

CHILDRENS' MENTAL HEALTH

Background

Mental illness is common. It affects thousands of people in the UK, and their friends, families, work colleagues and society in general.

- One in four people will experience a mental health problem at some point in their lives.
- **Around one in ten children experience mental health problems.**
- Depression affects around one in 12 of the whole population.
- Rates of self-harm in the UK are the highest in Europe at 400 per 100,000.
- 450 million people world-wide have a mental health problem.

It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing into childhood ¹.

In an average class of 30 15-year-old pupils:

- three could have a mental disorder
- ten are likely to have witnessed their parents separate
- one could have experienced the death of a parent
- seven are likely to have been bullied
- six may be self-harming

Most people who experience mental health problems recover fully, or are able to live with and manage them, especially if they get **help early**.

Recent National policy-

Autumn 2013 -reports both in the media and in Parliament of young people with mental health problems having to travel across the country to receive inpatient treatment, in some cases hundreds of miles from their homes, families and local communities.

Feb 2014 The House of Commons Health Committee announced its **Inquiry into Children's and Adolescents' Mental Health and CAMHS**

5 November 2014 –publishes **findings of the Health Select Committee**

Select Committee concludes that there are serious and deeply ingrained problems with the commissioning and provision of children's and adolescents' mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people:

- There are **major problems with access to inpatient mental health services**, with children and young people's safety being compromised while they wait for a bed to become available. Often when beds are found they may be in distant parts of the country, making contact with family and friends difficult, and leading to longer stays.
- Early intervention services provide support to children and young people before mental health problems become entrenched and increase in severity. These services reduce the need for higher tier services including admission. **However in many areas early intervention services are being cut or are suffering from insecure or short term funding.** Recommendations; Audit commissioning of early

¹ PHE & Childrens and Young Peoples Mental Health Coalition

intervention services in local authorities, report the best mechanisms to provide stable, long term funding for early intervention services.

- **While demand for mental health services for children and adolescents appears to be rising, many CCGs report having frozen or cut their budgets.** CCGs have the power to determine their own local priorities, but we are concerned that insufficient priority is being given to children and young people's mental health. Recommendations; hold to account through Health and Wellbeing boards /closer partnership working / pooled budgets /leadership & influence.
- The Committee is particularly concerned about the wholly **unacceptable practice of taking children and young people detained under s136 of the Mental Health Act to police cells**, which still persists. Recommendations; Department of Health to be explicit in setting out how this practice will be eradicated.
- Concerns have also been raised about the **quality of education children and young people receive when they are being treated in inpatient units**. Recommendations; that OFSTED, DFE and NHS England conduct a full audit of educational provision within inpatient units as a matter of urgency.
- In community CAMHS services, providers have reported **increased waiting times for CAMHS services and increased referral thresholds**, coupled with, in some cases, challenges in maintaining service quality, as a result of rising demand in the context of reductions in funding. Not all services reported difficulties – some state that they have managed to maintain standards of access and quality – but **overall there is unacceptable variation**. Young people and their parents have described "battles" to get access to CAMHS services, with only the most severely affected young people getting appointments; they also described the devastating impact that long waits for treatment can have.

The issues identified nationally also resonate locally.

March 2015 -Children and Young People's Mental Health Taskforce *Future in Mind*, jointly chaired by NHS England and the Department of Health and establishes a clear direction and some key principles about how to make it easier for children and young people to access high quality mental health care when they need it. It draws upon the findings of the select committee.

Key recommendations;

1. Improved public awareness and understanding, where people think and feel differently about mental health issues for children and young people where there is less fear and where stigma and discrimination are tackled
2. In every part of the country, children and young people having timely access to clinically effective mental health support when they need it.
3. A step change in how care is delivered moving away from a system defined in terms of the services organisations provide (the 'tiered' model) towards one built around the needs of children, young people and their families.
4. Increased use of evidence-based treatments with services rigorously focused on outcomes
5. Making mental health support more visible and easily accessible for children and young people.
6. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible.
7. Improving access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour

8. A better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when, and where they need it.
9. Improved transparency and accountability across the whole system, to drive further improvements in outcomes.
10. Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.

AUG 2015- Local Transformation Plans for Children and Young People's Mental Health and Wellbeing

DOH publishes guidance to support the development of CAMHS services .This document provides guidance for local areas – *CCGs, working closely with their Health and Wellbeing Boards and partners from across the NHS (including NHS England Specialised Commissioning), Public Health, Local Authority, Youth Justice and Education sectors* - on the development of these Local Transformation Plans .

Alongside this monies made available nationally to help local commissioners to redesign /transform CAMHS in line with recommendations hi-lighted in 'FUTURE IN MIND'.

Key issues for Children and Young People

Stigma and Mental health – across all population

Even though so many people are affected, there is a strong social stigma attached to mental ill health, and people with mental health problems can experience discrimination in all aspects of their lives.

Many people's problems are made worse by the stigma and discrimination they experience – from society, but also from families, friends and employers.

Nearly **nine out of ten people** with mental health problems say that stigma and discrimination have a negative effect on their lives.

We know that people with mental health problems are amongst the least likely of any group with a long-term health condition or disability to:

- find work
- be in a steady, long-term relationship
- live in decent housing
- be socially included in mainstream society.

This is because society in general has **stereotyped** views about mental illness and how it affects people. Many people believe that people with mental ill health are violent and dangerous, when in fact they are more at risk of being attacked or harming themselves than harming other people.

Stigma and young people (taken from Young minds, Stigma; a review of the evidence)

Studies which look at attitudes to mental health reveal that younger people have very negative views and use pejorative terms in their everyday language. This is associated with a low level of knowledge about mental health.

Many people's knowledge about mental health and illness comes from mass media coverage. Many studies

have found that newspapers use derogatory language, which is often out of context. Studies of UK television programmes and newspapers found that most of these were unsympathetic towards mental health issues and there were a large number of flippant, pejorative or unsympathetic references.

Providing young people with information about mental health issues has been shown to improve attitudes to mental health.

Training teachers in mental health issues has been shown to improve understanding of mental health. There is a training offer for staff in Dudley Schools focusing on the universal aspects of emotional health, considering how best to support children and young people to develop emotionally in a positive school environment thus enabling them to learn and achieve their full potential.

Tackling stigma is not just about educating people and changing attitudes, but is also connected to the provision of cost effective mental health services. Services may be evidence based, and staff, but if young people don't want to access these services because of the stigma associated with them, then they will not be effective.

What we can do to address stigma

We need to value the importance of recognising and promoting good mental health and wellbeing in all people, not just focusing on mental illness and diagnosis. (Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing)

Improved public awareness and understanding, where people think and feel differently about mental health issues for children and young people where there is less fear and where stigma and discrimination are tackled.

Training for school staff to be able to identify, signpost and support young people in relation to mental health needs to take place, this needs to be in a format suitable for non medical professionals and delivered to all appropriate school staff including senior staff.

The PSHE Association has launched new guidance and primary and secondary lesson plans for schools on preparing to teach about mental health and emotional wellbeing.

Key to this is how we communicate and raise awareness of emotional health and wellbeing and Mental Health and give it equal priority as a physical wellbeing.

What we would like to do is use technology /IT/arts/creative approaches ;

- Active engagement and consultation with CYP on developing local social media campaign to support any nationally led campaigns on anti-stigma and raising awareness of emotional health and wellbeing services.
- Social marketing concepts used with CYP to develop IT based resources e.g . apps to help sign post CY to information and support services.
- Working with a range of partners to scope alternative methods of self support for CYP in self management .

Early Help Services

In Schools-

The Department for Education (DfE) recognises that: “in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy”. There is good evidence to support this assertion and Ofsted has highlighted that children and young people themselves say that they want to learn more about how to keep themselves emotionally healthy. Moreover schools have a duty to promote the wellbeing of students.

The National Institute for Health and Care Excellence (NICE) advises that primary schools and secondary schools should be supported to adopt a comprehensive, ‘whole school’ approach to promoting the social and emotional wellbeing of children and young people. Such an approach moves beyond learning and teaching to pervade all aspects of the life of a school, and has been found to be effective in bringing about and sustaining health benefits. DfE also identifies a whole-school approach to promoting good mental health as a protective factor for child and adolescent mental health

In Dudley schools have signed up to the Whole School Approach (WSA) to Emotional Health and Wellbeing (EHWB) with 27 having expressed an interest. With additional support ideally from the school nurses we would like to extend this to all schools (all schools in Dudley are already signed up to the healthy schools programme) . Those schools who are really engaged find the process useful and informative and we will ask them to share how they have engaged with the process and share their positivity.

We recognise that one of our weakest areas of support for children and young people is in tier two services. They are not universally available and similar to the national picture can be difficult to access or navigate . In response to this gap DMBC remodelled the School Health Nurse Service. The uniqueness to this new model is the additional investment made to develop an **Emotional Health & Wellbeing Support Team (EHWT)** that will be based in schools and have close relationship with CAMHS.

The team contributes to supporting the School Health Nurses(SHN) in their universal role of addressing emotional health and wellbeing needs ,but with a strong emphasis for the team to provide a more ‘hands on’ non stigmatising service. The team once fully operational will provide targeted support to individuals and families.

A wide range of professionals should be involved across universal, targeted and specialist services, through:

- promoting good mental wellbeing and resilience, by supporting children and young people and their families to adopt and maintain behaviours that support good mental health;**
- preventing mental health problems from arising, by taking early action with children, young people and parents who may be at greater risk;**
- early identification of need, so that children and young people are supported as soon as problems arise to prevent more serious problems developing wherever possible.**

(Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing)

Appendix1- Four Tiers of Mental Health Services

Children's Mental Health services can be broken down into four tiers

Tier 1- Prevention/early intervention. Provided by practitioners working in universal services who are not mental health specialists. This includes:

- GPs
- health visitors ,school nurses
- teachers
- social workers, and youth justice workers and voluntary agencies.

Tier 1 practitioners are able to offer general advice and treatment for less severe problems. They contribute towards mental health promotion, identify problems early in the child or young person's development and refer to more specialist services.

Tier 2- Early Intervention. Services which provide mental and emotional health services for children and young people who require support, but who do not require more highly specialised Tier 3 services.

Early intervention services at Tier 2 can be commissioned and funded by a variety of different bodies-mainly local authorities, but in some instances by individual schools or by CCGs. They can be delivered by CAMHS, voluntary sector providers or other agencies. e.g parenting programmes , low level CBT, family therapy .

Tier 2 provision by CAMHS is provided by mental health practitioners who tend to be CAMH specialists working in teams in community and **primary care** settings (although many will also work as part of Tier 3 services). Tier 2 practitioners offer consultation to families and other practitioners. They identify severe or complex needs requiring more specialist intervention, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1 level.

Tier 3- Specialist outpatient services

Tier 3 services are usually multidisciplinary teams or services working in a community mental health setting or a child and adolescent psychiatry outpatient service, providing a service for children and young people with more severe, complex and persistent disorders. Team members are likely to include:

- child and adolescent psychiatrists
- social workers
- clinical psychologists
- community psychiatric nurses
- child psychotherapists
- occupational therapists, and
- art, music and drama therapists.

Tier 4-Specialist inpatient services.

Tier 4 encompasses essential tertiary level services such as intensive community treatment services, day units and inpatient units. These are generally services for the small number of children and young people who are deemed to be at greatest risk (of rapidly declining mental health or serious self harm) and/or who require a period of intensive input for the purposes of assessment and/or treatment.

In Dudley Child and Adolescent Mental Health Services (CAMHS) are specialist NHS services commissioned by the CCG to primarily provide tier 3 and 4 services. They 'provide assessment and treatment of moderate to severe mental health difficulties that children and young people experience'

[We believe that childrens' mental health issues represent a significant area of which governors need to be aware. The figures quoted near the start of the article imply that, in an "average" class of 30 15-year old pupils, between 10 at least and up to a maximum value of 27 (a staggering 90%) are likely to have experienced some form of mental or emotional issue]