

Children and Young People's Mental Health and Emotional Wellbeing Strategy 2014-2016

Our vision

"In Nottinghamshire County 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, including those that are most vulnerable in society such as children looked after by the local authority. 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".

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Section One: Our Ambition and context

Introduction

The document sets out the Children and Young People's Mental Health and Emotional Wellbeing Strategy for Nottinghamshire County, spanning the districts of Ashfield, Bassetlaw, Broxtowe, Gedling, Mansfield, Newark and Sherwood and Rushcliffe.

The strategy has been compiled on behalf of the Nottinghamshire Integrated CAMHS Commissioning Group and supersedes the previous Nottinghamshire CAMHS Strategy 2011-2013.

Its development has been informed by national and local guidance, Nottinghamshire Mental Health and Emotional Wellbeing Health Needs Assessment for Children and Young People (2013), Nottinghamshire JSNA (2013) and draws on previous evaluation and feedback from children, young people, parents and carers and sits within the Nottinghamshire 'No Health Without Mental Health' life-course strategy.

The strategy builds on the extensive work that has already been achieved in Nottinghamshire and provides a clear direction for the next three years in order to ensure that children and young people continue to have improved mental health and emotional well-being.

a) Commissioning responsibilities

Commissioning responsibilities for mental health changed following the Health and Social Care act (2012):

- Top tier local authorities (Public Health) have the responsibility to commission services that improve public mental health (i.e. mental health promotion, mental illness prevention and suicide prevention), including for children and young people.
- Clinical Commissioning Groups (CCGs) are responsible for commissioning specialist Child and Adolescent Mental Health services (CAMHS) (Tiers 2 and 3). In Nottinghamshire County, Nottinghamshire North and East CCG lead on the commissioning of mental health services but share the commissioning of CAMHS services with Nottingham City CCG for Tier 3 services and Nottinghamshire County Council public health department for Tier 2 services.
- NHS England is responsible for the commissioning of mental health interventions provided under GP contract, some specialised mental health services and secure psychiatric services.
- Public Health England is responsible for the improvement in the collection and integration of data on wellbeing, mental health, mental illness, suicide and self-harm and will support work on suicide prevention as one of the key public health challenges in improving mental health and wellbeing.
- From 2013 Nottinghamshire Children's Integrated Commissioning Hub will lead on the commissioning of all public mental health and specialist CAMHS services for children and young people in the County.

b) Commissioning principles

Commissioning decisions will be guided by available evidence based practice of what works based on the following guiding principles as outlined in the Nottinghamshire 'No Health Without Mental Health' Strategy (2013):

- Commissioning decisions will be guided by available evidence based practice of what works

- Early intervention and prevention approaches will be considered in all commissioning and decommissioning decisions.
- Service development and provision should be sensitive to the protected characteristics of individuals and groups. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
- Services provided should reflect the level of assessed need within available resources.
- Service users and the public should have the opportunity to express their views, be consulted about service development and be involved in decisions which affect them, and see evidence that their views are taken into account.
- Services should be provided in safe child and young people friendly environments by trained and competent staff and volunteers.
- The safeguarding of children and young people and vulnerable adults will always be paramount.
- Services should be provided in a fair, open and transparent way, and be performance managed to demonstrate impact.
- Resources will be focused on providing quality and value for money.
- Resources will be targeted actively at groups and localities at greatest risk with the aim of reducing health inequalities.

c) The national policy context

This strategy has taken into account the following national policy documents:

- No health without mental health: a cross-government mental health outcomes strategy for people of all ages (2011)
- Talking Therapies- A four-year plan of action'. Department of Health (2011). This strategy outlines the Government's commitment to expand access to psychological therapies to include a specific programme to meet the needs of children and young people, building on learning from the Improving Access to Psychological Therapies (IAPT) programme.
- Green paper on disability and special educational needs (2011)
- Review of the early years foundation stage (2011)
- Munro review of child protection (2011)
- Review of commercialisation and sexualisation of childhood (2011)
- Healthy lives, health people: out strategy for public health in England (2010)
- Equity and Excellence: Liberating the NHS (2010)
- New Horizons: a shared vision for mental health (DH 2009)
- Children and Young People in Mind: final report of the National CAMHS Review (DH 2008)
- Children and Young Peoples NSF (DH 2004)
- 'You're Welcome', the Department of Health's quality criteria for young people friendly health services. (DH 2011)
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There is also a range of guidance from the **National Institute of Health and Care Excellence** on issues related to the mental and emotional health of children and young people including:

- PH28 Looked After Children and Young People (2010)
- CG9 Eating Disorders (2004)

- CG26 Post-traumatic stress disorder (2005)
- CG28 Depression in Children and Young People (2005)
- CG31 Obsessive Compulsive Disorder and Body Dysmorphic Disorder (2005)
- CG38 Bipolar disorder (2006)
- CG72 Attention Deficit Disorder (2008)
- CG77 Antisocial personality disorder (2009)
- CG78 Borderline personality disorder treatment and management (2009)
- CG89 When to suspect child maltreatment (2009)
- CG111 Nocturnal enuresis- the management of bedwetting in children and young people (2010)
- CG113 Anxiety (2011)
- 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).

Relevant outcomes from the Public Health Outcomes Framework (domain 2)

There is not a specific indicator within the Public Health Outcomes Framework for child and adolescent mental health. There are however several related or relevant indicators as listed below (Department of Health, 2012):

- Indicator 2.08 Emotional wellbeing of looked after children
- Indicator 2.10 Self harm (placeholder)
- 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 2.23 Self-reported wellbeing (measured for those 16 years and over).
- Indicator 4.10 Suicide rate (all ages, adults and children)

d) The local context

- No Health Without Mental Health (Draft December 2013)
- The Nottinghamshire County Health and Wellbeing strategy (NCC 2012-13)
- Children, Young People and Families Plan (NCC 2011-14)
- Early Years Strategy (NCC 2013-15)
- Pathways to Provision (NCC 2012 updated October 2013)
- Early Intervention and Prevention Strategy (NCC 2011)

The commissioning of child and adolescent mental health services (CAMHS) will be included in the work programme for the newly established Nottinghamshire County Children's Integrated Commissioning Hub.

e) The local population need

There are 171,865 children and young people aged 0-18 years old living in Nottinghamshire, with this population expected to increase by about 3.5% over the next 10 years, with the highest projected increases in Rushcliffe (6.4%) and Newark & Sherwood (5.0%), and the lowest in Bassetlaw (0.9%) and Broxtowe (1.0%). The largest increases are expected in the 5-9 year old population (+17.3% by 2021).

Based upon data from the Office for National Statistics it is estimated that there are 4015 school aged children with an emotional disorder, 6183 with a conduct disorder, 1597 with a hyperactivity disorder and 1444 with a less common mental disorder in Nottinghamshire. In general the prevalence of mental health disorders is higher among boys and older children.

Vulnerable Groups

Risk factors for emotional and mental health problems include poverty, parental substance misuse and mental illness, lone parenting, physical illness, bullying or special educational needs. In Looked after

children and young offenders are groups of children recognised as having a particularly high risk of emotional and mental health problems, with estimates suggesting that 45% and 40% respectively have a mental health disorder. For a comprehensive review of risk factors see Nottinghamshire County JSNA 2013.

Notable trends within Nottinghamshire include:

- Numbers of children with ADHD and autistic spectrum disorder are reported to have increased. Data from the Nottinghamshire Inclusion Support Service shows a progressive increase in the numbers of children diagnosed with autism between 1999 and 2009.
- Numbers of children being seen for self-harm by both the Nottinghamshire South and Nottinghamshire North self-harm services have increased considerably. It is reported that there has been an increase in the numbers of urgent and complex self-harm cases.
- Numbers of looked after children have increased considerably, from 440 in March 2007 to 800 in March 2012 within Nottinghamshire.
- Numbers of children and young people identified as being at risk of abuse and neglect has increased significantly from 417 in 2008 to 837 in 2013

Increases in population size and changes in the patterns of mental health problems locally and nationally mean that the need and demand on services is likely to increase proportionately.

Section Two: The strategic direction

Overall aim of the strategy

This strategy will inform the Nottinghamshire County Health and Wellbeing Strategy and the Nottinghamshire County Children, Young People and Families plan. In addition it will supplement the local 'No Health Without Mental Health' strategy. Together this will inform the commissioning of services that will improve the emotional and mental health of young people in Nottinghamshire.

Strategic Objectives *(where we want to be in 3 years...)*

The strategic objectives have been informed by the Joint Strategic Needs Assessment on Emotional and Mental Health of Children and Young People 2013 and are aligned with the national objectives of the No Health Without Mental Health strategy, consistent with the local Nottinghamshire County life-course strategy (in draft 2014) and the Joint commissioning Panel for Mental Health's guidance for commissioners 2013.

Objective 1 - More young people will have good mental health, including those in vulnerable groups such as children looked after, children subject to child protection plans and young offenders

The JSNA recommended that a life course approach be taken to ensure that more children and young people of all ages and backgrounds have better wellbeing and good mental health through a focus on prevention. This preventative approach should include supporting the development of strong parenting skills, including engagement with fathers and male caregivers as well as mothers and female carers, safeguarding children and young people at risk of emotional harm and building resilience and wellbeing in all young people, with targeted interventions for those at highest risk of developing poor mental health.

Objective 2 - More young people with mental health problems will recover

By commissioning high quality child and adolescent mental health services we will ensure that children and young people who develop mental health problems have a good quality of life. This includes a greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live as they reach adulthood. Services will be integrated, high quality and accessible across Nottinghamshire County. This includes services in Tiers 1-4 and those that are universal and targeted, with seamless transition into adult services where appropriate. In addition, it is crucial that professionals, young people and their parents are aware of the services that exist locally and are easily able to refer to/access them. It is also important that performance data be available so that mental health outcomes at a population level can be monitored and demonstrated.

Objective 3 – More young people with mental health problems will have good physical health

Interventions that address co-morbid physical and mental illness will help ensure that fewer children and young people with mental health problems will be at risk of premature morbidity and mortality in adult life. In addition, since young people with long term physical health problems are at greater risk of mental health problems there should be access to universal and specialist services as appropriate that meet their particular need.

Objective 4 – More young people will have a positive experience of care and support

Successful outcomes for Children and Young people's mental health and emotional wellbeing are dependent upon their full engagement with preventative and treatment services, with their needs at the centre of any support or referral. To achieve this it is important that their views on service commissioning are sought and experiences of care and support are monitored and taken into account to inform service

developments. Interventions should give children and young people and their families the greatest choice and control over their own lives and a positive experience of care.

Objective 5 - Fewer young people will suffer avoidable harm

By improving emotional resilience, identifying and intervening with problems early it is hoped that fewer young people will go on to develop behaviours that fall outside what would be normally expected, including mental or physical harm. This will be achieved through high quality provision that is integrated throughout the care pathway. In addition, this objective includes safeguarding children accessing services.

Objective 6 - Fewer people will experience stigma and discrimination

By raising awareness of mental and emotional issues at the universal level, equipping front line professionals with the skills to be able to intervene before problems escalate and by reducing barriers service access it is hoped that fewer young people will experience stigma and discrimination in relation to their mental and emotional health and better outcomes will be achieved at the earliest opportunity.

Priorities for strategic change *(What we need to do....)*

1) More young people will have good mental health, including those in vulnerable groups such as children looked after and young offenders

We will:

- Work with universal services to help build emotional attachment between parents and children and emotional resilience in young people
 - Develop workforce skills at the universal level to ensure that attachment disorders and emotional and mental health problems are identified and interventions delivered as early as possible
 - Ensure key universal services are updated about new evidence based guidelines of relevance to their practise.
- Investigate current management and screening for perinatal mental health conditions.
- Review parenting course provision and assess gaps in current provision.
- Investigate current early intervention assessment tools to identify children and young people at risk of poor mental health outcomes.
- Ensure emotional health and wellbeing is included in other key strategic areas e.g. Health visiting, Family Nurse Partnership, School Nursing, Early Intervention and Prevention (Nottinghamshire County Council) etc.
- 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.
- Promote a 'Think Family' approach within services.

2) More young people with mental health problems will recover

We will:

- Review the care pathway for children's emotional and mental health in Nottinghamshire, including transition into adult services, and use this to inform future commissioning service specifications for CAMHS.
- Realign investment in Tier 2 CAMHS teams according to the level of need at Tier 2.

- Implement the pathway for children with concerning behaviours, including autistic spectrum disorder, attention deficit and hyperactivity disorder and challenging behaviour.
- Support the integration of IAPT into care pathways
- Promote services to referrers, ensuring that information about how to refer to CAMHS and pathways is readily available and easily accessible.
- Develop a core dataset to be reviewed at the Integrated Commissioning Group, taking account of the development of a national CAMHS minimum dataset and the use of outcome measures within CAMHS.

3) More young people with mental health problems will have good physical health

We will:

- Ensure specialist CAMHS services for children and young people with learning disabilities, ADHD/ASD/Concerning behaviours and long term conditions are included in the pathway review.

4) More young people will have a positive experience of care and support

We will:

- Ensure that views and experiences of children, young people and families inform and influence the design and delivery of services.
- Ensure collaborative working across Tiers of CAMHS to ensure smooth transition of patients between Tiers (including transition into adult services) and to minimise duplication of assessments.
- Ensure that care environments are child and young people friendly and meet the "You're Welcome" quality standards.

5) Fewer young people will suffer avoidable harm

- Ensure workers are equipped to recognise and respond to signs of self harm and emotional abuse including an understanding of the impact of domestic abuse on children and young people.
- Ensure that children and young people are effectively safeguarded by all of the agencies and staff that work with them.
- Investigate further reports of increasing self-harm in children and young people in Nottinghamshire.
- See also priority area 2.

6) Fewer people will experience stigma and discrimination

We Will:

- Consider innovative and age-appropriate ways to promote mental health and wellbeing among children and young people and their families (e.g. online resources or social media).

How will we measure change?

We will know if the strategy has made a difference by monitoring key impact indicators such as:

1) More young people will have good mental health

- The number first time entrants into the youth justice system
- School readiness
- Emotional wellbeing of looked after children
- Child development at 2-2.5 years

2) More young people with mental health problems will recover

- Outcome measures (e.g. SDQ) relevant to the services

3) More young people with mental health problems will have good physical health

- Outcome measures relevant to specialist services

4) More young people will have a positive experience of care and support

- Service user satisfaction questionnaire TBC

5) Fewer young people will suffer avoidable harm

- Hospital admissions as a result of self-harm

6) Fewer people will experience stigma and discrimination

- TBC

Approval process

The approval process for this strategy will be through the leadership team of the Children's Families and Cultural Services Department (Nottinghamshire County Council), Nottinghamshire's children's Trust Executive and the Integrated Commissioning Group for CAMHS.

Communication plan

A communication plan will be developed for the roll-out of the strategy

Monitoring and review of the strategy

The Children Families and Cultural Services Leadership Team and the Nottinghamshire Children's Trust Executive will be responsible for monitoring and review of the strategy.

Who to contact about the strategy

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Review Date

The strategy will be reviewed and refreshed on an annual basis.