



army families federation

**Title:** Service children and young people's (under 16 years of age) mental health provision - evidencing the need for specific, targeted provision and support

**Date of issue:** February 2019

**Audience:** MOD - Defence People, Directorate of Children & Young People, Army Personal Policy Branch, Defence Primary Healthcare, NHS England, Public Health England, Devolved Administrations, Service charities and children's mental health charities and organisations.

**Issued by:** Karen Ross, AFF Health & Additional Needs Specialist

## 1. Background

After receiving families' enquiries and anecdotal evidence, AFF has been investigating Service children's and young people's mental health provision and support. As a result of this work, AFF has some concerns about the support available for Service children with mental health and emotional wellbeing issues, particularly for those children under 16 years of age.

There is currently no universally recognised definition of a 'Service child', so for this paper the Service Pupil Premium in English schools' definition will be used:

*"A child or young person who has one or both parents currently serving in the Regular Armed Forces, or who has done so at any point in the last five years. This includes children or young people with a parent who is on full commitment as part of the full-time Reserve Service."*

During January 2019, AFF has been focussing on 'health' and we have asked families about their experience of accessing mental healthcare provision for their children. 205 people responded to our social media quick poll and these conversations, together with our targeted research on this topic, have continued.

As a result of our research and enquiry data, AFF has identified these key areas of concern:

- Mobility
- Deployment
- Separation
- Impact of parental, guardian or carer mental health on children's mental health
- Support available.

This paper addresses the challenges that arise because of a Service child's specific experience and how their mental health and wellbeing is impacted by the unique and complex challenges they face, by virtue of being a Service child. This will in turn provide evidence in support of the need for specific, targeted support for their mental health and emotional wellbeing issues.

## 2. Introduction

“It is widely recognised that children’s emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing into adulthood.”<sup>1</sup>

The Mental Health of Children and Young People in England<sup>2</sup> survey estimates that for all children in England:

- One in eight (12.8%) 5-19-year-olds had at least one mental health disorder, when assessed in 2017
- Incidences of mental health disorders increased with age from 5.5% of 2-4-year-olds, compared to 16.9% of 17-19-year-olds
- There was a slight increase in the prevalence of mental health disorder in 5-15-year-olds, rising from 9.7% in 1999 to 11.2% in 2017.

A current estimate of the number of Service children and young people is around 73,000. Although Service children with a diagnosable mental health disorder will have been included in this national data, they are not specifically identifiable. Therefore, it is difficult to make comparisons about the incidence or type of mental health disorders Service children are experiencing compared to non-serving children. However, if one in eight children have a diagnosed mental health disorder, there will be approx. 9,000 Service children with both diagnosed and undiagnosed mental health disorders within this cohort (assuming national statistic is applicable for this cohort).

## 3. Mobility

The 2018 FAMCAS survey<sup>3</sup> identified that a fifth (20%) of Service families moved in the last 12 months. Families tend to move with the Service person, and this can often be at short notice. FAMCAS also identified that officer families are more mobile than other rank families, with 27% of officer families having moved home for Service reasons in the last 12 months, compared to 20% of other rank families. Army families, compared to the other Services, had the highest rate of moving for Service reasons in the last 12 months.

---

1

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414908/Final\\_EHWP\\_draft\\_20\\_03\\_15.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWP_draft_20_03_15.pdf)

<sup>2</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

<sup>3</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/728466/Tri-Service\\_Families\\_Continuous\\_Attitude\\_Survey\\_2018\\_Main\\_Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728466/Tri-Service_Families_Continuous_Attitude_Survey_2018_Main_Report.pdf)

Several studies have identified that mobility can create disruption to family life. This may particularly affect more vulnerable families who have a child with a pre-existing mental health disorder and/or additional need. There is, therefore, an inevitable impact when frequently changing schools, leaving friendship groups and support networks and experiencing gaps in curriculum. Mobility also creates potential issues with continuity of healthcare and treatment.

### 3.1 Schools, friendships and support networks

In 2017, one in five Service families had school-age children who had changed school for Service reasons<sup>4</sup>. When families move around the UK and overseas, their children usually move with them, often leaving schools, friendships and other support networks behind. Many Service children benefit from moving because this can develop their social attentiveness, worldview and personal experiences. As a result, they can develop resilience and coping mechanisms to deal with these frequent changes. However, there are those who don't cope so well, and some children are known to use masking strategies to hide their mental health issues. Families have spoken to AFF about their children's wellbeing and how they have developed low level anxiety when leaving an area, school and friendship groups. Often, this anxiety is expressed through challenging behaviour, more at home than at school, with children becoming unsettled or not sleeping properly.

AFF acknowledges that there is support in-situ for Service children in schools in England, such as the Service Pupil Premium (SPP) and the Education Support Fund (ESF). The ESF was made available to 'assist publicly funded schools, academies and free schools throughout the UK, to mitigate the effects of mobility or deployment of their Service communities; Regular and Reserve.'<sup>5</sup> The ESF spent a significant amount of money on projects providing counselling and wellbeing support and one example of this is the funding of North Yorkshire Council's two Service Pupils' Champions<sup>6</sup>, who support Service families in schools and act as an intermediary between schools, the Armed Forces and the council. They have recently been offering anxiety workshops to schools across North Yorkshire and have also added self-esteem workshops too; this has received positive feedback from teachers, children and parents. AFF would like to see this replicated in other locations where there is a high proportion of Service families and children.

Both the SPP and ESF were designed to mitigate the effects of mobility or deployment of Service communities on Service children; however, there continues to be disparity between schools on how these funds should be utilised for the individual child's needs.

---

<sup>4</sup>

[https://www.childrenssociety.org.uk/sites/default/files/cfd209\\_final\\_youngcarersarmedforces\\_report\\_v5\\_web.pdf](https://www.childrenssociety.org.uk/sites/default/files/cfd209_final_youngcarersarmedforces_report_v5_web.pdf)

<sup>5</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/741086/20180323-2019\\_MOD\\_ESF\\_Instructions\\_and\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741086/20180323-2019_MOD_ESF_Instructions_and_guidance.pdf)

<sup>6</sup> [www.servicepupilschampion.co.uk](http://www.servicepupilschampion.co.uk)

*“They take the pupil premium money and stick it in the pot. Both my children need emotional support and both their schools have come up with nothing despite promising counseling and extra help etc.”*

In March 2018, AFF submitted evidence to the *Transforming Children and Young People’s Mental Health Provision: a green paper*<sup>7</sup> consultation. Although we are encouraged by the aspiration and the core proposals of this paper, we have some concerns.

- The projected timescales for the Mental Health Support Teams’ training to be completed and the ambition for a fifth of the country to have Designated Senior Leaders and Mental Health Support Teams in schools by 2022/23, is not soon enough.
- We hope that those in schools with fewer Service children, those who are not in education or training and children who are excluded or are being home schooled, will be considered in the future proposals of the green paper.
- The gradual roll-out of this provision may potentially create a variation in provision in schools that may negatively impact mobile Service children, unless SCISS, SCiP and other stakeholder collaborations occur.

However, AFF is encouraged that MOD Defence People have initiated direct contact with the Department of Health and Social Care’s Children’s and Young People’s Mental Health Green Paper team and is pleased that, together with other stakeholders, we have been included in these conversations.

#### **AFF recommendations:**

- **More examples of the SPP being used for targeted support for Service children’s emotional wellbeing in schools.**
- **Continuation of this momentum and collaborative working with the Department of Health and Social Care’s Children’s and Young People’s Mental Health Green Paper team, so that Service children are considered at all levels throughout this important piece of work.**

### **3.2 Boarding school children and provision overseas**

Families currently living overseas have highlighted the issues that children in boarding schools in the UK have when they return home for the school holidays, when they have either developed a mental health issue or have a pre-existing disorder. There appears to be little support or reach-back available and it can be problematic for children to continue with ongoing treatment and intervention whilst overseas.

### **3.3 Continuity of treatment and support**

Several enquiries received by AFF relate to the impact of mobility on transferring NHS waiting list times and continuity of treatment. These include transferring Education Health Care Plans (EHCP) (or the equivalent in the devolved administrations), transferring waiting

---

7

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/664855/Transforming\\_children\\_and\\_young\\_people\\_s\\_mental\\_health\\_provision.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf)

list times for diagnosis or assessment and ongoing treatment/intervention. However, despite the commitment of the Armed Forces Covenant (AFC) on transferring NHS waiting list times, families continue to report issues with this. AFF is aware of long waits for assessments for diagnoses creating a significant impact on families when assigned or moving frequently. Families have informed us of waiting times for assessment and treatment taking anything from a few months up to three years. An AFF quick poll asked families if they had been able to access timely and appropriate support for their children's mental health issues, 205 people responded and 83% answered 'no', they hadn't been able to.

Accessing Child and Adolescent Mental Health Services (CAMHS) provision is another area of concern and AFF is aware that this provision is under resourced and overstretched. Current data estimates that 69% of 338,000 children referred to CAMHS in 2017/18 did not receive treatment within a year<sup>8</sup>. Families tell us that unless their child is a risk to themselves or to others, they often don't meet the treatment or referral criteria. The variation in local treatment criteria can also result in their child not being eligible for treatment, and this can greatly impact on the continuity of children's treatment, which may cease completely or create gaps in treatment.

*"My daughter started to suffer massively in summer last year. Referrals went in for CAHMS, yet still nothing. Husband is deploying again this year. We have been warned to expect her to breakdown again, yet there's no help to prevent this, or even how to cope if it happens".*

Families are also experiencing issues with accessing CAMHS in Germany due to the drawdown. AFF is concerned that this support is being reduced, particularly as families overseas have no support from family and can't easily access host nation support for mental health disorders. Therefore, it is important to consider some form of reach-back intervention, particularly where provision is being reduced overseas.

AFF's own data has highlighted areas of potential concern around urgent, early intervention and continuing support and we consider it imperative to drill down and acquire specific data for Service children to ascertain the scale and prevalence of the issue.

#### **AFF recommendations**

- **An improvement in the transferring of ongoing treatment and a reduction in the local variation in treatment criteria, particularly with CAMHS provision.**
- **Service children's mental health and emotional wellbeing to be made a priority within the different workstreams identified.**
- **Consider some form of reach-back intervention, particularly where provision is being reduced overseas.**
- **Improved data collection, so that Service children are more easily identifiable within national data.**

---

<sup>8</sup> <https://www.cypnow.co.uk/cyp/news/2006084/majority-of-children-not-receiving-mental-health-treatment-within-year-of-referral>

#### 4. Deployment

Deployment, for this paper, refers to the serving person being away from home, either on military operations or on a long-term training exercise. In September 2018, 5,000 Army personnel were deployed on operations, training or short-term training teams. A further 5,000 were committed to readiness for NATO/EU tasks, so potentially could have been deployed at short notice<sup>9</sup>.

Several academic research papers<sup>10</sup> discuss the potential impact of deployment on Service children. Overall, they mostly identify that Service children are more susceptible to some social and emotional distress whilst one or both parents are deployed on active duty. In 2006/07, one US study<sup>11</sup> found that in Service children aged 3-8 years with deployed parents, visits to out-patients with mental health and behavioral issues increased by 11%. However, there appears to be no comparative data for UK Service children.

The legacy and extent of the impact of these conflicts on Service children is not yet fully known, but we hope that any current research is focused on seeking answers to these issues.

#### AFF recommendations

- **AFF would like to see further consideration of the disruption and impact of deployment, training and assignments - particularly for those more at risk and vulnerable families - and what better support can be provided.**
- **Further UK-based specific, targeted research to identify the prevalence of Service children's mental health disorders and the impact that deployment may have on them.**

#### 5. Separation

Some families choose to live unaccompanied, particularly if they need stability to support their children's or their own medical and/or welfare needs. This involves applying to retain their Service Families Accommodation (SFA) on a 12 monthly basis and can require submission of quite robust, and at times, confidential medical information to support this. This can be a complex decision for families, particularly if they are a more vulnerable family with specific medical or welfare needs. When considering an overseas assignment, the majority of mental health disorders cannot be supported in most overseas locations,

---

<sup>9</sup> [https://www.army.mod.uk/media/5001/in\\_front\\_issue\\_1\\_internet.pdf](https://www.army.mod.uk/media/5001/in_front_issue_1_internet.pdf)

<sup>10</sup> <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/06/KIN-AND-COUNTRY-Growing-up-as-an-Armed-Forces-child.pdf>

<http://www.fim-trust.org/wp-content/uploads/2015/01/20130729-FiMT-MHF-Final.pdf>

<https://theconversation.com/how-operational-deployment-affects-soldiers-children-76555>

<https://preview-kcl.cloud.contensis.com/kcmhr/publications/assetfiles/2017/Thandi-2017.pdf>

<sup>11</sup> <http://www.fim-trust.org/wp-content/uploads/2015/01/20130729-FiMT-MHF-Final.pdf>

therefore, Service personnel must make the difficult choice between career progression or supporting their family.

While MOD policy has supported geographical stability for other areas of ongoing medical treatment, for example assisted conception, AFF would like this to be considered for Service children undergoing mental health assessment, interventions or treatment.

*“My son struggled badly with changing schools and lack of stability [...] So to give him stability we have gone MU in Lincolnshire and found a great school which does what it can, but external help is in very short supply [...] Stability has helped but seeing his dad at best once a month but usually every 3 months is not helping. [...] Having no contact from husband's base is not helpful either. He's been away for months at a time and no one reaches out. MU families seem to be forgotten about, we don't exist.”*

### **AFF recommendations**

**AFF would either like to see an improvement to the retention of SFA process, so that families with significant issues can have stability and be better supported; or changes to current policy regarding geographical stability for children undergoing assessment, treatment or interventions.**

### **6. Impact of parental, guardian or carer mental health illness**

The NSPCC<sup>12</sup> estimates that over two million children are living with a parent who has a common mental health disorder. They suggest that the impact that parental mental health illness can have on their children depends on the parent (guardian/carer), their circumstances and the support they receive. School age children have an increased risk of developing behavioral problems and of developing mental health difficulties. Children may have to take on a caring role, which may disrupt their education and emotional and social development and often children become distressed if their parent becomes aggressive or displays volatile behavior.

A number of families and welfare professionals have asked AFF about specific support for their children to help them understand their parents, guardians or carers' mental health illness, particularly PTSD, but we have found little available, particularly for much younger children.

Families have also informed us about how their children's behavior can change or deteriorate when the serving parent is absent. It is important that healthcare professionals are aware of the unique stressors that a military lifestyle can create to give the best possible intervention and treatment.

*The Impact of paternal deployment to the conflicts in Iraq and Afghanistan and paternal post-traumatic stress disorder on the children of military fathers' study (2018)*<sup>13</sup> found that adverse childhood emotional and behavioural wellbeing was associated with paternal

---

<sup>12</sup> <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/parental-mental-health/>

<sup>13</sup> <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/impact-of-paternal-deployment-to-the-conflicts-in-iraq-and-afghanistan-and-paternal-posttraumatic-stress-disorder-on-the-children-of-military-fathers/0175F9117E1BFA4136C28F2DB7A3BD6C>

probable PTSD. There is also evidence that children whose fathers have PTSD are more likely to miss out on positive role modelling and are even more likely to be exposed to negative role modelling.

*“As the children have got older, they have become more affected by their daddy’s illness. When my husband is in hospital, I have to be everything for everyone. I have to deal with my own desperation and worry and that of my children too.”*

#### **AFF recommendations**

- **More work to be done with external agencies and organisations, so that healthcare and other professionals are aware of the unique stressors that a military lifestyle can create to give the best possible intervention and treatment.**
- **Better identification of and understanding of the impact of being a young carer of a family member with a mental health disorder.**

### **7. Support available**

The Armed Forces Covenant Fund Trust Families in Stress programme has provided funding to support families experiencing stressful life events. Projects supported under this programme have provided focused interventions for families experiencing mental health needs and have specifically focused on helping parents with children aged 0-5 years. However, AFF is concerned that support for much younger children under 5 years old is still sketchy and not easily accessible. We have been contacted by several families who have children as young as two years old who have real concerns about their emotional wellbeing, but there appears to be little support available.

Work is currently being carried out through the MOD play and youth work strategy and we acknowledge that youth clubs and Community Support Development Workers (CSDWs) have an important role in helping to identify children with mental health disorders or developing issues. Youth clubs may be one area where early intervention can be commenced, particularly if the CSDWs have Mental Health First Aid or similar training. However, we do have concerns for those children who are not currently in an educational setting or who are being home schooled, as well as those more isolated and geographically dispersed families, who wouldn’t necessarily have access to the AWS projects and, therefore, vital support and early intervention.

AFF has also identified a requirement for intervention and support for those children that do not meet the criteria for, or require, CAMHS intervention, but who do require some specific support. Often, families do not know who to approach for support or find they are passed from pillar to post whilst seeking some support.

AFF works closely with NHS England Armed Forces Commissioners and with the devolved administrations and we have raised some of these issues with them. We hope that future collaboration may bring some improvement in both data collection and provision.

#### **AFF recommendations**

- Improved support for much younger children and their parents.
- A directory of specific, targeted and easily accessible support available to Service families, including overseas, UK-wide and local provision.

### Summary of recommendations

AFF makes the following overall recommendations:

- More examples of the SPP being used for targeted support for Service children's emotional wellbeing in schools.
- Continued collaborative working with the Department of Health and Social Care's Children's and Young People's Mental Health Green Paper team, so that Service children are considered at all levels throughout this important piece of work.
- Further UK-based specific, targeted research to identify the prevalence of Service children's mental health disorders.
- Improved data collection so that Service children are more easily identifiable in national data.
- An improvement in the transferring of ongoing treatment and a reduction in the local variation in treatment criteria, particularly with CAMHS provision.
- An improvement to the retention of SFA process, so that families with significant issues can have stability and be better supported; or changes to current policy regarding geographical stability for children undergoing treatment or interventions.
- Continue to ensure that Service children's mental health and emotional wellbeing is a priority within the different workstreams that have been identified.
- Consider some form of reach-back intervention, particularly where provision is being reduced overseas.
- Further consideration given to the disruption and impact of deployment, training and assignments, particularly for those more at risk and vulnerable families, and what better support can be provided.
- A directory of specific, targeted and easily accessible support available to Service families, including overseas, UK-wide and local provision.