Theme/Witness	Evidence	Emerging Recommendation?
Scope of Review	**Main Aims/Issues** This review will focus on the age group 14-25 and check how good mental health is being promoted and ill-health prevented, with a particular focus on preventing and mitigating the key risk factors for suicide and self-harm (e.g. parental separation, bereavement, self-harm by someone close to them, low self-esteem) which may manifest themselves in this age group and in later life. **Key Lines of Enquiry** In relation to promoting good mental health and preventing mental ill-health through a focus on reducing and mitigating the impact of the key risk factors for self-harm and suicide: • What are the key issues in Stockton-on-Tees? What is the identified need? • What is the wider policy context and what is the potential impact of the Government announcements in January 2017? • What local plans are already in place (e.g. Tees Suicide Prevention Strategy)? • What are the roles and responsibilities of the Council and NHS partners? • What work is undertaken across this age group to a) promote good mental health and b) prevent ill-health? • What work do local, universal service providers (e.g. schools and colleges) undertake to promote good mental and emotional health in young people/young adults? • What support is in place for young people affected by issues such as suicide and bereavement?	
Background	Mental wellbeing is the foundation for positive health and effective functioning for individuals and communities. A growing evidence base reinforces that the foundations for good mental health are laid during pregnancy and the first years of a child's life, the impact of which can last across the life-course. Mental ill-health is common, with a significant impact on individuals, their families and the whole population. One in four people will experience mental health problems at some point during their life, and one in ten children aged 1 to 15 years have a mental health problem. 22.8% of burden of disease in UK is due to mental disorder and self-reported injury compared to 15.9% for cancer and 16.2% for cardiovascular disease (*WHO 2008)*. The overall picture for the Borough shows that mental health needs in Stockton-on-Tees are higher than the national average (*Joint Strategic Needs Assessment – Stockton, January 2016)*.	

Theme/Witness	Evidence	Emerging Recommendation?
	Self-harm is increasing nationally, and suicide is the leading cause of death among young people aged 20-34 years in the UK, with nearly four times as many men dying as a result of suicide compared to women. The rates of suicide and self-harm in Stockton-on-Tees are statistically higher than the national average. Services have described more incidents of poor mental health in children and young people, and also described the increased complexity of children and family lifestyles *(CYP Mental Health Needs Assessment 2015)*. In 2015, the total suicide rate for Stockton-on-Tees (all ages) was 13.6 persons per 100,000 people. This placed the area at 136 out of 147 Local Authorities, with the 147th area (Middlesbrough) having the highest rate *(PHE)*. Deaths under the age of 15 are never officially designated as suicide due to possibility of accident, and the numbers in young females are too low to provide estimates/comparisons. In relation to males aged 15-34 for the period 2010-2014, Stockton was 10th out of 12 North East areas, with 12th being the lowest. The causes of mental illness are extremely complex – physical, social, environmental and psychological causes all play their part. The connection between rates of mental illness and other factors such as poverty, unemployment and social isolation is well established *(JSNA)*. Bereavement and loss has been identified by Children's Services as driving behaviour and potential issues within families. The impact of an incidence of suicide on other young people has also been identified as an issue. Over 75% of all mental health problems have emerged by the age of 20, and 72% of people who commit suicide were unknown to services. A number of national policy drivers have attempted to shape these complex issues, including: • Healthy Lives, Health People (2010) • No Health Without Mental Health (2011) • National Suicide Prevention Strategy (2012) • Future in Mind: Promoting, Protecting and Improving Our Children and Young People's Mental Health and Wellbeing (2015) • Five Year Forward View for Mental Health (2016) • Prime Minister announced a package of measures to improve mental health support at every stage of a person's life, with an emphasis on early intervention for children and young people – this will include teachers in every school being offered mental health first-aid training, and better support in the workplace (Jan 2017) • Transforming Children and Young People's Mental Health Provision: a Green Paper (Dec 2017) • Online Suicide Prevention: A Pro-active Strategy for Government and the Internet Industry (Jan 2018)	

Theme/Witness	Evidence	Emerging Recommendation?
	A Young Minds (#FightingFor) report (2018) highlighted the following mental health statistics: • 1 in 10 children have a diagnosable mental health disorder – that's roughly 3 children in every classroom. • 1 in 5 young adults have a diagnosable mental health disorder. • Half of all mental health problems manifest by the age of 14, with 75% by age 24. • Almost 1 in 4 children and young people show some evidence of mental ill health (including anxiety and depression). • Suicide is the most common cause of death for boys aged between 5-19 years, and the second most common for girls of this age. • 1 in 12 young people self-harm at some point in their lives, though there is evidence that this could be a lot higher. Girls are more likely to self-harm than boys. • Only 9% of young people and 6% of parents reported that they had found it easy to get the support they needed. 66% of young people and 84% of parents reported they had found it difficult. • Only 6% of young people and 3% of parents agreed that there is enough support for children and young people with mental health problems. 81% of young people and 94% of parents disagreed. Mental health conditions account for 23% of the burden of ill-health in the UK, but just 13% of NHS spending.	
Health & Wellbeing Board	Health and Wellbeing Boards (HWB) bring together Local Authorities and health and care system leaders to improve the health and wellbeing of their local populations. Boards are tasked with identifying key health needs in their area through a joint strategic needs assessment (JSNA), and with setting priorities for addressing these through a joint health and wellbeing strategy (JHWS). Committee were presented with a summary of recommendations from both the mental health needs assessments for children and young people (completed May 2015 – see Appendix 1) and adults (completed May 2017 – see Appendix 2). These were central pillars in the significant amount of work undertaken in relation to mental health and wellbeing, and strengthened the need for increased strategic direction which the HWB is well placed to do. A common strategic approach, culminating in a 'Strategy on a page', was subsequently devised (see Appendix 3), which individual organisations' mental health and wellbeing plans should fall out of. Integrated Strategic Mental Health Action Plan 2018-2019, developed and recently agreed by the HWB, involves three priorities: 1) Promote mental health and wellbeing across the life-course for the whole population, supporting mental healthy communities and places, to prevent ill health by addressing the wider determinants of health. 2) Take a targeted approach for groups at risk of poor mental health and wellbeing, including those during the	

Theme/Witness	Evidence	Emerging Recommendation?
	transition period, older people and new mums. To improve early identification, access and intervention to prevent the progression of poor mental health. 3) Support those with mental health problems, promote recovery and wellbeing including their physical health. To prevent recurrence or reduce risk of recurrence for those with established conditions, ensuring the right care at the right place at the right time. Committee discussions highlighted the following: • Suicide needs to be strengthened in local strategies – message coming out of the Five Year Forward View for Mental Health (2016). Inconsistent messages regarding what services there are and how to access them. • TEWV working hard to ensure sufficient and appropriate places for young people. • Wider determinants – different areas not recognising mental health and wellbeing issues. Concern around the impact of the forthcoming changes to housing benefits – Universal Credit working group to be established to identify who may be most affected (those with mental health issues will be on the highest risk list). • Holistic approach needed – drug/alcohol issues often related to mental health problems. • GPs not receiving mental health information on patients. • Engaging with young people after transition to ascertain any issues that may need addressing – transitional Social Workers employed in Stockton. • Important to listen to the voice of 'lived experience'. • Looking at social isolation / loneliness. • Tackling stigma still vital – need to highlight that people can still live an active, healthy life if they have a mental health issue.	
Local Authority	**<u>Public Health</u>** Mental health is a hugely complex issue which balances an array of individual, family and community/environmental protective factors with a variety of risk factors. The Public Health approach is about improving the health of the population through preventing illness, promoting health and wellbeing, and prolonging life. It provides intelligence about the level of need/disorder/risk/protective factors, and focuses on prevention and promotion. In recognition of the social, cultural, physiological and environmental factors, partnership, collaboration and influencing is fundamental to the Public Health approach. Providing Public Health leaderships through collaboration occurs with a vast range of partners from the public, private and voluntary sectors. Current approaches include: • In the process of re-commissioning 0-19 Healthy Child Programme (currently 0-5 is Health Visitor remit, and 5-19 School Nurse remit – looking at 0-19 'professionals' (Public Health Nurses) who can be more flexible across a wider age range if they have a good relationship with a family). Also looking at re-focusing School Nurse role as	

Theme/Witness	Evidence	Emerging Recommendation?
	this is a stretched resource at the moment. • Providing advice to CCGs to give NHS commissioning a population focus, as well as to other partners involved in the Future in Mind Steering Group and HWB Integrated Strategic Mental Health Steering Group. • Funding development of an anti-stigma campaign, joint funding Tees Suicide Prevention Co-ordinator, with additional investment to Future in Mind. Some barriers exist as mental health is often seen as a disease and thus the responsibility for health and traditional health services to treat. Also, young people are often not seen within the context of a family or community – opportunities for prevention and promotion can be missed. Areas for development include tacking stigma and discrimination – those affected by mental health problems often fear seeking help or support due to the fear of others attitudes towards their mental health, and the fear of the actions of others can be just as damaging if not more than the problem itself. Ultimate ambition is a system without tiers - currently have four-tiered support, and can have a period of delay between tiers which needs to be eradicated. Skills and knowledge around mental health for the wider workforce needs building, not just specific health-related organisations – some people may never come into contact with mental health services, but will have contact with others (e.g. DWP). 72% who commit suicide were unknown to mental health services (why it is so important that workers across all services are key - e.g. housing). Key messages – mental health is everyone's responsibility, prevention/early intervention-focus is crucial, and parenting has a huge impact (affects across the life-course; people's capacity to parent (not all about parenting groups/courses) and looking at what prevents them parenting effectively) – need to address real challenges in people's lives. Stockton-on-Tees suicide audit undertaken in 2014 – 36 deaths between 2010 and 2012 (33 male, 3 female); 60% had seen a GP in the 3 months prior to their death (GPs have a key part to play here – signposting/referring on); 69% had not been in contact with a mental health service in the 3 months prior to their death but 56% were known to mental health services. Prevention Concordat for Better Mental Health document circulated to Members - aims to facilitate local and national action around preventing mental health problems and promoting good mental health, and is designed to help local areas to put in place effective prevention planning arrangements (directed at Health and Wellbeing Boards, Local Authorities, CCGs and their partners.	

Theme/Witness	Evidence	Emerging Recommendation?
	Children's Services Importance of emotional health and wellbeing highlighted in the Council's *Children's Services Strategy 2017-2020*: *'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 wellbeing of children is a major concern for our parents and schools.'* Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family or to their community or life events. One group of particularly vulnerable children are those generally aged between 13-17 years who have experienced bereavement or loss, have low self-esteem or self-confidence, are a young carer or lack a strong positive peer group and who may have experienced abuse/neglect (Child Exploitation and Online Protection Centre (CEOP) 2011). A number of these issues are often identified in those children who go missing or who are at risk of or are being sexually exploited. Social Workers, Senior Family Workers and Family Workers undertake direct work with children and their families around online safety using a variety of resources. It was noted that a lot of young people seek support online, but can also suffer online. Stockton's newly formed 'problem solving' panel to support early help and prevention is made up of various partners, including a representative from CAMHS. The purpose is to identify problems at an early stage and to offer interventions as soon as possible in order to prevent an escalation of risks. Signs of Safety (SoS) model launched in Stockton – supports increased focus on the family themselves identifying problems through restorative practice techniques, building on relationships to encourage open and frank discussions. It is hoped that by including the family in this way, early identification of any problems, including self-harm/suicide, will be explored and responded to before the risk escalates. Looking at a number of options to support Social Workers in achieving better outcomes: • A specific post or resource from CAMHS to act as a consultant to support decision-making. • Recruitment of Social Workers who could access intensive training on psychological techniques (this may involve a secondment to TEWV). • Pairing up a number of Social Workers with TEWV staff so that they can learn about therapeutic assessments and interventions to build up specialist expertise within the current Social Care teams.	

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<tr><th>Theme/Witness</th><th>Evidence</th><th>Emerging Recommendation?</th></tr>
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- Develop a tool for Social Workers which will assist in the understanding of presenting mental health problems and result in a more effective and appropriate response.

Early Help Service

Early Help Assessments (previously CAF) are 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, and should encourage effective, earlier identification of children's additional needs. Data was received regarding completed assessments with a breakdown of those demonstrating emotional health and wellbeing (EHWB) concerns (including behavioural difficulties, anger management, young carer, bereavement, self-esteem and confidence issues, child ill health):

<table>
<tr><td></td><td colspan="2">2015/16</td><td colspan="2">2016/17</td><td colspan="2">2017/18</td></tr>
<tr><td>Total Registrations</td><td colspan="2">1504</td><td colspan="2">1311</td><td colspan="2">830</td></tr>
<tr><td>Reg with EHWB concerns</td><td colspan="2">617</td><td colspan="2">569</td><td colspan="2">328</td></tr>
<tr><td>% OF TOTAL</td><td colspan="2">41%</td><td colspan="2">43%</td><td colspan="2">40%</td></tr>
<tr><td></td><td>Male</td><td>Female</td><td>Male</td><td>Female</td><td>Male</td><td>Female</td></tr>
<tr><td>0 – 4 years</td><td>89</td><td>44</td><td>74</td><td>35</td><td>38</td><td>24</td></tr>
<tr><td>5 – 8 years</td><td>74</td><td>44</td><td>105</td><td>44</td><td>51</td><td>35</td></tr>
<tr><td>9 – 11 years</td><td>69</td><td>40</td><td>61</td><td>40</td><td>42</td><td>18</td></tr>
<tr><td>12 – 15 years</td><td>115</td><td>84</td><td>87</td><td>74</td><td>64</td><td>40</td></tr>
<tr><td>16 – 18 years</td><td>31</td><td>27</td><td>26</td><td>23</td><td>5</td><td>11</td></tr>
<tr><td>TOTALS</td><td>378</td><td>239</td><td>353</td><td>216</td><td>200</td><td>128</td></tr>
</table>

Some of the work undertaken by the service during 2017-2018 was outlined:

- Capacity-building across the Children's Services workforce with early help approaches and interventions such as Signs of Wellbeing and restorative practice techniques.
- Capacity-building in schools – 'Future in Mind' 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 (see Appendix 4).
- Family Therapies pilot to help increase parent/carer knowledge of solution-focused strategies in responding to children's behaviour supporting the improvement of family relationships and dynamics.
- 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

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Theme/Witness	Evidence	Emerging Recommendation?
	collections specifically around mental health and wellbeing to inform better outcomes at the earliest opportunity. The imbalance of NHS children's mental health spend was highlighted (Children's Commissioner report), 38% of which goes on providing in-patient mental health care (accessed by 0.0001% of children aged 5-17), 46% on providing CAMHS community services (accessed by 2.6% of children aged 5-17), and only 16% 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). Need a change of investment to focus on early intervention. Value of earlier intervention - £5.08 per student to deliver an emotional resilience programme in schools, £2,338 being the average cost of a referral to a community CAMHS service, and £61,000 the average cost of an admission to an in-patient CAMHS unit. Findings and recommendations from the 'Future in Mind' school pilot were shared, which included: • Learning programme for School Champions has increased their confidence in dealing with the mental health and well-being issues faced by students. • Evidence that implementation of changes to policies, curricula and learning across the schools is having a positive impact on pupil and staff resilience and well-being. • Early and anecdotal evidence that the learning is starting to have an impact on reducing CAMHS referrals and/or making referrals more appropriate. • Whole school approach model to learning was well received and is something that should now be rolled out to all schools. 40 primary schools have expressed an interest with this approach. • Schools need to ensure they have a voice in the commissioning process, particularly in relation to low intensity/early intervention programmes for their pupils. • Every school and college should have a designated lead in mental health, and this should be implemented quicker than then the Government target set in the Green Paper (by 2025). Committee discussions added the following: • Significant current issue/challenge concerns obesity (often focus is on those underweight (anorexia) in terms of mental health). • Should express caution when labelling children with a 'mental health problem' as they can still be developing physically and cognitively. • Some schools have a different approach to inclusion – are they taking into account students with existing mental	

Theme/Witness	Evidence	Emerging Recommendation?
	health issues, and could such approaches affect the future mental health of their students? Ofsted increasingly looking at student mental health when inspecting; Early Help Support Officers (EHSOs) are allocated a cluster of schools and develop relationships with these. • Availability of counsellors in secondary schools crucial, however, there is often a lack of appropriate rooms to have confidential conversations in. • Parent/carer support when children go home from school is key. Who do children go to when outside school? ***Youth Offending Team (YOT) & Targeted Support Teams*** • All young people referred to YOT undertake an Online Safety Initial Assessment with their parents/carers to identify what they use the internet for, what sites are accessed, and to identify potential risks including cyberbullying, grooming, inappropriate websites, overuse, control over pictures and videos, online reputation when using the internet for social media, online gaming, instant messaging, chatrooms, webcams and use of mobile phones. • Targeted Support teams a new concept – part of a comprehensive offer for young people who are struggling. 3 out of the 4 case workers are male (boys often hard to reach). **Adult Social Care** SBC Adult Social Care internet screenshot demonstrated ('Support for people with mental health problems') – private sector providers listed along with reference to the Stockton Information Directory. Members concerned that no contact details were evident, and questioned how likely it is that an individual would sift through the Directory to find help. ***STEPs*** Presentation received from the Council's STEPs service – established in 2001 and managed within Adults and Health. A pan-disability 18+ service, it promotes inclusion by assisting and enabling individuals excluded from mainstream community networks to discover, explore and interact with facilities and organisations in their own neighbourhood. Referrals received from Social Care, around 40% involve individuals with a mental health issue. Small percentage of service-users under 25 (mostly 30+), staff are trained in basic mental health (and have NVQs in self-harm, mental health, safeguarding, autism) and signpost to Mind, Alliance and different talking therapies.	
Health	**HaST CCG** Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaST CCG) has a statutory responsibility for children's mental health to provide 'Treatment Services' and ensure early diagnosis and treatment is available within appropriate timescales. It also has a statutory responsibility for the commissioning of adult mental health services,	

Theme/Witness	Evidence	Emerging Recommendation?
	which is of relevance to this review as there is a requirement that young people (18yr) have an effectively managed transition into those services where there is a need for ongoing interventions. To this end, the CCG commission: • TEWV to provide a community Child & Adolescent Mental Health Service (CAMHS) – this service is open access and can support children up to the age of 18. • TEWV to provide an Eating Disorder Service, Crisis Service, Intensive Home Treatment Service, and Early Intervention into Psychosis Service. • a specialist perinatal service, which although is not targeted at 14-25 year-olds, aims to improve attachment in those primary years – this acts as a preventative/protective factor for children and young people as they grow. In response to the Department of Health's *Future in Mind* strategy (2015), each locality had to collectively produce a Local Transformation Plan (to be refreshed annually). The focus in Stockton, to date, has been on upskilling schools to identify needs and support children rather than to refer everyone to TEWV. The role of schools is of paramount importance in the transformation of children's mental health services – as children and young people spend the majority of their time at school, they are best placed to identify needs and support early intervention and prevention. HaST CCG Transformation Plan 2015-2020 (2017 refresh) provided to Members for information. Other highlighted work included: • CCG undertaking a review of the core CAMHS service to ensure it is meeting needs of young people. • Local Authorities to review their mental health and wellbeing offer for children and young people under their universal and targeted services – this, together with core CAMHS review, would give a strategic picture as to the provision available and what the gaps are. • Improving Access to Psychological Therapies (IAPT) aims to ensure that people (16+) get access to evidenced-based interventions at the earliest possible opportunity (no referral needed). IAPT for children and young people is about ensuring the workforce can provide these interventions; for adults, the CCG currently has contracts with five organisations to deliver interventions, though a procurement process will commence in May 2018 regarding the delivery of this service. • All-age integrated mental health strategy developed, with a prevention, promotion and early intervention principle throughout, and key actions from Teeswide suicide prevention plan included. Action Plan to be implemented. As part of the Future in Mind programme across Stockton and Hartlepool, HaST CCG commissioned peer researchers to consult with young people on emotional wellbeing and mental health and the use of digital technology. Recommendations from this consultation were that: • Young people help design and promote mental health apps. • Young people to develop news and blogs for mental health apps.	

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<tr><th>Theme/Witness</th><th>Evidence</th><th>Emerging Recommendation?</th></tr>
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Schools to offer more support and information on mental health issues
Teachers and support staff to be given more training on how to notice the signs of mental health issues
Parents/carers offered more information and support on mental health issues
Make sure any mental health apps for young people are safe and secure.

Committee comments/questions involved the following (responses in italics):

Coroner not stating ‘suicide’ as reason for death – does CCG have better insight from Coroner? No – professionals around the young person would have discussions/review/reflection (e.g. Tees Child Death Overview Panel (CDOP) and SLSCB Learning and Improving Practice Sub-Group (LIPSG) – discussions can take place well in advance of Coroner’s inquiry).
Are academy schools more or less likely to access services? Guidance for all schools regarding their responsibilities around mental health. Service they buy in depends on the money they have available.
What about those individuals who are over 18, not at college, not in employment – how are they being supported, how are they finding out about services?
Transformation Plan states that a high proportion of Looked After Children (LAC) in England who have emotional and mental health problems (about 60%) experience poor health, educational and social outcomes after leaving care – would hope that LAC in Stockton do not experience this.

<u>NTHFT</u>
Stockton-on-Tees a negative outlier nationally for alcohol and drug abuse, suicides, deliberate self-harm and self-poisoning. 14 to 25 year olds attending A&E between 1st January and 31st December 2017:
<table>
<tr><th>Diagnosis description</th><th>Female</th><th>Male</th><th>Grand Total</th></tr>
<tr><td>POI - APPARENTLY DRUNK</td><td>108</td><td>105</td><td>213</td></tr>
<tr><td>POI - POISONING (INCLUDING OVERDOSE)</td><td>737</td><td>455</td><td>1192</td></tr>
<tr><td>PSYC - DELIBERATE SELF HARM</td><td>189</td><td>106</td><td>295</td></tr>
<tr><td>Grand Total</td><td>1034</td><td>666</td><td>1700</td></tr>
</table>
Achievements:

CAMHS has transformed services in this area as used to be 9-5 service - now rare to admit young people with mental health issue in hospital, and will only keep in those who require medical treatment (once treated they can then be discharged).
Crisis Suite takes direct referrals from all (public, schools, Health Visitors, acute trusts, GPs, Police), a huge improvement compared to all being seen in hospitals and then transferred.

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Theme/Witness	Evidence	Emerging Recommendation?
	• Data-gathering improved over time – used to see the physical presentation rather than the mental, but try to do dual diagnosis now. Challenges outlined around long delays in 'section process' (when required), limited availability of beds in secure units (particularly young people – had to go to Hull once), conveyance – from hospital to Crisis Suite (lack of mental health ambulances), and early identification of 'at-risk behaviours' (alcohol and drug issues, early intervention, etc.). Seeing less direct mental health referrals to A&E, but those who do present may be the tip of the iceberg. **TEWV** Recognising the review's focus on the 14-25 year-old age range, Committee received evidence from both the Child & Adolescent Mental Health Service (CAMHS) and Adult Mental Health Service of Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV). ***CAMHS*** Historical issues were outlined regarding a lack of out-of-hours specialist mental health support for young people, significantly higher admissions to acute hospital beds for self-harming behaviours, and young people spending extensive periods of time in busy, overstimulating environments with no privacy at a time of acute distress – backdrop of referrals into CAMHS going up 20% a year too. This led to the establishment of a 24/7 Tees Crisis and Home Treatment service (from June 2017) which has demonstrated hugely positive impacts and has been recognised by service-users and professionals. New Intensive Home Treatment concept being developed aimed at those young people in crisis and at risk of hospitalisation, demonstrating risk-taking behaviours, and resistant to traditional CAMHS work. Nationally recognised model – NHS England have real interest (managing young people away from hospital). The service is open to ideas to further promote its work, and there remains issues around catching people for the first time – nobody should get told there is nothing we can do. The Trust is providing more funding to help young people earlier, and waiting times for assessments are the best in the country (2 weeks). Schools now confident in their engagement with CAMHS, though referrals are still going up year-on-year. ***Adult Mental Health Service*** Service provision in Stockton highlighted, including 24/7 crisis assessment and home treatment, street triage, 24/7 crisis suite (Roseberry Park, Middlesbrough) and a number of community teams. Tees Liaison Psychiatry operates 24 hours a day, 365 days a year.	

Theme/Witness	Evidence	Emerging Recommendation?
	Collaborative approach to self-harm (18+) outlined which focused on the significant issue for A&E departments of 'frequent attenders' who have self-harmed. Frequent attenders have a higher incidence of a 'no fixed abode' residence (A&E open 24 hours a day and provides a warm, safe place), unemployment and alcohol use, with a large majority having a significant mental health problem. Psychosocial assessment is central to the management of self-harm in people both with and without a history of psychiatric care, and collaborative best practice guidelines (NICE, 2004) recommend that following an episode of self-harm, the first 48 hours is both crucial and essential in the effectiveness of planning follow-up care. Implementation of structured plans aim to prevent escalation, reduce or stop self-harm, and reduce or stop other risk-taking behaviour. Member comments/questions highlighted the following additional information: • Ex-service personnel are referred to the British Legion (have funding available to assist). • Services for young mothers (potentially at high-risk of post-natal depression) – commissioned for peri-natal services in July 2015; provide service post-pregnancy (for 12 months) and during pregnancy; Midwife and Health Visitor involvement should enable earlier identification of mental health issues. • 230 referrals into Crisis Team per month + 200 others who have to be seen within 28 days = around 450 per month. Stockton highest referrer. • Need acknowledged for more work to get information out to other stakeholders and public clarifying the pathways from crisis to service, particularly when setting up new initiatives (to allow appropriate signposting). • The Council's First Contact service, the Children's Hub and Emergency Duty Team all work with the Crisis Team. • Have to work with housing providers if referral received for someone who is homeless – putting them on their own may cause difficulties if they have a mental health problem. • In terms of suicide, learning from near-misses is important too. Request made for more information around transition between CAMHS and Adult Mental Health Service – further details provided around what transition plans cover and how they are managed between the two services, when transition planning occurs, whether there was flexibility to offer CAMHS beyond the age of 18, and differences between the two services and how this may impact upon transition.	
Education	**<u>Secondary Schools</u>** To provide some context around the thoughts and feelings of young people across the Borough, details and results of the Safeguarding Pupil Survey 2016 were presented to Committee. The survey touched on a range of issues including e-safety, bullying, emotional health and wellbeing, and relationships, and was completed by 2,621 Year 8	

Theme/Witness	Evidence	Emerging Recommendation?
	and Year 10 students from 13 secondary schools in Stockton-on-Tees. A number of outcomes that emerged were quite shocking, particularly around how young people felt about the care their school gave them. This led to a lot of soul-searching, and after each school received a lengthy report, it stimulated reflection on current pastoral provision which then helped to inform the Future in Mind project and enabled more support to be sought from Public Health. Appropriate training for school staff is to be devised to respond in school earlier to tackle issues and better support pupils, and the survey is in the process of being repeated to benchmark progress (results will be available later in 2018). ***St Michael's Catholic Academy, Billingham*** Committee received detailed evidence from St Michael's, whose last Ofsted report praised the high levels of care for students' emotional health and wellbeing. It was reported that things have changed rapidly over the last five years, with a number of difficulties being seen in schools now in relation to student mental health – however, young people are talking more about this issue now. St Michael's discuss with students the 'Stress Vulnerability Bucket' (good/bad coping (pre-mental health issues)) and what factors people who are mentally healthy have. A powerful video demonstrating how it actually feels for a student with a mental health issue was shown to Members, as was a short film ('Black Dog') about dealing with depression. Students' biggest complaint is that no-one asks about mental health, but would ask about a physical injury they had. The importance of building the 7 'C's' (competence, confidence, connection, character, contribution, coping and control) of resilience was highlighted, along with foods that can boost/adversely affect mood, support mechanisms used, and awareness raising approaches (the more images/clips you show students (as opposed to long text) the better). St Michael's have developed different ways students can come to staff, though sometimes staff have to make things up to help students cope – teaching is not the job many staff came into. Other issues identified through Committee discussions included: • financial constraints. • schools being under pressure regarding exam results. • negative impact on students of social media (no escape now). • years ago many students exhibiting mental ill-health would be excluded, but schools more understanding now; schools inclusion panel considers services now rather than exclusion (trying to be more lenient). • emphasise importance of looking after friends, and do speak to peers of a student with mental health issue. • easier access to mental health workers in school would help.	

Theme/Witness	Evidence	Emerging Recommendation?
	Conyers School, Yarm Members heard a comprehensive account from Conyers which focused on their approach to mental health and emotional wellbeing. Tiered support is in place involving peer mentors, learning mentors, key workers, Mind counselling and internal counselling programme (negating need to purchase external services), and non-teaching pastoral leaders (Mental Health First Aid trained) are in place for all year groups – extremely important posts that have been campaigned hard for. Crucially, students are asked who they would talk to if they have an issue, and should have options in case one is not in school. Normalising emotions is also key – every response legitimate. Conyers' involvement in the Future in Mind (FiM) school pilot to upskill staff was detailed, including the role of the FiM 'School Champion' (giving confidence to staff about where to go if a child discloses a mental health issue) and some examples of impact. The school's experience of coping with loss was reflected upon – it's hard and is difficult to know what language/words you can/cannot use and what you can/cannot do. Essential you know your staff body, and that staff and student support options are in place. Important all schools in locality send out a consistent message following a school's loss. Agencies used for guidance noted – Alliance, Samaritans, PAPYRUS (*Building Suicide-Safer Schools and Colleges - A guide for teachers and staff* circulated to Members as supporting evidence). Committee questioning also raised the following: • Exam results important, but these are pointless if pupils don't have the ability to talk, aren't resilient, can't help others, etc. • Social media exposure – reporting 'good' days when people are their most 'amazing', making these things real and everyday when in fact they are false worlds; instant celebrity status for doing things we may want to discourage. Conyers talk to parents about why their children use various social media; users can leave a legacy on social media, sometimes unwanted (screen shots). • Conyers has a pastoral structure so it can deal with individuals quickly, provide support, inform home where necessary, and work with parents. • Future challenges around increasing resources to do all these things and do them well, how to create appropriate time to engage without impacting on their education, and speed of referrals and capacity to use services (thresholds going up all the time). ***Other*** • Stockton secondary schools have signed up to be part of the emotional health and wellbeing pilot - whole school approach with a focus on targeted work for those young people displaying signs of mental health issues. Pilot	

Theme/Witness	Evidence	Emerging Recommendation?
	about to be evaluated (10 schools started pilot). • Concerns raised about young people bringing paracetamol into schools and selling. **Primary Schools (outside scope)** Though outside the age-range in focus for this review, the importance of promoting positive mental health from an early age was frequently raised. In addition to the interest shown by many of the Borough's primary schools to the whole-school approach model of learning (increasing mental health awareness and knowledge), the recent work and recognition of Billingham South Primary School were shared which put 'happiness' at the heart of school life (see Appendix 5). **Higher Education** Recent (April 2018) BBC article noted, with researchers claiming that, following analysis of figures for student suicides between 2007 and 2016, the suicide rate among UK students is higher than among the general population of their age group, with rising trends for UK female students. More support in transitions, better tutoring and early warning, more peer-to-peer support, and an enhanced sense of belonging could counter suicide rates and emotional distress levels – preventative rather than reactive policies were again stressed. Across all educational establishments, it was felt that the importance of peer support should not be underestimated – this is something young people can and should discuss (how would they support someone).	
Voluntary Sector	**Middlesbrough and Stockton Mind** Affiliated to national Mind, local service has 120 employees and 95 volunteers – main base is in Middlesbrough, with Stockton office at Marlborough House, Yarm Road. From 1st April 2017 – 31st March 2018, 235 clients in North Tees were referred aged between 16 and 25 (inclusive) and 166 of these attended assessments (155 attended assessments in 2016-2017, 66 attended assessments in 2015-2016). Two specific projects highlighted: • Open Minds Therapies: range of brief therapies aimed at people with common mental health problems, including anxiety and depression (low to medium support). Open to people aged 16+, aim is to get them assessed within 24 hours (telephone conversation) – outcome of this determines treatment. Some will have needs beyond the remit of this project – they will be referred to secondary services. 'SilverCloud' (web-based and requiring an email address) will offer secure, immediate access to flexible online programmes designed to help people learn techniques to overcome symptoms of low mood, anxiety and stress (based on cognitive behavioural therapy (CBT)). Will involve regular contact with a Mind worker, and will be publicised via GPs and social media. • Schools in MIND: modelled on the successful HeadStart programme which has run in all schools in Middlesbrough since November 2015, Schools in MIND provides emotional wellbeing sessions to students using	

Theme/Witness	Evidence	Emerging Recommendation?
	a range of interventions based on an individual's needs. Contact made with all primary and secondary schools in Stockton, but not great uptake yet (possibly due to cost) – one secondary school has signed a contract for a year, with a free pilot agreed with two primary schools. Committee discussions identified the following: • People coming to services later than they should – trying to manage their issue, part of stigma? Message needs to be that it is normal to feel unwell, have anxiety, etc. • Young people in school are more receptive to approaching Mind – happy to self-refer or be referred by teacher. Less contact from 18-24 year-olds – more difficult to reach. • Generally more contact from females – males not good at presenting early on. • Feedback from young people shows that, whilst they value online support, they prefer to talk face-to-face. • Will mental health issues lose their importance if they become everyday topics? Demand so great, so unlikely. • Ample opportunities to access service, but still low referral rates from GPs. Are people getting by on medication – is this what they prefer? Are they being referred elsewhere? Getting information on new services past receptionists/practice managers can be an issue. • Difficult to separate behavioural and mental health difficulties – these are not the same and can be complex. • Different Mind offer for schools in Middlesbrough (Public Health-funded school counselling) compared to Stockton (have to self-fund) – is this fair? • All services in Mind oversubscribed – need more resources. **<u>Samaritans</u>** Samaritans are there for everyone (not just for people who are suicidal), providing the opportunity for people to talk to someone and become stronger to deal with their problems. Their overarching vision is that fewer people die by suicide, and they work to achieve this by being always available, reaching out to high-risk groups and communities, working in partnerships (signposting where necessary), and influencing public policy. A key value involves the notion that if a person comes up with a decision themselves, they are more likely to act on this than if someone else makes that decision for them. Samaritans are 'non-establishment', which could be why many people choose to call them. There is no typical person who contacts Samaritans, and no typical problem that people want to talk about – what matters is what is making that person feel the way they feel, and that they are supported to make their own decisions. 50 volunteers are involved with Teesside Samaritans, and it takes a year of intensive training before a volunteer can answer phones themselves. The organisation depends on public and business donations – it is not run on government funding.	

Theme/Witness	Evidence	Emerging Recommendation?
	Samaritans make a difference through working in schools (talks, workshops, support if suicide in the community), offering workplace training, partnership work with Network Rail to reduce suicide on the railways, and the provision of a listening service in Holme House and Kirklevington prisons. Samaritans training is well recognised. Member comments/questions added the following: • There's a place for all types of mental health organisation – people need to know when the best time to talk to someone is, and know how to approach them. • Concerns around job centres and claimants presenting with potentially serious mental health issues. • Financial hardships and relationship problems are common themes, but more striking is the number of people who contact Samaritans with historical issues that have stayed with them – earlier you can get to that person, the easier it will be to prevent subsequent problems. • Procedure around contact from 13-17 year-olds is to provide confidential support to children, but refer to an appropriate partner (Childline) with caller consent when callers are experiencing specific situations such as those that can cause them serious harm to themselves or others. This would be as well as support from Samaritans, not instead of. **<u>Eastern Ravens Trust</u>** A key feature of the Trust is its Borough-wide Young Carers Support Service, aimed at under 18s who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. Young carers provide care that is often inappropriate and excessive for their age, and can experience a lot of negative mental reaction as part of this role. The service offers young carers a menu of support including a dedicated counselling service (funded through Catalyst and offering face-to-face and online support), support groups, crisis management, respite, school holiday programmes, and a 'young carers card' (form of ID that is supported by the CCG, it is featured in a LGA/Bright Futures 'Meeting the health and wellbeing needs of young carers' case studies document as a form of good practice). A number of partner agencies are involved with the service including CAMHS, School Nursing, Alliance and SWITCH (Youth Direction). Access to counselling has seen very positive outcomes for both the young person and their parents. Members were encouraged to continue highlighting the service as it is felt there are a lot of hidden carers across the Borough, something which a new funding bid will shortly attempt to address. Raising awareness of the service with schools and GPs was considered key – few referrals are received from the latter.	

Theme/Witness	Evidence	Emerging Recommendation?
	Men Tell Health A national award-winning mental health CIC focusing on men's (18+) mental ill-health and suicide reduction, Men Tell Health provides local help and support with a difference, using humour as a conscious gateway to engaging men. A huge online resource is available (400+ pages of content), along with a network of men-only 'SpeakEasy' groups (since March 2017) – training and consultancy is also offered to make services more 'man-friendly'. Ethos is to treat people with honesty, empathy and understanding, and respect their masculinity and place in the world. Men and women want different things when it comes to support, but they too often get grouped together by traditional services – men want clear, direct information, and often think they are the only ones going through what they are experiencing. Other features highlighted included: • Six principles – user-led, honesty (no service will 'fix' you 100%), humour, recovery, positivity, and collaboration not competition. Want to help all, not just those who come to Men Tell Health – share information with other groups. • SpeakEasy groups take place in Middlesbrough, Redcar, Yarm, Stockton and Grimsby, with more locations planned locally and nationwide over the next year. Groups involve no cost, no form-filling (men worried that forms would be sent to their partner/employer), and take place in the evening – these three key features reflect feedback from 2,662 men who provided responses to 'what stops you accessing mental health services' (filling in forms 53%; cost 23%; time of day 19%). 'SpeakEasy Live' pilot planned – anonymous live chat via website. Try to avoid the term 'support groups' – some have a preconceived idea of what these are, and it turns them away. • The Sweat Shop (online worldwide community for runners and cyclists of all abilities) and weekly football group taking place in South Bank (in partnership with Middlesbrough Football Club Foundation) – physically fitter, mentally fitter. • Mental health needs to be an everyday topic of conversation, vast spectrum of thoughts and feelings normalised, and men in particular need the right space to be able to talk – different is what is needed, not just the usual organisations doing the same thing and being surprised when things are not changing. Men can often do better once engaged with a service – the challenge is getting them there in the first place. Members - Issue around masculinity and not wanting to look weak. Males equally in need of support and need to tackle the stigma of them accessing support services. Language used between young men can reinforce old stereotypes.	
Tees Suicide Prevention Taskforce	Suicides are not inevitable, and in most cases can be prevented – this however requires multi-agency action as well as efforts at an individual, family, community and Local Authority level.	

Theme/Witness	Evidence	Emerging Recommendation?
	Taskforce (Public Health-led but brings in lots of other organisations) set up in 2010/11 and now held up as the gold standard (what other areas should be trying to do). Positive developments since it began include creation of a Mental Health Training Hub (commissioned by the four Tees LAs), Specialist Bereavement Service (Suicide), and 0-5 Bereavement Service. Strategic Plan and subsequent Action Plan for 2016/17-2020/21 circulated to Members – these act as the local response to the national suicide prevention strategy (Preventing suicide in England, A cross-government outcomes strategy to save lives (2012)) and aim to sustain current funding for the Taskforce group and activities, as well as addressing the national strategy objectives: 1. Reduce the risk of suicide in key high-risk groups 2. Tailor approaches to improve mental health in specific groups 3. Reduce access to the means of suicide 4. Provide better information and support to those bereaved or affected by suicide 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour 6. Support research, data collection and monitoring. Partner buy-in key in delivering implementation of these plans – future actions include working with Police Coroner service to develop real-time surveillance system (emerging trends, hotspots, age groups) so action can be taken quickly, regular audits with the Tees Coroner, drug-related death Co-ordinator to be appointed to, and work with media regarding suicide reporting. Committee discussions involved smarter use of social media (e.g. Samaritans pop-ups), the need to use surveillance well, keep monitoring high-risk groups and utilise local data (noted that there is a lag in local information which the recently appointed Taskforce Co-ordinator would be addressing).	
Safeguarding Boards	**<u>LSCB</u>** The role of Stockton-on-Tees Local Safeguarding Children Board (SLSCB) is not to be operational and do things, but rather obtain assurance that things are being done to support and improve the lives, safety and wellbeing of children and young people. The effects of Child Sexual Exploitation (CSE) on a child's mental health were noted – it is a SLSCB priority to create an environment where CSE is identified, prevented and challenged. Together at both a strategic and operational level the four Tees LSCBs and their partner agencies work together to reduce the level of and harm from CSE	

Theme/Witness	Evidence	Emerging Recommendation?
	through the coordination of an agreed strategy. Stockton's VEMT (Vulnerable, Missing, Exploited and Trafficked) Practitioners Group (VPG) is a multi-agency forum that provides the opportunity for discussion about individuals at risk of or who have experienced sexual exploitation. Learning is an important and crucial factor in shaping the future of services. Following the sad and unexpected deaths of several Stockton school children during 2016-2017 a consultant in Public Health Medicine was invited to SLSCB Learning and Improving Practice Sub-Group (LIPSG) to provide a Public Health perspective on whether these deaths constituted a potential suicide cluster. Following advice and further consideration it was deemed that, though tragic, there was no evidence to suggest a link between the young people. A multi-agency learning review was undertaken by the LIPSG in relation to one of these young people involving the Police, Social Care, Health (CCG, and NTHFT) and a school representative – summary of the findings presented to Committee, with key messages as follows: • information recording, reviewing and sharing mechanism needs to be robust and fit for purpose to make proper and full assessments. • whole family approach needs to be considered by all agencies. • voice of the child needs to be heard and used to inform decisions (and recorded). Committee were concerned over the usual problems regarding information-sharing and the cautious nature of professionals being reluctant to share too much information to the detriment of a child's situation. In relation to children not being brought for appointments, Members queried whether services were being flexible enough around home visits/alternative venues. **TSAB** Teeswide Safeguarding Adults Board (TSAB) a strong local partnership – Board looks at how partners work together. 18-25 year-olds have a range of problems that they probably had during adolescence – no structured/ systemic look at this specific age range before. • 7 different types of abuse in safeguarding adults (wider than in children's safeguarding) – 3 new categories (domestic abuse, modern slavery and self-neglect). • Issue of 'capacity' highlighted – people having the right to make decisions themselves, even if they choose a 'risky' lifestyle. Sometimes people move between having capacity and not having capacity when under the influence of alcohol/drugs. Agencies can only intervene if they are deemed a danger to themselves or others. • Previous high-profile Safeguarding Adults Review raised the issue of 'adolescent neglect' – parents asking for help, but problems were made out to be the fault of the young people (services put in were to help parents, not the children). Need to keep the focus on the child – child needs help, not for their behaviours to be managed.	

Theme/Witness	Evidence	Emerging Recommendation?
	• Resources key – need to invest to save – this is a growing, not shrinking, need. Need to pressure politicians as problems can spread across other services (e.g. Police, Council LAC numbers).	