

6 November 2013**Agenda Item: 8****REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND THE CORPORATE
DIRECTOR OF CHILDREN, FAMILIES AND CULTURAL SERVICES****CHILDREN'S AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL
WELLBEING IN NOTTINGHAMSHIRE****Purpose of the Report**

1. This report summarises the findings of the 2013 health needs assessment (HNA) of the mental health and emotional wellbeing of children and young people in Nottinghamshire. In addition it includes a summary of recent issues related to the provision of specialist (tier 3) child and adolescent mental health services (CAMHS), resulting from an increase in service demand, particularly in the south of the County. It proposes short, medium and long term actions to address the HNA recommendations and service issues.
2. Members of the Health and Wellbeing Board are asked to comment on the report and approve the recommendations made in the HNA, to note the current service pressures and to support the proposed actions to improve the mental health and emotional wellbeing of children and young people in Nottinghamshire.

Information and Advice**Definition of mental health and wellbeing**

3. There are different definitions of mental health and wellbeing. The most commonly used definition is that from the World Health Organisation (WHO), which defines **mental health** as *"a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"*.ⁱ
4. For children and young people, mental health and wellbeing is about having the resilience, self-awareness, and social skills to form relationships and cope constructively with the demands and set backs of day to day lifeⁱⁱ. The term 'wellbeing' is a broad concept encompassing emotional, psychological and social wellbeing. The 2011 cross governmental strategy, *No Health Without Mental Health* describes **wellbeing** as *"a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment"*.ⁱⁱⁱ
5. The importance of mental and emotional wellbeing on children and young people's physical, social, educational and personal development is increasingly recognised. Good mental health and emotional wellbeing helps children and young people to realise their full potential.

Background

6. Emotional and mental health problems are a common group of disorders, affecting about one in ten children and young people living in the UK. It is estimated that between 10-13% of 15-16 year olds have self-harmed^{iv} and there are indications that some problems (e.g. behavioural and emotional problems) are becoming more prevalentⁱⁱⁱ. This is supported by an increase in referrals to child and adolescent mental health services (CAMHS) in Nottinghamshire over the past 12 months.
7. Given that around half of people with lifetime mental health problems first experience symptoms by the age of 14^{v,vi} and three-quarters before their mid-20s^{vii}, identifying emerging problems in young people is important. However there are a range of factors that make certain groups of young people more likely to experience emotional and mental health problems and these 'risk factors' often these cluster together. Examples include being looked after, having a history of youth offending, having a chronic illness or disability and having a parent with a mental health or drug misuse problem. In addition, the incidence of mental health problems in young people is thought to increase in times of economic and employment uncertainty^{viii}.
8. In Nottinghamshire the number of children and young people with risk factors for mental and emotional health problems has increased over recent years, for example the numbers of children looked after has increased dramatically over the last four to five years. In addition, there is significant variation at district level in the number of children with risk factors for poor mental health. For example, the numbers of children in the criminal justice system is highest in Mansfield and Ashfield and lowest in Rushcliffe, there are more lone parent families in Ashfield, Gedling and Mansfield than other areas and households with children where there is no adult in employment is highest in Ashfield, Mansfield and Bassetlaw. More generally, across the County, there are between 13,271 and 21,565 children affected by parental problematic alcohol use^{ix}.

National Policy Context

9. Public mental health is the art and science of improving mental health and wellbeing, which can lead to improvement in individual's and communities' quality of life and capacity to cope with life's ups and downs. Good mental health is protective against physical illness, social inequalities and unhealthy lifestyles. In February 2011, the Government published *No Health Without Mental Health* (NHWMH) which is a national strategy for mental health in England that takes a 'life course' approach to mental health.
10. There is a range of guidance from the National Institute of Health and Care Excellence (NICE) on issues related to the mental and emotional health of children and young people including:
 - PH28 Looked After Children and Young People (2010)
 - CG28 Depression in Children and Young People (2005)
 - CG72 Attention Deficit Disorder (2008)
 - CG89 When to suspect child maltreatment (2009)
 - CG111 Nocturnal enuresis - the management of bedwetting in children and young people (2010)

- CG128 Autism in Children and Young People (2011)
- CG133 Self-harm: Longer term management (2011)
- CG155 Psychosis and Schizophrenia in Children and Young People (2013)
- CG158 Conduct Disorders in Children and Young People (2013).

11. Although there is not a specific indicator within the Public Health Outcomes Framework relating to the mental health and emotional wellbeing of children and young people, and adolescent mental health, there are related indicators as listed below (Department of Health, 2012):

- Indicator 1.01 Children in poverty
- Indicator 1.04 First time entrants to the youth justice system
- Indicator 1.05 16-18 year olds not in education not in training
- Indicator 2.08 Emotional wellbeing of looked after children
- Indicator 2.10 Self harm (placeholder)
- Indicator 2.23 Self-reported wellbeing (measured for those 16 years and over).
- Indicator 4.10 Suicide rate (all ages, adults and children).

Local Policy Context

12. In line with the national strategy, Nottinghamshire is developing a 'No Health Without Mental Health' Strategy, which aims to: improve mental health and wellbeing of the local population; prevent mental illness; and ensure appropriate access to, and delivery of, mental health and social care services for individuals with a mental health illness. This strategy covers the whole life-course, including children and young people. However, there will be a specific strategy and action plan relating to the mental health and emotional wellbeing of children and young people, which will be a key element of the Nottinghamshire life-course strategy.
13. The Nottinghamshire Health and Wellbeing Strategy 2012-13 includes the mental and emotional health of children and young people as a strategic priority, as does the Children, Young People and Families Plan 2011-14.
14. The commissioning of child and adolescent mental health services (CAMHS) is included in the work programme for the newly established Nottinghamshire Children's Integrated Commissioning Hub and is led locally by the multiagency Integrated Commissioning Group for CAMHS.

Who is at risk and what is the level of need in Nottinghamshire?

15. The national '*No Health without Mental Health*' Strategyⁱⁱⁱ identified a number of groups of children and young people who are significantly more likely to experience mental health problems than the general population. Estimated numbers of these high risk groups of children in Nottinghamshire are shown in **Table 1**.

Table 1: High Risk Groups of Children and Young People

Risk Group	Estimated risk of mental disorder	Estimated number of risk group living in <u>Nottinghamshire</u>
Children with a learning	6.5 fold increased risk of mental health problems	<ul style="list-style-type: none"> Estimates suggest there could be between 7,000 and 12,000 children and young people with some form of

disability		<p>disability in Nottinghamshire.</p> <ul style="list-style-type: none"> Numbers of claimants of disability living allowance among 0-24 year olds were highest in Ashfield, Mansfield and Newark and Sherwood in 2011.
Children with special educational needs (SEN)	3 fold increase in conduct disorders	<ul style="list-style-type: none"> In 2011 there were 16,478 children requiring 'School Action', 4,872 children requiring 'School Action Plus' and 1,223 children who were statemented. The commonest SEN were 'behaviour, emotional and social difficulties', 'moderate learning difficulties' and 'autistic spectrum disorder'.
Children with physical illness	2 fold increased risk of emotional/conduct disorders over a 3 year period	<p>Estimated numbers of children with chronic conditions in Nottinghamshire have been calculated from national data:</p> <ul style="list-style-type: none"> 70 children with Cystic Fibrosis 70 children with Sickle Cell Disease 240 children with Crohn's disease 360 children with diabetes mellitus 280 children with a cancer such as Leukaemia 10,690 children with asthma
Homeless Young People	8 fold increased risk of mental health problems if living in hostels and bed and breakfast accommodation	<ul style="list-style-type: none"> Rate of homelessness among children and families in Nottinghamshire in 2011/12 was 0.9 per 1000 households. This is lower than the averages for the East Midlands (1.6 per 1000) and England (1.7 per 1000).
Lesbian, gay, bisexual or transgender Young People	7 fold increased risk of suicide attempts in young lesbians 18 fold increased risk of suicide attempts in young gay men	<ul style="list-style-type: none"> Numbers are unknown.
Children of prisoners	3 fold increased risk of antisocial-delinquent outcomes	<ul style="list-style-type: none"> There are no local data sources on numbers of children with a parent in prison. Using national data, it is estimated that about 8000 school aged children and young people in Nottinghamshire will see their father imprisoned during their school years.
Young offenders	18 fold increased risk of suicide for men in custody aged 15-17 40 fold increased risk of suicide in women in custody aged <25 3 fold increased risk of mental disorders	<ul style="list-style-type: none"> Between Jan and Dec 2011 there were 1390 young people in the youth justice system. While rates of first time entrants to youth justice system have reduced, they remain significantly higher in Nottinghamshire (929 per 100,000) than the England average (712 per 100,000).
Looked after children	5 fold increased risk of any childhood mental disorder 6-7 fold increased risk of conduct disorder 4-5 fold increased risk of suicide attempt as an adult	<ul style="list-style-type: none"> Numbers have increased considerably, from 440 in March 2007 to 891 in February 2013 Numbers are highest in Ashfield (198) and Mansfield (187).

Source: Department of Health (2011a).

The vision for child and adolescent mental health services (CAMHS) in Nottinghamshire

- In Nottinghamshire we believe that mental health is everyone's business and that agencies need to work together to ensure that all children and young people enjoy good mental health and emotional wellbeing. We will achieve this through an emphasis on

prevention, early identification and intervention using evidence-based approaches that present good value for money. Where a mental health problem or disorder is identified, children and young people will have access to timely, integrated, high quality and multidisciplinary mental health services that are accessible and responsive to individual need.

CAMHS commissioning and current provision

17. CAMHS is a broad term used to refer to all services contributing to the emotional and mental health care of children and young people. A four tier model is used to describe CAMHS with services ranging from those delivered by non-mental health specialists (e.g. midwives and teachers) to highly specialist inpatient services. The current commissioning and provision arrangements are set out in **Table 2**.

Table 2 Current service commissioning and provision arrangements

Tier	Commissioning responsibility	Current service provider(s)
Tier 1 (universal services for all children)	Nottinghamshire County Council (NCC), Clinical Commissioning Groups (CCGs), NHS England	Universal services e.g. schools and universal health services (GPs, Health Visiting and School Nursing) Nottinghamshire County Council (Education, Standards and Inclusion; Youth, Families and Culture)
Training to Tier 1	Nottinghamshire CCGs/ Integrated Commissioning Hub (ICH)	Healthy Young Minds training programme, Tier 2 DEHWS Currently does not cover Bassetlaw
Tier 2 (targeted services for mild-moderate and common mental health problems)	Nottinghamshire CCGs/ ICG	Bassetlaw Emotional Wellbeing Team, Bassetlaw Health Partnerships District Emotional Health and Wellbeing Services (DEHWS), County Health Partnerships CASY Mustard Seed Future Minds
Tier 3 (specialist services for moderate to severe and complex mental health difficulties and neurodevelopmental disorders)	NHS Nottingham City CCG on behalf of all Nottinghamshire CCGs NCC	Nottinghamshire Healthcare Trust Nottinghamshire County Council (Looked After Children's team)
Tier 4 (highly specialist mental health services for severe mental health difficulties and highly complex cases)	NHS England	Nottinghamshire Healthcare Trust Other NHS and Independent Sector providers

CAMHS activity

18. It is expected that the number of 0-19 year olds in Nottinghamshire will increase by 3.5% by 2021. Assuming the prevalence of mental health and emotional problems remains the same as currently, there will be a corresponding increase in the number of children and young people needing support and services.
19. In the 12 month period between April 2012 and March 2013 there were approximately 3,000 referrals to Tier 2 CAMHS, with the highest rate of referrals in Ashfield. This data represents an increase in the number of referrals and related activity (face to face and

telephone consultations) overall. The most common reasons for referral are 'behaviour', self-harm, autism and anxiety.

20. In 2012 at least 938 children and young people were seen by specialist Tier 3 services (excluding children with learning disabilities), with 6055 consultations across the year. Comparative data for the previous year are not available at this time. However nationally there has been a substantial increase in numbers of young people presenting to CAMHS, including those with significant risk. This is reflected in Nottinghamshire and resulted in considerable service pressures at Tier 3, particularly in the south of the County earlier this year. Commissioners (NHS Nottingham City CCG, Newark and Sherwood CCG and the ICH team in Nottinghamshire County Council) have been monitoring this situation and working closely with the providers to ensure that the needs of vulnerable children and young people are met. As of early October, the situation has improved, with additional capacity now available within the Tier 3 service.
21. Between January 2010 and December 2012 there were 91 admissions into Tier 4 CAMHS from 77 individuals in Nottinghamshire. No trend data is available at this time. The three most common reasons for admission into inpatient beds are history of self harm, eating disorders and developmental disorders. Most young people have a short length of stay but the median length of stay over this period was 49 days for females and 28.5 days for males. Nationally, Tier 4 services are under pressure, with inadequate capacity reported in a number of areas. NHS England Area Teams commission Tier 4 services and locally, commissioners are working closely with service providers to address current concerns.

Our Priorities

22. Findings from the HNA have lead to the following recommendations:
 - **Take a life course approach to preventing emotional and mental health problems in children and young people.**
 - Review parenting course provision, assess and address gaps in current provision.
 - Investigate current management and screening for perinatal mental health conditions.
 - Work with schools to implement evidence based interventions to promote emotional and mental wellbeing, anti-bullying interventions, educational/self-help materials for children and parents and counselling-based interventions.
 - Promote a 'Think Family' approach within services.
 - Work with multiagency partners to reduce or mitigate risk factors for child mental health problems (e.g. parental unemployment, child poverty, domestic violence). Raise awareness among these teams and services of their role in improving child emotional and mental health.
 - **Develop and improve services and care pathways**
 - Realign investment in Tier 2 CAMHS teams according to levels of need, so that areas of higher need receive a higher level of funding at Tier 2.
 - Carry out a multiagency pathway review of Tiers 1, 2 and 3 CAMHS services.
 - Develop a behaviour pathway.
 - Integrate services that Increase Access to Psychological Therapies (IAPT) into care pathways and promote the service to referrers/service users.

- Ensure collaborative working across tiers of CAMHS to ensure smooth transition of patients between tiers and to minimise duplication of assessments.
- **Support and build workforce capability and capacity**
 - Extend the delivery of training to universal services to cover Bassetlaw.
 - Consider targeted training to meet the needs of particular professional groups within universal services.
- **Promote services to children, families and referrers.**
 - Consider ways to promote mental health and wellbeing among children and young people (e.g. online resources or social media).
 - Ensure information on how to refer to CAMHS and criteria/pathways is easily accessible, for example, via a central website.
 - Ensure key universal services are updated in relation to new evidence based guidelines of relevance to their practise.
- **Improve data on CAMHS services**
 - Develop a core dataset, including information on outcomes, to be monitored by the Integrated Commissioning Group, taking into account the development of a national CAMHS minimum dataset and the use of outcome measures within CAMHS.
- **Develop a mental health strategy across the life course**
 - Work with adult mental health commissioners in the development of a 'No Health without Mental Health' local strategy across the life course, with specific action plans covering children and young people.

Planned Action to achieve the priorities

23. Based upon these recommendations and taking into account the current service pressures, short, medium and long term priorities have been identified.

Short Term Action: Complete by December 2013

- **Work with the providers of Specialist CAMHS services to ensure that children have access to Tier 3 services across the County**
Regular service review meetings have been established between commissioners and providers of Tier 3 services and actions have been taken to ensure that children and young people continue to be seen and receive timely assessment/treatment/support at Tier 3. The situation has now improved considerably (see para 20 above) but regular communication with providers in relation to this issue will continue in the short term.
- **Develop a mental health and emotional wellbeing strategy**
Based on the recommendations from the HNA, using the best available evidence of effectiveness and in the context of local and national policies, we will develop a strategy to improve the mental health and emotional wellbeing of children and young people in Nottinghamshire. This strategy will sit within the wider Nottinghamshire No Health Without Mental Health Strategy.

Medium Term Action: Complete by April 2014

- **Undertake a pathway review of current CAMHS, ascertaining the best available evidence of what works to improve mental health and emotional wellbeing in children and young people**

The pathway review will be undertaken in collaboration with NHS Nottingham City CCG in order to ensure that services are fully integrated and seamless across boundaries. It will include current commissioners and providers of mental health and emotional wellbeing services as well as children, young people and their families.

- **Develop and implement a multiagency pathway for children and young people with concerning behaviours including ASD, ADHD and challenging behaviours**

This work is already in progress and will be closely linked with the CAMHS pathway review.

Long Term Action: April – June 2014

- **Establish whether there is a need for a new operating model and commissioning plan, using best available evidence and develop this accordingly**

Directed by the strategy and findings from the pathway review and taking into account local service delivery, we will consider the need for and development of a new commissioning plan, through the Integrated Commissioning Hub, for Tier 1-3 CAMHS in Nottinghamshire.

We will do this through engagement with CCGs and other key stakeholders, ensuring that proposals represent good value for money based on the best available evidence. If proposals are agreed, the process of commission a new operating model would begin after June 2014.

Other Options Considered

24. None.

Reason/s for Recommendation/s

25. To ensure that the Health and Wellbeing Board has an appreciation of the burden of poor mental health and emotional wellbeing in children and young people in Nottinghamshire, understands the services currently in place to address identified needs and supports the actions identified to address and improve mental and emotional health of this group.

Statutory and Policy Implications

26. This report has been compiled after consideration of implications in respect of finance, public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

The Health and Wellbeing Board:

- 1) Approves the recommendations made in the mental health and emotional wellbeing health needs assessment (HNA) for children and young people (2013).

- 2) Notes the challenges facing the delivery of CAMHS in Nottinghamshire.
- 3) Supports the proposed actions to improve the mental health and emotional wellbeing of children and young people in Nottinghamshire.

Dr Elizabeth Orton
Specialty Registrar in Public Health

Dr Kate Allen
Consultant in Public Health

Dr Chris Kenny
Director of Public Health

Anthony May
Corporate Director of Children, Families and Cultural Services

For any enquiries about this report please contact:

Elizabeth Orton
Specialty Registrar in Public Health
Elizabeth.orton@nottscg.gov.uk
Tel: 0115 97 72019

Constitutional Comments (SLB 29/10/2013)

27. The Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (ZKM 08/10/2013)

28. There are no financial implications arising directly from this report.

Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- The Nottinghamshire joint strategic needs assessment 2013 – Emotional and mental health of children and young people

Electoral Division(s) and Member(s) Affected

All.

References

ⁱ World Health Organization. What is Mental Health? (2007). Available at <<http://www.who.int/features/qa/62/en/index.html>>

ⁱⁱ CAMHS Review Children and Young People in Mind: The Final Report of the National CAMHS Review. (2008)

ⁱⁱⁱ HM Government No Health Without Mental Health. A cross-government mental health outcomes strategy for people of all ages. (2011). Available at <www.dh.gov.uk/mentalhealthstrategy>

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- ^v Kim-Cohen J, Caspi A, Moffitt T et al. (2003) Prior juvenile diagnoses in adults with mental disorder. *Archives of General Psychiatry* 60: 709–717
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- ^{vii} Kessler R and Wang P (2007) The descriptive epidemiology of commonly occurring mental disorders in the united states. *Annual Review of Public Health* 29: 115–129.
- ^{viii} The Prince's Trust (2010) *Macquarie Youth Index*, available at: <http://tinyurl.com/youth-index-2010>
- ^{ix} Nottinghamshire County Council Nottinghamshire County Joint Strategic Needs Assessment: Children and Young People, (2013).at <<http://www.nottinghamshire.gov.uk/thecouncil/plans/strategydevelopment/joint-strategic-needs-assessment/>>