6<sup>th</sup> most deprived local authority in the United Kingdom as of 2019, with 22.7% of the population falling below the cut-off for income deprivation (ONS, 2021) (Raleigh, 2021). Furthermore, as per this data, Hull has a current unemployment rate of 5.8% as of December 2021, which is considerably higher than the national average of 3.8%.

Mental health is of particular importance in the youth demographic, and locally it is estimated that approximately 1 in 10 children suffer from mental health issues (Mind, 2022), and nationally we are seeing record levels in the utilisation of child mental health services (NHS Digital 2022) While conditions such as autism spectrum disorders are being increasingly recognised and diagnosed, much of the discourse regarding child mental health focuses extensively on issues such as depression, anxiety and eating disorders. Considerably more attention is paid to mental health in older children and adolescents, and the primary literature reveals a distinct lack of attention paid towards the mental health needs of pre-adolescent children.

Finally, while the health visitors and schools allow for recognition of potential problems that may arise during the critical early years, the health visitor service ends at 2 years, at which point children may not be seen by any health services until school reception at ages 4-5. This represents a window during which health problems may go unrecognised. For these reasons, this needs assessment will try to determine any unrecognised, and therefore unmet health needs in this potentially overlooked population.

## **Methods**

### ***Online search strategy: Impact of COVID-19 on child mental health***

Reports were discovered via the PubMed online database. The initial search was performed April 2022 via the following MeSH headings: 1) 'Mental Health' and 2) 'Child'. Limits were applied to exclude articles written before 2020. Results were initially filtered for systematic reviews only and then results were manually browsed and relevant articles identified. No MeSH heading for COVID-19 was applied, and the specific MeSH heading 'Child, Preschool' was not used due to lack of relevant results when utilising this additional heading. Using this strategy 2 relevant systematic reviews were found, but 1 was excluded due to a focus principally on child development rather than mental health, with much of the data on mental health impacted repeated from the other.

The systematic review filter was then removed and results were narrowed down to studies from the UK only via the 'United Kingdom' MeSH heading in order to find relevant observational studies. Using this strategy, 3 relevant observational and cross-sectional were identified. Two of these were discarded as they did not include any children the specified age group, and furthermore, both of these studies were very small and isolated to affluent areas in the south east of England and Wales, respectively.

### ***Qualitative survey methods: Children's Centre interviews***

This section applies to the qualitative interview section eliciting parental thoughts on current local health needs. Results were synthesised from several sources.

For the interviews, parents were solicited at elective parent-child organised by Children's Centres across 3 distinct sessions and across locations, all within the unitary boundaries of the City of Hull. Interviews were used to qualitatively assess thoughts on local service provision and to elicit concerns regarding their children's mental health. All interviews were opportunistically sampled and informal in nature, structured around an open interview.

In total, 12 parents were interviewed, all of which were mothers of the child that they had brought to the session. Child ages ranged from 2-5 with a median average of 3 years old with 7:5 male:female gender ratio.

All parents were asked for their opinions on access to the health visitor service and to their GP. Access questions included whether they felt they that the access to the service was a) accessible, b) timely and c) provided the necessary mode of access (e.g. in-person consultations or visits). Finally, their overall thoughts on the quality of the service provided, and open questions were asked to elicit parental ideas, concerns and expectations.

## **Results**

### ***The 2-4 year old demographic is under-represented in the medical literature when it comes to mental health needs***

As noted in the previous chapter there is a considerable lack of evidence specifically addressing mental health needs in pre-school children, and therefore this is a potentially overlooked demographic overall. In the literature, the vast majority of studies have focused on adolescent mental health, with several studies also looking at pre-adolescent school children. Of the studies that include pre-school children, it has to be noted that this demographic is only included as a small segment in the tail of the age distribution.

### ***The disruptions to family life and impact of delayed socialisation may impair development in children***

In addition to the potential ramifications of the worries and anxiety over the pandemic itself, there are many questions regarding the possible impact lockdowns (and the subsequent disruption to family life and early social interactions) may have had on the social and emotional development of younger children.

Early socialisation has been shown to have of particular important in early child development. Systematic reviews assessing this subject have demonstrated that social isolation is linked to future negative mental health outcomes, an increased likelihood of poor development of social skills as an adult, as well as the possibility of impaired cognitive development (Almeida, 2021).

While not directly applicable to children currently aged 2-4, there is some evidence from the literature that maternal anxiety and depression during pregnancy can also impair normal neurological development. As have seen an acute rise in anxiety within the adult population throughout the COVID-19 pandemic then there remains the possibility that this can predispose children to later behavioural and mood disorders (Pietikainen, 2020)(Szekely, 2020). Therefore we should consider the possibility that we may see a rise in issues relating to this over the forthcoming years.

### ***The prevalence of mental health disorders in children rose during the COVID-19 pandemic***

This section will assess the evidence that is available for this population demographic, recognising that the number of studies specifically looking at children of this age are severely limited. Where possible the outcomes in this report will be grouped into 2 broad categories of child behaviour, specifically *internalising vs externalising behaviours*.

Internalizing behaviours stem from internalised negative emotions such as guilt, worry, fear as well as altered mood, and may manifest in behaviours such as social withdrawal or altered sleeping patterns. In contrast, externalizing behaviours are outwardly displayed, and include behaviours such as aggression, defiance, and conduct disorder.

### *Mental Health of Children and Young People in England Survey*

The Mental Health of Children and Young People in England (MHCYP) is a large, national survey that attempts to estimate the prevalence of mental health disorders in children and young people (Newlove-Delgado, 2021). This population was initially sampled in 2017 and participants were re-invited to take part in the survey in 2020 and 2021. In this study children were categorised by the likelihood of having a probable mental health disorder, which was itself determined through use of the Strength and Difficulties questionnaire (SDQ), which was completed by the parents of the children involved in the study. It should be noted that the SDQ itself does not distinguish based on externalising vs internalising behaviour but rather assesses risk in the following domains: 1) Emotional symptoms 2) Conduct problems 3) Hyperactivity/inattention 4) Peer relationship problems 6) Prosocial behaviours, each domain of which has a broad link to one of these types of negative behaviours.

The main findings of the MHCYP follow up waves were that the prevalence of probable mental health disorder rose significantly from the baseline value in 10.8% in 2017 to 16% in 2020. In 2022 this remained high albeit with no significant difference noted in comparison to 2021. Several groups of children were noted to have a higher prevalence of mental health disorder, with 57.6% of children with special education needs or disability also being noted to also have a probable mental health disorder. There was also strong correlation between the mental health between children and dependents living in the household, with an increased likelihood of probable mental health disorder in children of parents who also struggle with their mental health.

The dependents of households who reported difficulties making payment of bills, mortgages or rent throughout the pandemic were also noted to be approximately twice as likely to have probable mental health disorders (16.3% vs 6.4%).

Finally, the MHCYP also shows higher incidence of mental health disorder in boys than girls, a trend which reverses in older cohorts, which teenage girls having the highest incidence of mental health disorders (generally anxiety, depression and eating disorder). In children identified as having a probable mental health disorder then 59.9% of these also reported impaired sleep on more than 3 consecutive nights.

### *Co-SPACE survey*

Further evidence from the UK comes from Co-SPACE, a longitudinal online survey which commenced in 2020 and was repeated on a rolling monthly basis throughout the COVID-19 pandemic until 2021 (Creswell, 2021). This survey aimed to identify the issues faced by families during the COVID-19 pandemic, and included mental health of the child as one of outcome.

Initially 2,783 participants were enrolled and mental health was assessed using the SDQ, and they found that during throughout the initial lockdown several significant findings were noted, which included a 35% increase in conduct problems, a 20% increase in hyperactivity-inattention and a 10% increase in emotional symptoms among pre-adolescent children. These symptoms reduced as lockdowns were eased and then worsened following tightening lockdowns in early 2021 before reducing following re-commencement of school in March

2021 (**Figure 1**). In line with evidence from MHCYP results, the highest rates of mental health problems identified by the SDQ were similarly found in children with special needs and those with a deprived socioeconomic background.

**Figure 1: The Co-SPACE study shows that mental health burden was increased during the lockdown periods, which correlate with the points of highest severity of COVID-19 within the population**

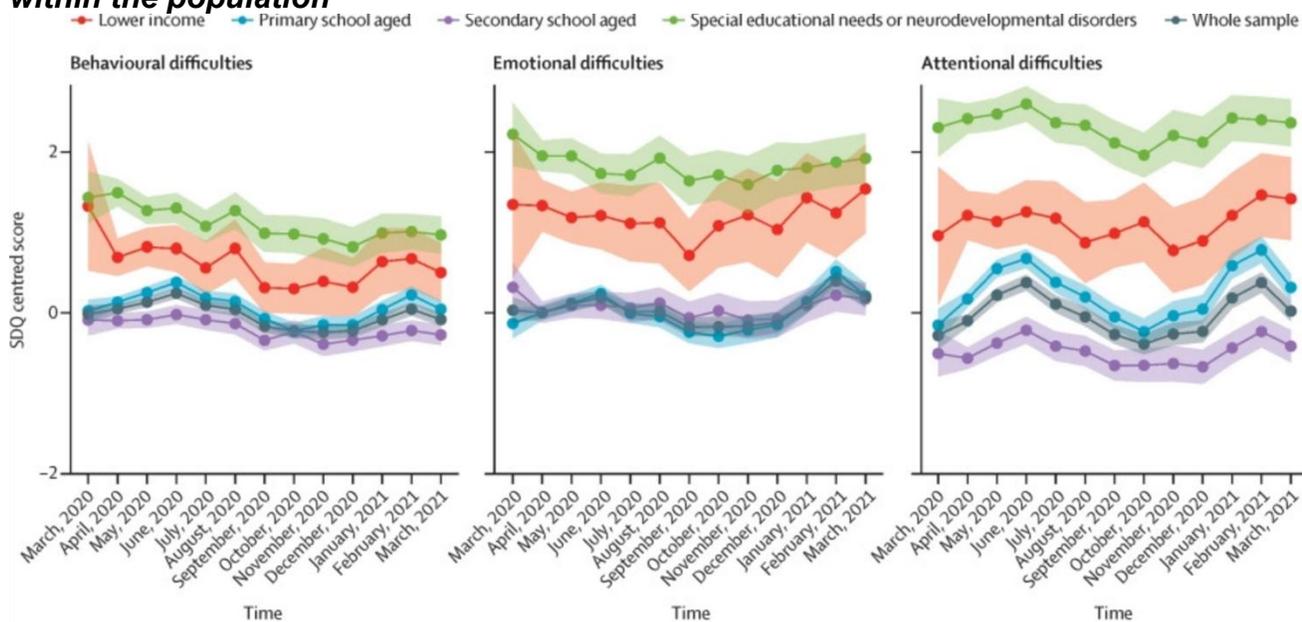


Figure Changes in parent-reported child mental health difficulties (using the SDQ) in the UK Co-SPACE sample, from March, 2020, to March, 2021

*Rising prevalence of mental health disorders throughout the COVID-19 pandemic in children is also observed internationally*

Although much research has been conducted internationally into the mental health impact of the COVID-19 pandemic overall, the vast majority of this has focused largely on adults and health workers. Of the one included study assessing children internationally (Meherali, 2021) it was shown that there has been an increased in mental health disorders as a whole in children. This review found that the change in mental health burden was noted to be lower in younger age groups, with adolescents (especially females) displaying the highest degree of pandemic related stress overall, which is in line with the findings from the MHCYP follow up studies.

Significant protective factors included higher baseline health status, as well as higher level of education and knowledge on the COVID-19 pandemic. Children who were shown age-appropriate educational material explaining the nature of the pandemic exhibited much lower degrees of internalising and externalising behaviours. This study also noted a significant negative effect on the quality of sleep in children, with younger age once again being a protective factor.

Of the studies included in this rapid systematic review, over half of these were based in China, and none of them were based within the UK. While the findings are in broad

agreement with UK specific data, it may be difficult to generalise this to UK population. However, broadly the findings of this systematic review are in agreement with those findings from MHCYP as well as the Co-SPACE studies.

***The number of children seeking asylum is rising, and this cohort frequently has large unmet mental health needs***

Asylum seekers are widely recognised as one of the most vulnerable demographics within the UK, and they have been noted to have high indices of socioeconomic deprivation, as well as an increased burden of mental health disorders in comparison to the pre-existing population in their destination country (Satinsky, 2019).

Data from the European Union (Eurostat, 2022) shows that approximately 31.2% of first time asylum seekers in 2021 were children, with 15.3% of these being unaccompanied minors in the period between 2011 and 2021. In 2021 the majority of these were from Syria, Afghanistan and Iraq.

In 2021, 166 760 first-time asylum applicants were children, representing 31.2% of the total number of first-time asylum applicants recorded in the EU.

The three most represented citizenships in 2021 for first-time asylum applicants under the age of 18 were Syrian, Afghan and Iraqi. The percentage of positive asylum application decisions was higher for children than for adults over the period from 2011 to 2021. From 2011 to 2021, unaccompanied minor applicants accounted for 15.3% on average of the total number of first-time asylum applicant aged less than 18.

In the year ending March 2022, the UK received 4,081 applications for asylum from unaccompanied children, which is higher than the previous year. In total 15.5% of asylum cases were dependent children (Refugee Council, 2020). In terms of unaccompanied minors the nation with the most applications was Iran, followed by Sudan and Afghanistan (Refugee Council, 2021). With the ongoing conflict in the Ukraine, we may expect to see a shift towards more Ukrainian asylum applications. As a proportion of all migrants to the UK, the Yorkshire and Humber region as a whole receives approximately 5% of applicants (Kierans, 2022). Hull itself is designated as a “City of Sanctuary”, and houses approximately 500 asylum seekers as of 2021, with approximately 30 are unaccompanied minors (Hull City Council, 2021).

Asylum seekers are a population who are widely recognised to have a higher burden of high mental health needs, particularly in the children who enter the country unaccompanied by an adult (Satinsky, 2019). Studies have shown this group in particular has a much higher prevalence of post-traumatic stress and other mental health problems in comparison to the general population, with a retrospective, cross-sectional study in the UK suggesting that approximately 62% of this population have experienced significant psychological trauma, with approximately 8% having sufficient mental health needs to require secondary mental health referral (Harkensee, 2019).

They are also some concerns that mental health concerns in this population are often not referred onto secondary mental health services at the expected rate, and that they are instead inappropriately referred to social services. This may reflect biases in terms of treatment of

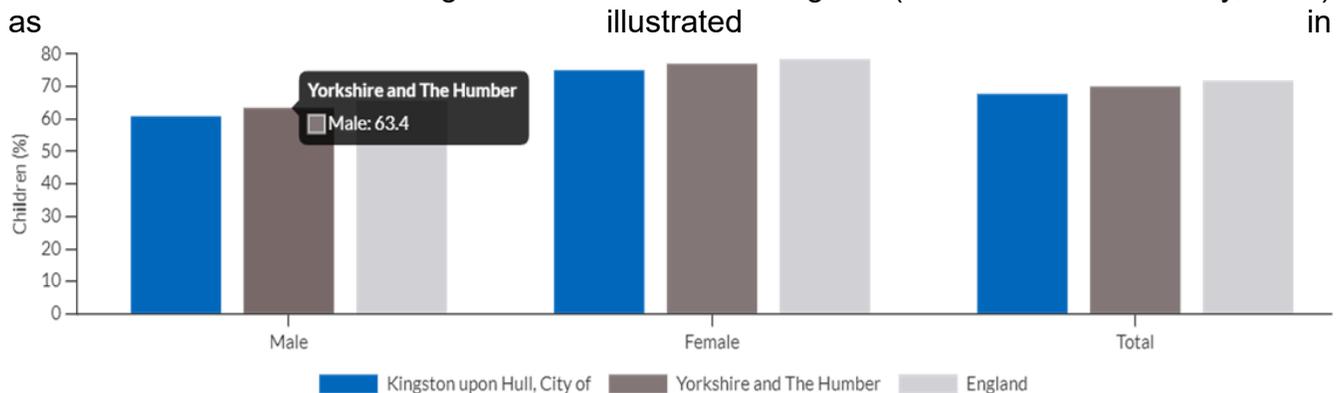
asylum seeker populations, but could also to some degree reflect barriers to access such as e.g. social stigma, reduced service awareness and language barriers.

As the numbers of families who are seeking asylum are increasing over time in the UK, and in recognition that upcoming issues such as climate change may create an upwards shift in the number seeking refuge in the UK, then attention should be paid to this growing, vulnerable cohort.

**Issues facing children in Hull**

*Children in Hull lag behind with regards to children meeting early developmental standards*

The Early Years Foundation Stage (EYFS) sets the standards for child development from birth to age 5. The domains assessed in this framework include personal, social, physical, emotional as well as linguistic/communication development. The latest data from Hull’s Data Observatory shows that in Hull only 67.7% of children are meeting these standards, in comparison to 70% in the Yorkshire and Humber region and 71.8% across England (Hull’s Data Observatory, 2022)



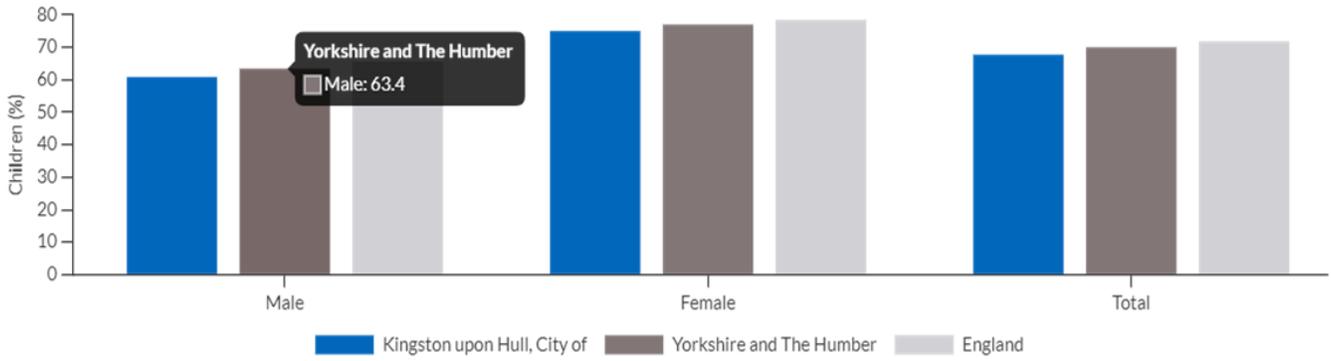
. Male children in particular are noted to struggle in terms of meeting these goals, with only 60.8% meeting the expected level of development, whereas female children are meeting these standards in 75% of cases in Hull, which is still lower than the national average of 78.4%.

In terms to racial demographics, children of ethnic minorities within Hull lag somewhat behind all other children, with only 54% achieving their expected development in contrast to 67% nationally. In comparison, 62% of children who are not of an ethnic minority background are achieving expected development in comparison to 71% nationally (**Figure 3**).

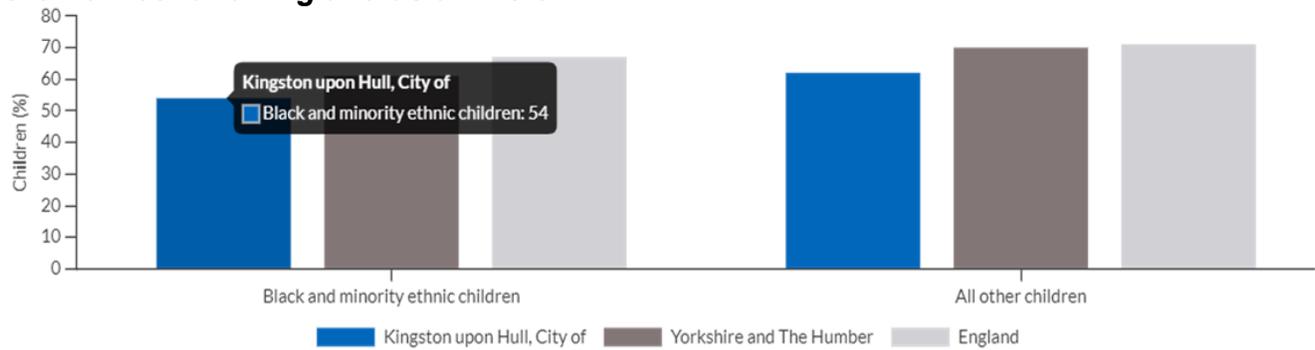
With regards to development in children who qualify for free school meals, which can be used as a proxy for socio-economic deprivation, then children in this group are only achieving their expected developmental goals in 51% of cases. This is contrast to the 52% achieved within the Yorkshire and the Humber region and 55% of children meeting these targets nationally. There are much fewer children in lower income deciles in surrounding East Riding of Yorkshire (**Figure 4**) compared to Hull (**Figure 5**).

**Figure 2: Population meeting expected development levels via Early Years Foundation Stage targets within Hull, Yorkshire and the Humber and England as a whole**

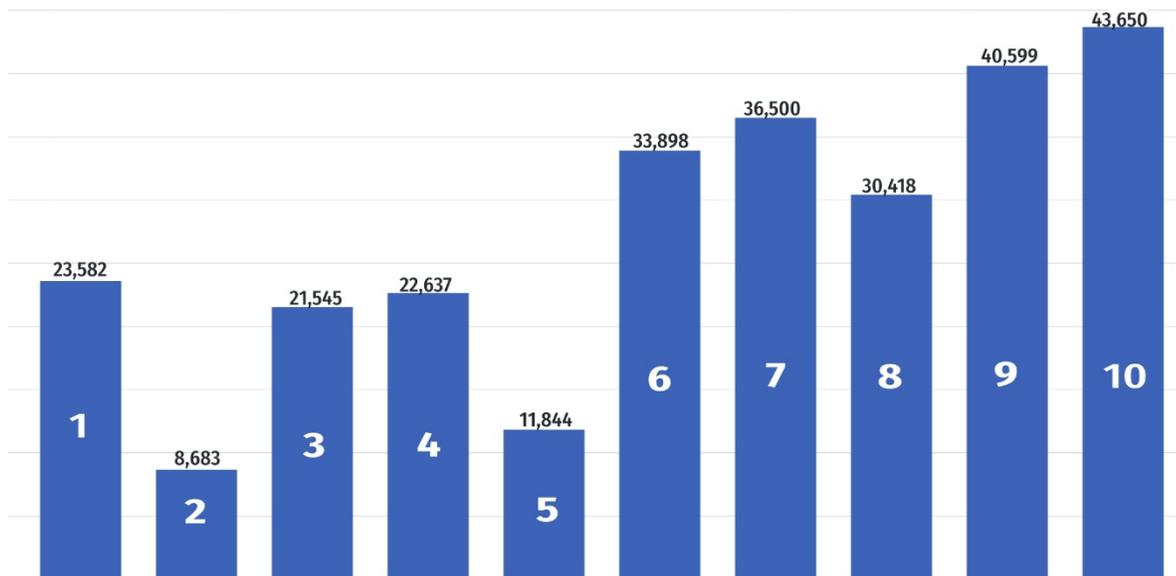
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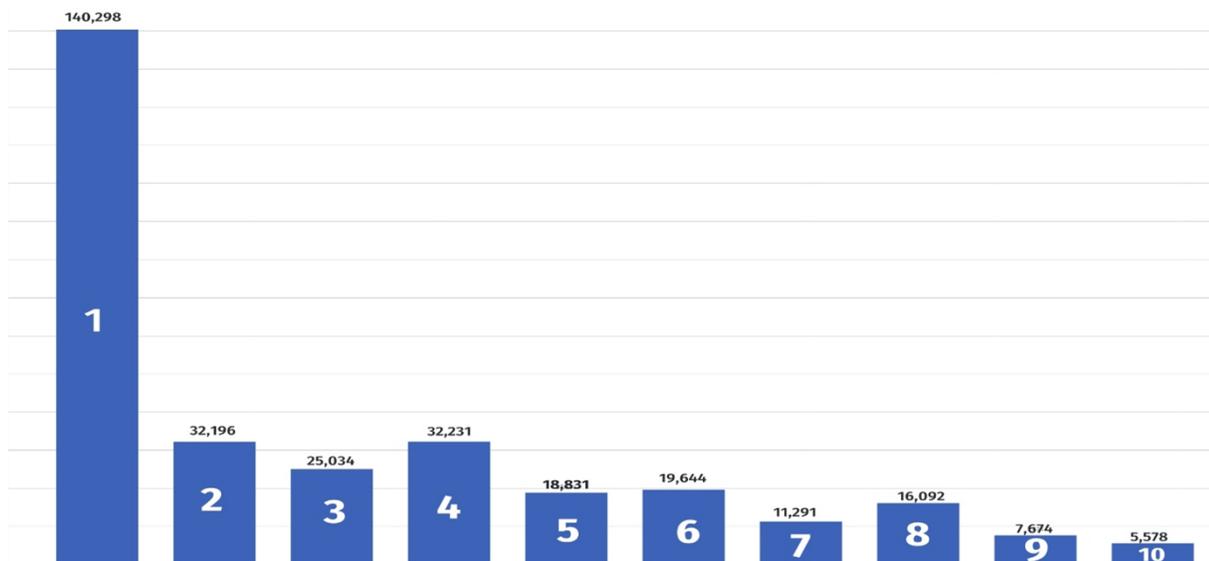
**Figure 3: Population demographic breakdowns by ethnicity within Hull, Yorkshire and the Humber and England as a whole**



**Figure 4: Number of individuals within each income decile in the East Riding of Yorkshire**



**Figure 5: Number of individuals within each income decile in the Hull**



### *Parents feel unsupported by the local services*

*In order to better determine health needs at the local level parents were surveyed in order to better elicit their ideas, concerns and expectations, as well as to identify any unmet mental health needs.*

Out of the 12 parents surveyed 83% expressed concerns regarding access to the health visitor service. The most common complaint regarding the health visitors were that the visits were conducted online, which was expressed by all interviewed parents. There was also a general concern by parents that they felt that largely because of the online nature of the assessments that they were not as comprehensive as they could have been. 33% of parents interviewed said that the 2-2.5 year check had been missed entirely, and 50% said that mental health related behaviours were not addressed during the health visitor assessment. Of the parents expressing concerns with the health visiting service, 33% of these said that they had unresolved concerns regarding their children's mental health that was not adequately addressed by the health visitor.

These concerns are consistent with concerns raised nationally regarding the health visiting service. As per Public Health England report in 2021 they noted that 19% of infants did not get their 12-month review, and that these reviews were often delayed until 15 month, at which point 80.6% had received an assessment (Office for Health Improvement and Disparities. 2022).

Currently there is a large national shortage of health visitors, with approximately 5000 positions unfilled (Institute of Health Visiting. 2021). This represents an unprecedented degree of shortage that has been exacerbated by many health visitors leaving work during the coronavirus pandemic, and this most likely contributes to significant delays regarding assessment.

These numbers may be improving however. In comparison to the national average, data for the final quarter of 2021 shows that Hull has a higher completion of 2-2 ½ year checks (88.7, 95% CI 86.6-90.9%) in comparison to the national average of 72.45 (95% CI 72.2-72.7%)

(Office for Health Improvement and Disparities (2022)). Furthermore, in Hull the 0-19 service has also been recommissioned and additional health visitors have been employed, with average caseloads reducing to approximately 270 as opposed to 350 as from last year. This marks a considerable improvement in comparison to the first quarter of the year where only 77.6% (95% CI 74.4%-80.8%) of 24-30 month reviews were completed.

In addition to the Health Visiting service, there have been national concerns regarding the shortage of GP appointments since the onset of the COVID-19 pandemic, with Hull having among the fewest GP's per person nationally (Rolewicz, 2021), and this is despite an additional one time payment incentive for new trainees in the area. When parents were asked about access to their GP, 83% reported significant struggles to get appointments. In terms of the health issues parents were concerned about, 20% were concerned about the possibility of autism spectrum disorders, 8% were concerned about sleep related disorders, while no parents reported concerns regarding mood, inattention or negative externalising behaviours.

## **Conclusions**

In summary, this needs assessment identifies that children aged 2-4 are a particularly at risk demographic in terms of unmet mental health needs. The reasons for this are numerous, but stem largely from the fact that the health visitor service ends at age 2 and that these children may not be seen by professionals until school reception at age 5. These problems may be exacerbated by the ongoing staffing crisis affecting health visitors currently, and the fact that health visits are typically conducted remotely due to concerns regarding the pandemic. As some concerns from parents are not being addressed in a timely fashion, then some of these problems may persist until parents seek help from either their general practitioner (a service which is currently struggling with timeliness of appointments) or until school reception.

As a result of these factors, parents who were interviewed locally feel that the level of support they are receiving currently is inadequate and that their concerns are not being addressed promptly.

Fortunately, Health Visitor metrics have improved considerably over the previous year and Hull appears to be performing above the national average in this respect, which is a very positive first step in terms of addressing these concerns.

There is also substantial evidence that the burden of mental health disorders in young children has increased during the time of the pandemic, with children expressing a higher prevalence of negative internalising and externalising behaviours, as well as a higher rate of sleep disorder than would be otherwise expected before the pandemic. These findings are not isolated to England, but appear to be consistent internationally. Fortunately the prevalence of these behaviours appears to be stable as of 2021, and if lockdown restrictions and concerns over the pandemic continue to ease then we may anticipate that these metrics could return to their pre-pandemic baseline.

Populations who appear to be at particularly high risk of mental health disorders are those with lower socio-economic status, those from ethnic minorities, those with pre-existing physical or mental health issues and children of families seeking asylum. As increasingly more families are expressing difficulties in terms of food security and in terms of making basic

payments, then we may expect that this may push many families into more deprived socioeconomic brackets, and therefore we may expect the risk to increase.

***Further information regarding the extent of health need is required***

Several questions remain unaddressed regarding the extent of unmet health needs within the identified population. Firstly, although we have focused specifically on the pre-school population aged 2 and beyond, it may be beneficial to gain additional perspective from services within the local area. These would include the health visitor services as well as the school nursing services, who may be able to provide further insights into the current local burden of mental health problems.

Furthermore, as the COVID-19 situation continues to evolve, we may expect that the burden of COVID-19 associated mental health burden will change accordingly. For instance, in the Co-SPACE study it was noted that child mental health improved once the schools re-opened, and it will be necessary to remain aware of updates to research in order to evaluate the ongoing dynamic changes in mental health burden within the local population.

One final point to be aware of are the concerns regarding the impact of lockdowns and mask usage on linguistic and socio-emotional development. While the evidence so far regarding the developmental impact of these measures is very limited, we may see this reflected in future health needs of the 2-4 year old population as children born into the pandemic age.

***Possible recommendations regarding service delivery***

Several recommendations may be considered based on the findings of this needs assessments. One of the most pressing immediate concerns regards the general shortage of healthcare workers, and it is therefore vital to continue to make best efforts to attract these key workers. As general practitioners and health visitors have been noted to be of particular concerns from parents, then these may require the highest prioritisation in terms of recruitment. However, children's specialist mental health services are also noted to be facing a crisis of excessive demand at present. Furthermore, the Royal College of Psychiatrists reports that the incidence of mental health disorders within children even prior to the pandemic has been steadily rising, and they anticipate that this trend will continue over time (Gale, 2019). Accordingly, it may appropriate to liaise with CAMHS to elicit any concerns that they may have regarding the burden of mental health within the population, and what interventions they feel may be appropriate.

While the latest data from the health visitor metrics is reassuring and shows that steps have been taken to help address this problem, this has yet to be reflected in parental opinion of the service at the time of the parental questionnaire. Furthermore, in the interviews, parents also expressed numerous concerns regarding the shortage of general practitioners within the area, and long waiting times for appointments. This problem is in the process of being addressed, and with additional financial incentives to practice in the area Hull seen a steady rise in the number of GP registrars within training.

On a broader level, as has been emphasized by the Marmot review, tackling income inequalities and the social determinants of ill health should be one of the key priorities in

terms of improving the health of the population as a whole. This is a complex challenge, and to address it would require a co-ordinated multi-level effort at the national and local scales, e.g. to restructure budgets and to identify and target funding into the most deprived communities. However, locally it may be possible to target services to the most at need populations such as the lowest income decile, asylum seekers as well as children of ethnic minorities, who all have a higher than expected mental health burden in comparison to the general population.

Another possible consideration may be to develop local hubs that parents can access if they have concerns about their child's mental health. Mind, a UK based mental health charity have called for the UK government to establish hubs for children aged 11+ in order to tackling the rising prevalence of mental health disorders, and it may be possible to consider offering similar services for younger children, which could be offered either at independent hubs, or through the children's centres.

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