

# Emotional Health & Well-Being

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# Aim

Provide an update on what work is undertaken by the Children's Services Early Help to support the Early Help agenda in order to:

- a) promote good mental health and
- b) prevent ill-health

# What are our concerns?

Stockton-On-Tees Borough Council: Children's Services Strategy 2017-2020 highlighted the importance of emotional health and well-being:

*“this is a major issue for our young people and we know we have problems around their ability to access support. Self-harm rates are too high and our schools report increasing levels of anxiety, low mood and depression as well as more complex mental health issues. We also know that the emotional health and well-being of children is a major concern for our parents and schools.”*

# Associated Factors

Domain	Risk Factors	Protective factors
Psychological	<ul style="list-style-type: none"><li>• Learning disorders</li><li>• Maladaptive personality traits</li><li>• Sexual, physical and emotional abuse and neglect (<u>Maltreatment</u>)</li><li>• Difficult temperament/behavioural issues</li></ul>	<ul style="list-style-type: none"><li>• Ability to learn from experiences</li><li>• Good self-esteem</li><li>• High level of problem-solving ability</li><li>• Social skills</li></ul>
Social Family	<ul style="list-style-type: none"><li>• Inconsistent care-giving</li><li>• Family conflict</li><li>• Poor family discipline &amp; poor family management</li><li>• Death of a family member</li></ul>	<ul style="list-style-type: none"><li>• Family attachment</li><li>• Opportunities for positive involvement in family</li><li>• Rewards for involvement in family</li></ul>

# Associated Factors

Domain	Risk Factors	Protective factors
<b>Social School</b>	<ul style="list-style-type: none"> <li>• Academic failure; failure of schools to provide an appropriate environment to support attendance and learning</li> <li>• Inadequate/inappropriate provision of education</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities for involvement in school life</li> <li>• Positive reinforcement from academic achievement</li> <li>• Identity with a school or need for education attainment</li> </ul>
<b>Social community</b>	<ul style="list-style-type: none"> <li>• Lack of community efficacy</li> <li>• Community disorganisation</li> <li>• Discrimination and marginalisation</li> <li>• Exposure to violence</li> <li>• Lack of sense of “place”</li> </ul>	<ul style="list-style-type: none"> <li>• Connectedness to community</li> <li>• Opportunities for constructive use of leisure</li> <li>• Positive cultural experiences; positive role models</li> <li>• Rewards for community involvement; connection with community organisations including religious groups</li> </ul>

# National Confidential Inquiry into Suicide & Homeless People with Mental Illness (May 2016)

- 145 suicides of which 70% were male
- 28% had had a recent bereavement
- 36% had a physical health condition
- Academic pressures were cited in 29% of cases for those in education
- Bullying was reported in 22% with the majority being face to face bullying
- Social isolation was cited in 25% of cases
- 54 % were known to have previously self harmed

# Early Help Assessment (prev CAF)

## What is it for?

- It is one of the tools used to ensure that children and young people make progress in relation to the Every Child Matters outcomes.
- It is a nationally standardised approach to conducting an assessment of the needs of a child or young person and deciding how those needs should be met.
- It should encourage effective, earlier identification of children's additional needs.
- It is the only assessment that can be used by professionals in all agencies in England that deliver services to Children & Young People.

# Early Help Service

Early Help information, advice and guidance is available between 8.30am – 5pm Monday to Friday..

The local authority are the central point for the registration of completed Early Help Assessment forms and the following information shows some of the analysis in respect of data collection and the 'reason for assessment' :

Year	Registered EHA's	Registered with EHWB concerns	%
2015/2016	1504	617	41%
2016/2017	1311	569	43%
2017/2018	769	311	41%

\*EHWB = Emotional Health and Well-Being which include

Behavioural difficulties

Young Carer

Self Esteem and confidence issues

Anger Management

Bereavement

Child/Young Person ill health



# Early Help Service

- Partners taking Lead Professional role in supporting children, young people and families across local communities
- Early Help Support Officers building confidence across education and community based settings
- Development of a dedicated telephone support line, webpage and online form
- Direct access to the Early Help front door with immediate response if required
- Facilitating links with Voluntary and Community Sector in accessing community based resource
- Access to the right services at the right time with the family remaining central

# Work undertaken in 2017/18

- Capacity building across the Children's Services workforce with early help approaches and interventions such as Signs of Well-being and restorative practice techniques.
- Capacity Building in Schools - Pilot to increase mental health awareness and knowledge across 10 participating secondary schools to support early identification of need and enable access to appropriate support.
- Therapeutic Support for Families - Family Therapies pilot to help increase parent/carer knowledge of solution focused strategies in responding to children's behavior supporting the improvement of family relationships and dynamics.
- Access to services – Fixed term post created within the team to build knowledge and skills to support the wider transformational agenda.
- Stockton Information Directory - toolkit for practitioners. The development of a practitioner site with access to information around emotional wellbeing and mental health and improving access to effective support.
- Partnership working - development of link workers in the service to enable streamlined pathways including CAMHS and Alliance workers physically becoming part of the team.
- Worked with SBC Business Improvement Service on developing the Capita system to improve our data collections specifically around mental health & well-being to inform better outcomes at the earliest opportunity.

# Delivered Training for Pilot Schools

Module	Length
Resilience	Half Day
Developing active listening skills	Half Day (31 October)
Eating disorders & body image	Half Day (31 October)
Anxiety & depression	Full Day
Self Harm and Risky Behaviour	Full Day
Coping with Loss	Half Day
Managing strong emotions/re-thinking challenging behaviour	Full Day
Learning sets (x4)	2-3 hours (Final session 08 November)

# Learning modules

## Biting The Hand That Starves You: Body Image and Eating Disorders



### Strategies:

- Be familiar with the Eating Disorders Slang terms commonly used online
- “Becoming Media Savvy!” activity
- “My Body Image Diary” activity
- Cognitive Behaviour Therapy
- Listen to the students’ and colleagues’ concerns
- Have realistic expectations
- Invest time, effort and energy to ensure that initial conversations with parents are positive
- Set recovery goals and work as a recovery team
- Safely educate students about pro-sites
- Motivational Interviews as a Tool for Behaviour Change

# Role of School Champion

A School Champion is a person responsible for developing, in conjunction with Senior Leadership Teams, to improve standards and quality of emotional wellbeing and mental health provision for children and young people as part of the “Future in Mind” transformation programme. A School Champion is nominated to creatively promote/champion emotional wellbeing within all areas of the school community life.

School champions were supported in developing their skills around an inter-related set of cognitive, affective and behavioural competences as well as gaining the relevant knowledge to enable them to be highly effective in undertaking their role:

- Self awareness
- Self management & regulation of emotions
- Social awareness & confidence
- Building and maintaining relationships
- Leadership & responsible decision making



# Children's Commissioner report on NHS mental health spend

- 38% of NHS spending on children's mental health goes on providing in patient mental health care. This is accessed by 0.0001% of children aged 5-17.
- 46% of NHS spending goes on providing CAMHS community services, these are accessed by 2.6% of children aged 5-17.
- 16% goes on providing a universal service. This needs to support the 1 in 10 children who are thought to have a clinically significant mental health condition but are not accessing NHS CAMHS services. It also has to support a currently unknown number of children with lower level needs, who would be less likely to develop a more serious mental health condition if they were provided with timely support.

# Cost of early interventions

This is despite the fact that early interventions is much cheaper to deliver:

- £5.08 per student; the cost of delivering an emotional resilience programme in schools
- £229 per child - the cost of delivering six counselling sessions or group CBT sessions in a school. The Department of Health estimate that this delivers an average lifetime benefit of £7,252; a cost: benefit ratio of 32-1.
- £2,338 – the average cost of a referral to a community CAMHS service.
- £61,000 – the average cost of an admission to an in-patient CAMHS unit.

# Emotional Health & Well-Being

**Thank You**

**Any questions???**