

Children and Young People's Mental Health

HEALTH AND WELLBEING BOARD

25 NOVEMBER 2020

Contents



Context

What we are already doing

What we will do next

Context

Emotional health and wellbeing 'crisis' and drivers including social media

Access to services and performance eg waiting times etc

But...will only be limited impact if we don't fundamentally change models of delivery

KOOTH
 CAMHS TRAINING (For professionals, parents)
 Community providers
 Relate
 Early help
 0-19 Emotional resilience workers
 Health visitors
 Healthy child practitioners'
 School nurses
 Recovery College (online)
 Approved websites (ie Royal College of Psychiatry factsheets, MindEd, Rethink etc)
 Youth Services (i.e youth clubs)
 Educational Psychology Service
 Special Educational Needs Disability (SEND) local offer
 Families Information Service (FIS)
 Anna Freud Centre for Children and Young People
 Young Minds; Mind Ed
 Mental Health North East
 Mind; Autistica; MindMate
 Family solutions
 Help point,
 Egglecliffe GP surgery

TEWV CAMHS: Generic CAMHS; CAMHS Single Point of Access; CYP IAPT;
 CWPs; Mental Health Teams in Schools
 Early years, Trainee CPWP within Early years
 DWP pilot re Parental Conflict
 Alliance (in some schools)
 Family hubs , Family Action
 Third sector / community providers
 School Nurses
 LA Local Offer (SEND)
 Some schools also buy in their own services
 Private providers
 Community paediatrics
 Family solutions
 Prevention's and patrol
 0-19 service
 Family group conferencing team
 2 x 30 hour therapeutic worker based in Children's social care (1 year pilot)
 and 1 x 30 hour therapeutic worker based in resources
 Looked after children's CAMHS service
 Spot purchase of services to meet individual need where existing services
 cannot meet need/ CSE contract -Barnado's
 Footsteps- Egglecliffe GP surgery
 mental health pilot Billingham



TEWV CAMHS:
 • Crisis
 • IHT
 • CEDS
 • Inpatient care
 • Intensive PBS for LD
 • AFOS
 Safeguarding (LA)?
 Children's Services (Social Care) Assessment teams, Fieldwork teams,
 Looked after children's team, Complex needs team.
 Care Education and Treatment Reviews (CETRs)
 Dynamic support register
 Spot purchase of services to meet individual need where existing
 services cannot meet need
 CSE contract -Barnado's
 Safeguarding/ VEMT

CAMHS : Generic teams; LD CAMHS; Community Eating Disorder Team (CEDS); AFOS; CYP
 IAPT
 Education psychology
 School counsellors
 Social Care – Looked After Children, Children in Need
 Safeguarding (VEMT – vulnerable, exploited, missing, trafficked)
 SEND/EHCP
 Vulnerable pupils
 Youth Justice
 Autism links
 Youth offending team and targeted support service
 Forensic CAMHS
 Looked after children's CAMHS service
 Spot purchase of services to meet individual need where existing services cannot meet need/
 CSE contract -Barnado's

The table below shows the best performing CCGs in England.

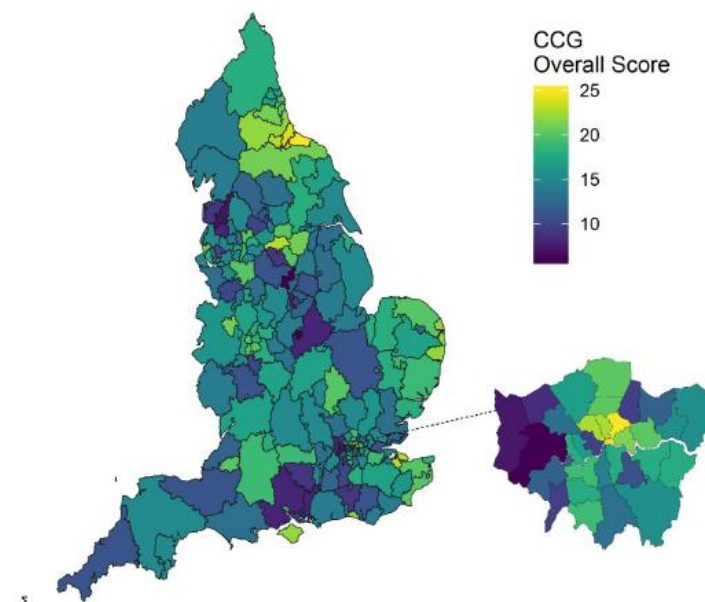
Clinical Commissioning Group (CCG)	% CCG budget spent on CYP MH	MH Spend per child (£)	% of CYP referred to CYPMHS	Average wait time for MH services (days)	% CYP whose referral closed before treatment	CCG overall score (5 = worst, 25 = best)
NHS South Tees CCG	1.30%	96	5.72%	21	21%	25
NHS Hartlepool and Stockton-on-Tees CCG	1.57%	103	5.77%	32	30%	24
NHS Darlington CCG	1.09%	74	5.36%	40	29%	23
NHS Barnsley CCG	1.24%	95	4.19%	27	36%	23
NHS Swale CCG	1.18%	66	4.46%	32	28%	23
NHS City and Hackney CCG	1.57%	99	4.23%	43	29%	23
NHS Isle of Wight CCG	1.31%	113	3.21%	42	24%	22
NHS Great Yarmouth and Waveney CCG	1.30%	102	4.61%	38	43%	22
NHS Durham, Darlington and Tees CCG	0.98%	84	6.31%	44	28%	22

How services compare across the country

We have assessed CCG provision against five core criteria:

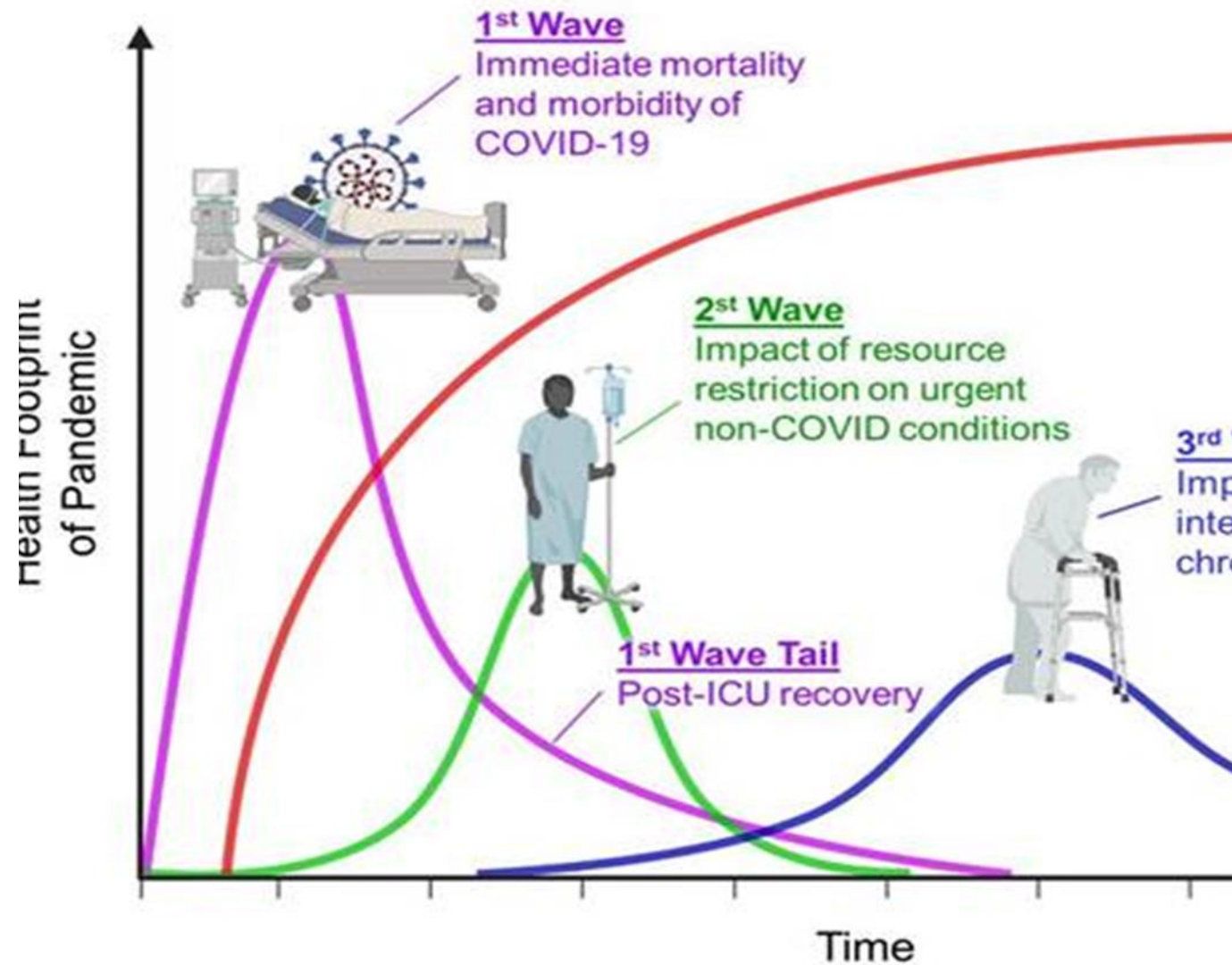
1. the number of children accessing help,
2. the percentage of budget devoted to children's mental health
3. spend per child
4. waiting times
5. percentage of children whose referral was closed without them accessing treatment.

For each measure, we have compared CCGs against other CCGs to give a total score out of 25. A score of 25 would suggest that the CCG in question was in the top 20% of CCGs for each of the five measures. A score of 5 would show the CCG was in the bottom 20% of CCGs for each measure.



How we compare

Mental Health Impacts of the Pandemic



- Estimates how large the surge of extra "Covid-19 generated" demand for primary / secondary mental health services is going to be
- Supports a discussion on how the whole system can best work together to meet this additional demand over the next 5 years

The Forecasting Model

Developed by public health, research, clinical, data, planning experts, including CCG MH commissioning leads

Based on life course age bands

Identifies segments in the population with similar C-19 experience / risk factors

Uses research to estimate increased prevalence of mental illnesses for each segment

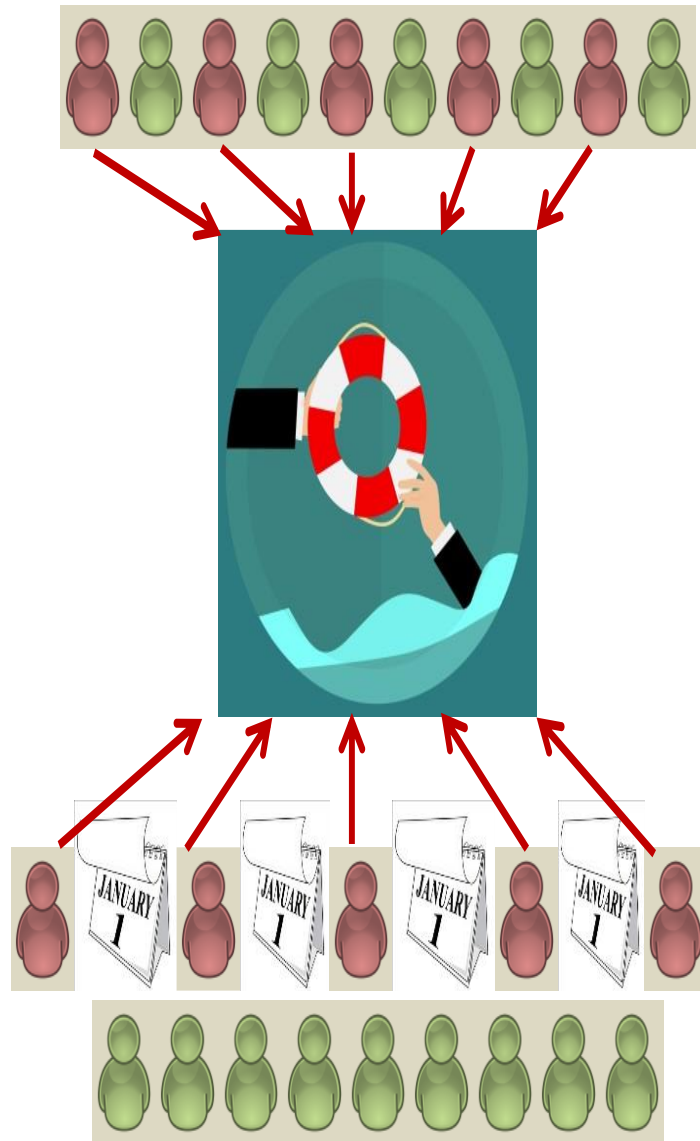
What are we forecasting?

Now suppressed existing demand has bounced back we will then expect to see a...

Significant volume of additional needs presenting which will challenge systems over the next 5 years

At system level, over 5 years the number of additional people who will develop a mental illness which requires help / support from any part of “the system” are:

- the equivalent of 52% of CYP (some of this is made up of individuals with multiple episodes so this does not mean half of all CYP will need a system intervention)



For example, for CAMHS, the additional level of need is the equivalent of every second child needing one “episode” of support over 5 years, or 1 in 10 children needing an episode of support each year for 5 years. This is on top of existing pre-Covid 19 levels of need.

Where is
the
additional
Children
and Young
People
demand
coming
from?

School-age CYP across the board due to disruption to schools and social networks

CYP subject to recent or past trauma;

CYP with Special Educational Needs / Learning Disabilities

- some of this demand will not be evident until late 2020

There will be illness caused by vicarious experience (e.g. children of ICU workers)

We expect to see multi-generational lockdown impacts on families subject to multiple risk factors (e.g. poverty)

COVID-19 offer

- training, support and quality assured resources for use within a whole setting approach led by SBC Education Improvement Service
- access to a range of group sessions for children and young people facilitated by emotional health and wellbeing practitioners
- direct work with parents/carers to help them to support their child and/or manage their own emotional health and wellbeing
- access to 1:1 specialist therapeutic intervention as clinically appropriate
- referral routed and coordinated through the Early Help Single Point of Contact

Specialist CAMHS - What has been done to help?

24/7 Dedicated CYP Crisis Service (on-going)

- Intensive Home Treatment Team
- Intensive Positive Behavioural Support Team
- Community support to enable CYP to receive support as close to home as possible

Launched a single number Crisis Service for Teesside (May 2020)

Development of a telephone listening service (May 2020)

Community Eating Disorders Team

Mental health support teams – core functions

Help	<p>Help schools and colleges provide a positive whole school approach to mental health and wellbeing</p> <ul style="list-style-type: none">• Culture, leadership, curriculum, student voice, staff wellbeing, assess need and monitor impact, partnerships with parents/carers, identification and support
Deliver	<p>Deliver evidence-based early interventions for mild to moderate mental health and wellbeing needs</p> <ul style="list-style-type: none">• Evidence based CBT brief low-intensity interventions anxiety, low mood, behaviour, self-harm F2F, group, parent work, conduct, communication, strengthening family relationships
Link	<p>Link between schools and external specialist services</p> <ul style="list-style-type: none">• Work as part of an integrated referral system with community services to ensure that children and young people and families who need it receive appropriate support as quickly as possible

Which schools?

13 Primary Schools

2 Secondary Schools

1 Sixth Form

1 Special Academy

1 Pupil Referral Unit

Stockton Schools

Billingham

Primary School

High Clarence Primary School

Oakdene Primary School

Our Lady of the Most Holy Rosary RC Primary

Pentland Primary School

Prior's Mill C of E Primary School

Roseberry Primary School

St John the Evangelist RC Primary School, Bill

St Joseph's RC Primary School, Billingham

Wynyard C of E Primary Free School

St Paul's RC Primary School

Wolviston Primary School

Bewley Primary School

Billingham South Primary School

Secondary

Northfield School and Sport Collage

St. Michaels Catholic Academy

Further Education

SRC Bede Sixth Form

Special Schools

Ash Trees

PRU

Bishopton

Funding....

- 4 x Trainee Education Mental Health Practitioners (EMHP's)
- 1 x Therapeutic Parenting Practitioner (TEWV)
- 1 x Children's Wellbeing Practitioner
- 2 x Schools Cluster Leads/Trainee Clinical Supervisors
- 0.5 Admin/Data Lead
- 0.5 Service Manager
- 0.2 Leadership TEWV
- 0.2 SoS/IY Supervision Arrangements

- Added Value – PBS/16+ Transitions

Parent Led CBT – Evidence Based Programme

Remote and Face to Face Delivery

Children & young people between the age 5-12yrs who are displaying anxieties, fears or worries.



2 Groups, 8 Parents
CYP

plus 20 x 1.1
delivery remotely
during Covid

Helping Your Child With Fears and Worries



Parent Led Cognitive Behavioural Therapy

The aim of this guided parent-delivered programme is to teach parents cognitive behavioural strategies that they can use with their child to overcome anxiety. The 13 week programme is a combination of face-to-face sessions, telephone appointments and scheduled breaks to embed learning.

The programme is aimed at children aged 5-12 years whose primary presenting problem relates to anxiety.

We believe that parents are the experts when it comes to their child. Parents know how their own child might respond and what will encourage and motivate them to try different things.

KEY AIMS

- How anxiety develops and is maintained
- Understanding current difficulties
- Helping children explore anxious thoughts
- Encouraging/testing out fears
- Promoting independence and 'having a go'
- Identifying rewards
- Devising a step plan to face a fear
- Review of goals and progress
- Problem solving
- What happens now? Planning for the future

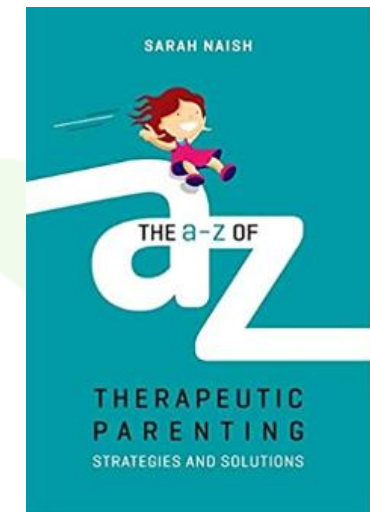
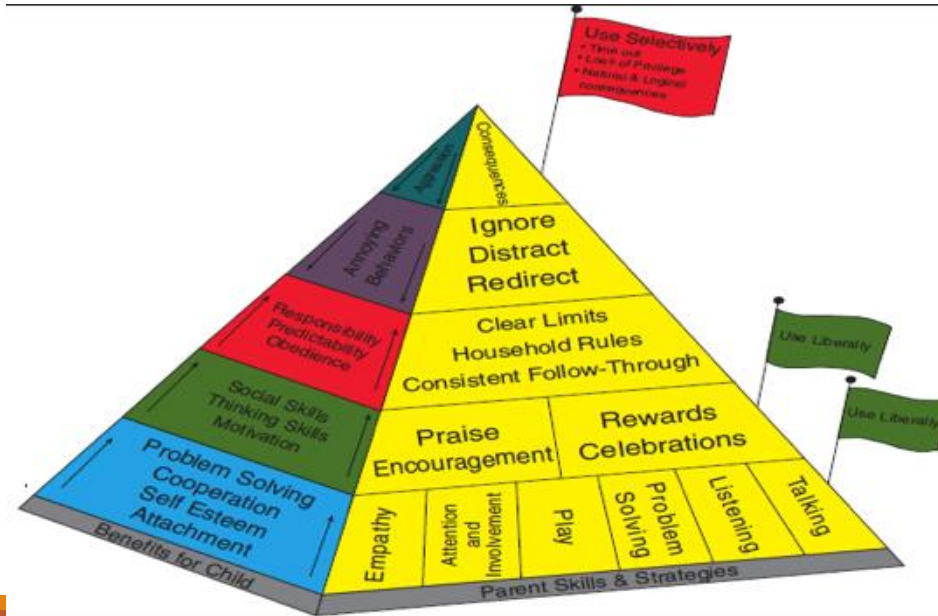
For more information on how to refer please speak to the mental health lead in your child's school.

Incredible Years – Evidence Based Therapeutic Parenting

- Remote and face to face
- Billingham Family Hub and within local schools for small groups of parents
- Home Coaching
- Telephone
- Face to Face Sessions

4 x 14 Weeks programmes delivered, 22 Parents

Stockton – 9
Hartlepool - 13



Evidence Based Therapeutic Parenting Feedback

Mum said she is 'over the moon' that we referred her to Alliance and that she was finding things easier with her son.

He is coming to school happily and is even asking to do his homework.

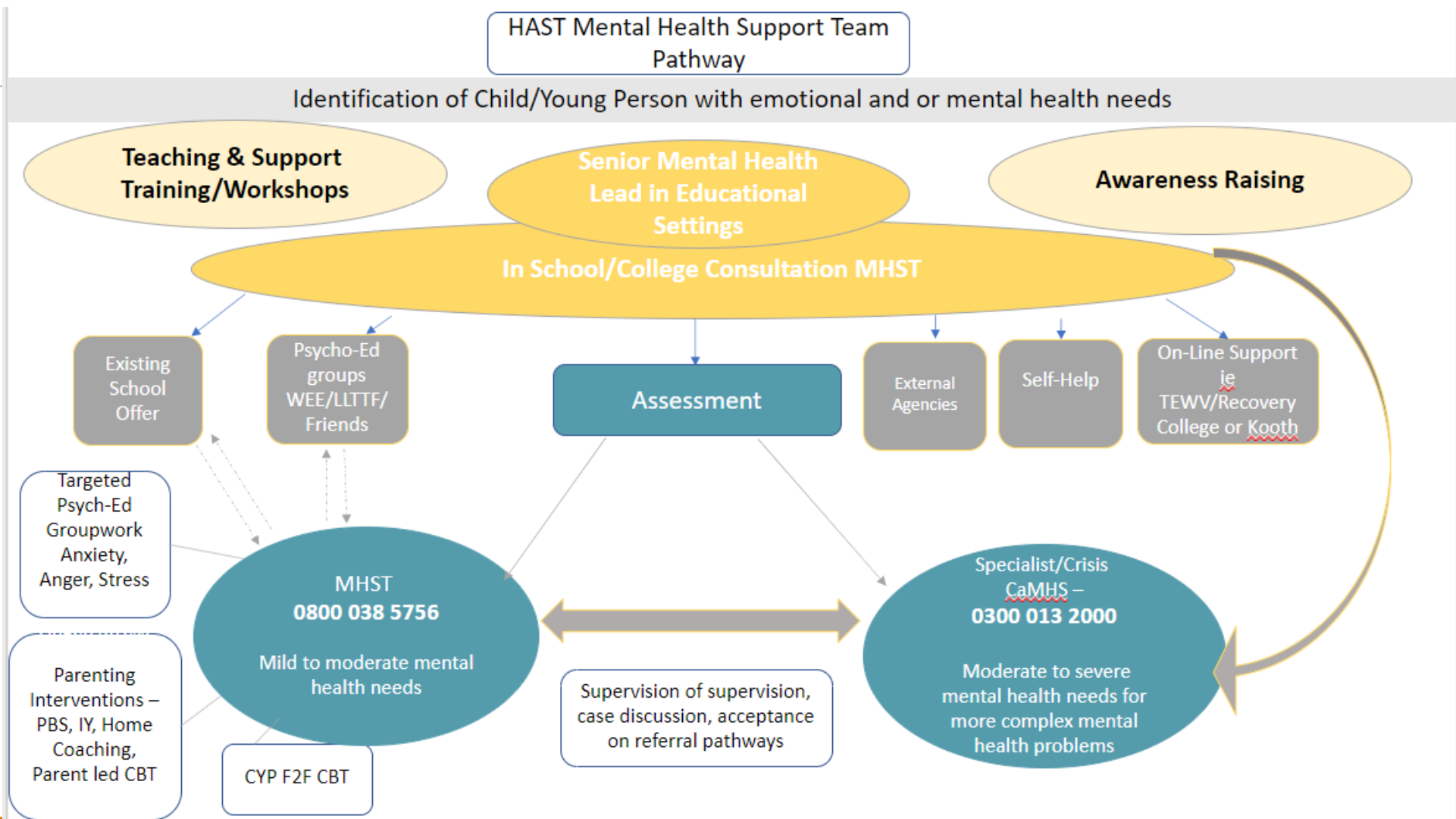
She said that dad is on board and mum lets him know about the sessions. Mum said that her son and his dad have never had a bond but this is improving and she can see them getting closer

(IY Facilitator sharing verbal feedback from a Parent)

"It was great for me to have someone to talk to, as this is something I have never done before and I keep my problems/feelings to myself a lot. I felt that I could open up without feeling judged at all. I felt understood. The practitioner made me feel better about myself as a parent, he always emphasised what I had done well, boosting my confidence and I was never made to feel like I was doing things wrong. I was able to think of how situations could have turned out better, if handled differently and really began to understand how our moods and attitudes impact upon each other."

(Parent receiving 1.1 Support)

In practice...



Making a difference?

Partnerships & Collaboration is key

Building Trusting Relationships

Proactive Approach, persistence, consistence

Understanding school systems and working within them

Building confidence in individuals and teams, including leadership teams

Tailored and bespoke to needs

Ultimately, shared vision and emphasis of priority wellbeing of children

What has been done to help?

Enhanced pathways to VCS partners (March 2020)

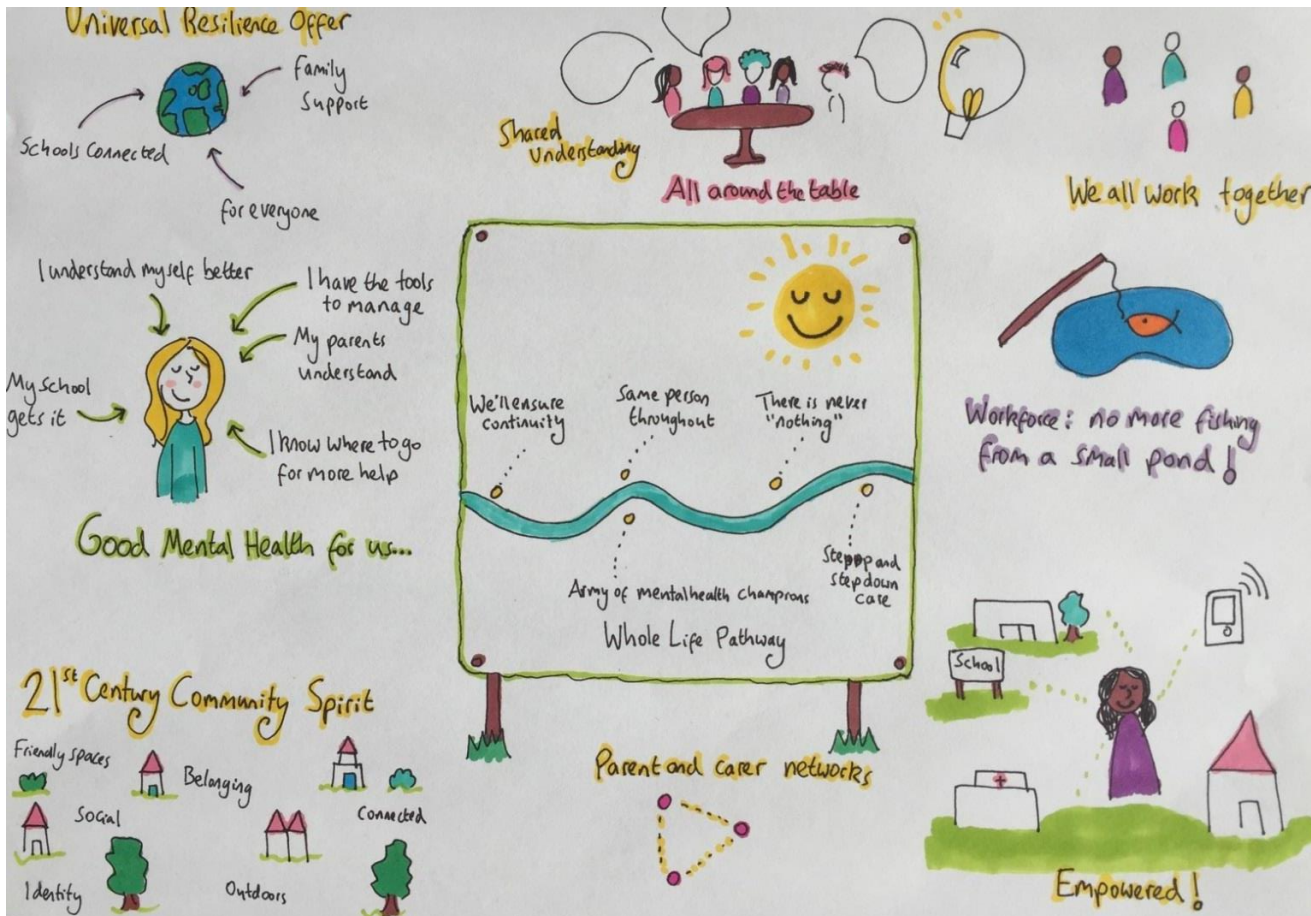
- Assessment of need
- Collaborative approach to school recovery project
- On-going training

Enhanced partnership with LA

- COVID-19 offer
- Developing a single point of contact (September 2020)

Online offer

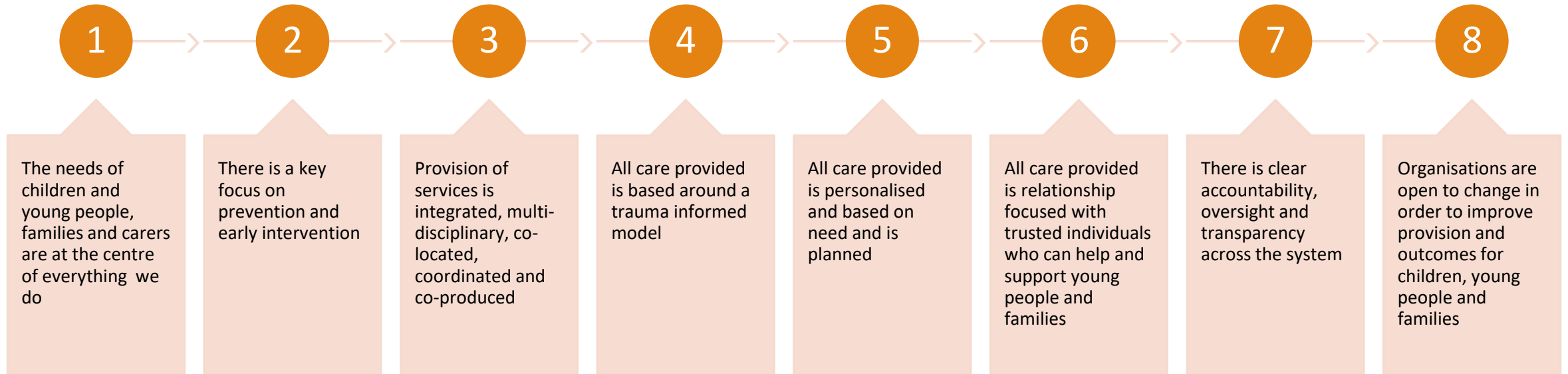
- KOOTH (children), QWELL (School staff) and the Recovery College and associated self-help materials / signposting to approved apps

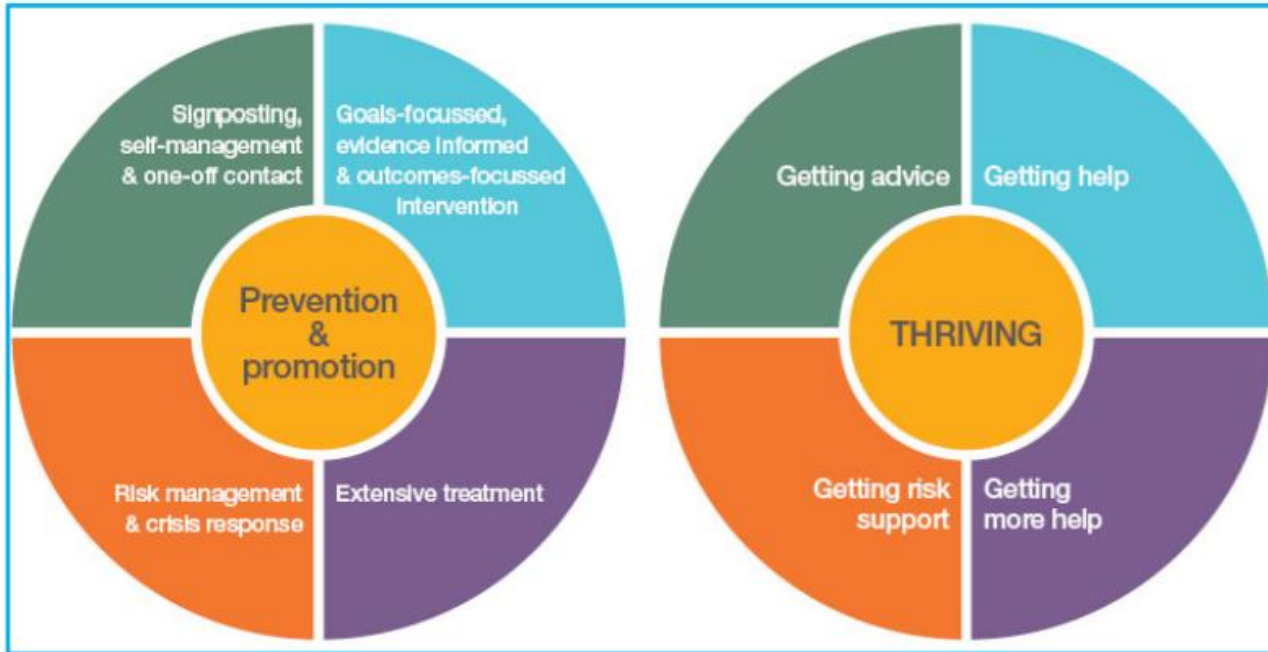


Whole pathway commissioning: where next?

Whole pathway commissioning

Principles



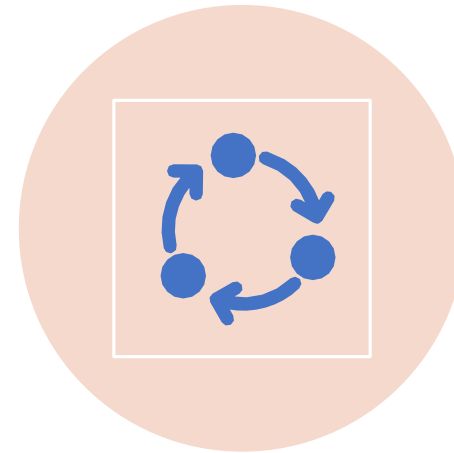


Thrive

Discussion points



WHAT ELSE DO WE NEED TO
KNOW ABOUT NEED?



WHAT ELSE COULD WE ALL
BE DOING?