Children's Emotional Health and wellbeing

Health and Wellbeing Board update 27/04/22

Stockton-on-Tees
BOROUGH COUNCIL

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The National Picture

The Centre for Mental Health 2021

One in six school-aged children has a mental health problem.

This is an alarming rise from one in ten in 2004 and one in nine in 2017.

(NHS Digital, 2020)

3/4

of **children in care** have a diagnosable mental health problem.

75% of adults with a diagnosable mental health problem experience the first symptoms by the age of 24.

(Kessler *et al.*, 2005; McGorry *et al.*, 2007)

About **one in twenty** (4.6%) 5-19 year olds has a behavioural disorder, with rates higher in boys than girls.

(NHS Digital, 2018)

First symptoms — **10 years** — **Getting help**

There is an average **10-year delay** between young people displaying first symptoms and getting help.

Children from the **poorest 20%** of households are **four times** as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%.

(Morrison Gutman *et al.*, 2015)

Pupils who have a mental health problem are **more likely to be excluded** from school than their peers.

In 2013/14, **one in five students** with an identified social, emotional and mental health difficulty received at least one fixed period exclusion.

(Department for Education, 2016)

Research suggests that school exclusions are linked to **long-term mental health problems**.

(Ford *et al.*, 2017).

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The Local Picture

Based on PHE 2017 estimates:

- 4,661 children and young people aged 5-17 years living in Stockton-on-Tees have a mental health disorder*.

- This includes: emotional disorders, behavioural disorders, hyperactivity disorders, and autism spectrum, eating disorders and other less common disorders. *projection based on current Stockton-on-Tees CYP population and using mid-point estimation of 15% needing support

Approx. 350 children and young people have accessed mental health provision offered by third sector providers during 2020/21 including:

- ABC Counselling
- Alliance Psychological Services (MHST)

Referrals to TEWV CAMHS 2019/20 by age (Stockton-on-Tees):

0-4	68
5-9	576
10-14	960
15-19	463
20-24	0
Total	**2067**

Impact of COVID

Lockdowns and social distancing regulations have contributed to children and young people reporting increased:

- Loneliness
- Isolation
- Anxiety
- Grief and loss
- Stress
- Insomnia

resulting in increased demand on mental health and wellbeing services

However, important to note that the majority of children remain emotionally well.

i-Thrive framework

Those who need advice and signposting

Those who need focused goals-based input

Getting Advice

Getting Help

Thriving
Those whose current need is support to maintain mental wellbeing through effective prevention and promotion strategies

Getting Risk Support

Getting More Help

Those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services

Those who need more extensive and specialised goals-based help

The Principles

- Common Language
- Needs Led
- Shared decision making
- Proactive Prevention & Promotion
- Partnership Working
- Outcome Informed
- Reducing Stigma
- Accessibility

Implementing i-Thrive is likely to result in:

- Improved functioning and life chances of all children, young people and their families in the area.
- Children, young people and families being more empowered to manage their own mental health and make the best use of the resources available, including managing any ongoing mental health issues.
- Children, young people and families feeling more involved in decision making about the help and support they receive.
- Children and young people's mental health needs being identified and appropriately responded to earlier.
- Professionals supporting children, young people and families reporting more positive experiences of partnership working.
- Improvement in access to appropriate mental health help and support: reduction in waiting times for specialist mental health and wellbeing help (fewer inappropriate referrals and discharges) across the system.
- Increased engagement and attendance across the system (greater opportunities for support to be provided within the community where appropriate and preferred).
- Reduction in children and young people passed from one place to the other via inter-agency referrals (greater inter-agency understanding and vision of what can be helpful in supporting children and young people's mental health and wellbeing).
- Greater openness and a shared understanding between all target groups about when to end help.
- Shared outcome framework understood by all target groups.

Redesign 1
Principles

1. Early identification and action – a clear and visible shift to earlier support

2. Trauma informed model – understanding how you got here not what is presenting

3. Joint and integrated / multi-disciplinary / co-located

4. Personalised, based on need

5. Planned and coordinated

6. Relationship focused – trusted individuals who can help

7. Clear accountability and oversight

Redesign 2
Elements

1. A positive approach to the promotion of emotional health and wellbeing – reducing stigma

2. Advice and guidance available in many forms

3. Parents, families, communities

4. Schools

5. Mental health practitioners

6. Specialist support

7. Specialised provision
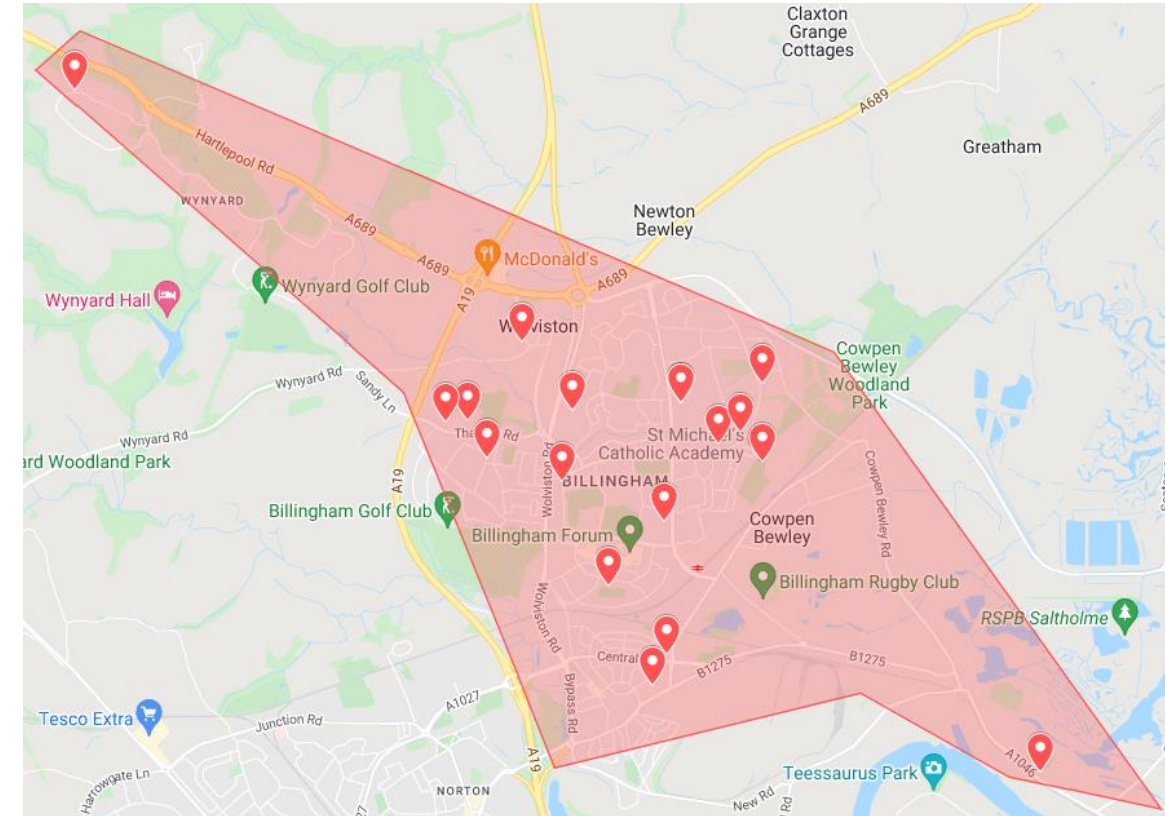
13 - Primary schools

2 - Secondary schools

1 – Sixth Form College

1 – Special school

1 – PRU

Wolviston (Primary)
Wynyard (Primary)
Bewley (Primary)
St Joseph's (Primary)
Oakdene (Primary)
St Paul's (Primary)
Priors Mill (Primary)
Our Lady Most Holy Rosary (Primary)
Roseberry (Primary)
Pentland (Primary)
St John the Evangelist (Primary)
Billingham South (Primary)
High Clarence (Primary)

Bishopton Pupil Referral Unit
Ash Trees (Special School)
Bede Sixth form (FE)
Northfield (Secondary)
St Michael's (Secondary)

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NB - 22% coverage based on pupil population – of approx. 8000 CYP per MHST

? Future MHST Provision Autumn 2022 in Stockton North Cluster

14 - Primary schools

5 - Secondary schools

1 – Sixth Form College

Crooksbarn (Primary)
Frederick Nattrass (Primary)
Hardwick Green (Primary)
Harrow Gate (Primary)
Norton (Primary)
Rosebrook (Primary)
St Gregory's RC (Primary)
St John's CE (Primary)
St Joseph's RC (Primary)
St Mark's Elm Tree CE (Primary)
The Glebe (Primary)
Tilery (Primary)
Whitehouse (Primary)
William Cassidi CE (Primary)

Ian Ramsey CE Academy (Secondary)
North Shore Academy (Secondary)
Our Lady & St Bede Catholic Academy (Secondary)
Outwood Academy Bishopsgarth (Secondary)
The Grangefield Academy (Secondary)
Stockton Sixth Form College (FE)

NB - 44% coverage based on pupil population – of approx. 8500 CYP per

What else is going on?

- Options for how we get similar models and support to cover the rest of the Borough – expanding community-based activity

- Healthy Schools links and approaches

- Further survey work – year 5, 8, 10

- Redesign of the support for children in care

Children in Our Care

3/4 of children in care have a diagnosable mental health problem.

- Children's Services has commissioned specialist CAMHS provision to provide therapeutic intervent children in our care delivered by clinicians for approx. 12 years.

- New model will focus more on:

  - Consultations to social workers, family workers and other professionals to understand context

  - Assessments: these include carers, emotional wellbeing assessments and Initial Mental Health assessments.

  - Delivery of therapeutic interventions with the child/young person and their family/carers

  - Consultation and training for residential staff that draws on attachment theory.

  - Nurturing Attachment Training for foster carers and family/friends carers.

  - Foster carer/family and friends carers drop-in sessions to support placement

  - Telephone advice and guidance for carers and professionals.

  - Support to social workers or other local authority staff when they are working therapeutically with young people.

  - Supervision for SBC therapeutic staff and CPWP to offer consistent approach

  - Support and consultation with strategic decision making around workforce approaches- therapeutic training and delivery models