

**Wiltshire Council**

**Health and Wellbeing Board**

**April 2014**

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**Children and Young People's Mental Health**

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**Executive Summary**

This paper provides a summary of the draft Emotional Wellbeing and Mental Health Strategy for Children and Young People 2014 – 2017 recently approved by the Children's Trust Commissioning Executive for wider consultation. This Strategy builds on the previous Emotional Wellbeing and Mental Health Strategy which covered the period 2011 – 2014. The paper also includes an overview of the Child and Adolescent Mental Health Service provided by Oxford Health.

**Proposal(s)**

The draft Emotional Wellbeing and Mental Health Strategy sets out a small number of priorities for improving the emotional wellbeing of Wiltshire's children and young people. The Board is asked to:

- Note the draft Strategy and comment on the identified priorities to improve children and young people's emotional wellbeing;
- Comment on how the CCG and the Council can work together to ensure we can meet our agreed vision, included in the Strategy, for good mental health for Wiltshire's children and young people;
- Note how CAMHS is currently delivered in Wiltshire.

**Reason for Proposal**

In common with other areas of the country, Wiltshire is experiencing significant increased demand related to children and young people's emerging mental health difficulties and diagnosable mental health disorders. The draft Strategy has been produced with the involvement of young people and a wide range of professionals who work with children and young people to set out how we can improve children and young people's emotional wellbeing.

**Julia Cramp**  
**Associate Director**  
**Wiltshire Council/CCG**

**Children and Young People's Mental Health**

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**Purpose of Report**

1. To update the Health and Wellbeing Board on work recently undertaken by the Children's Trust on refreshing the Emotional Wellbeing and Mental Health Strategy for children and young people. A draft strategy covering the period 2014 – 2017 was recently approved by the Children's Trust Commissioning Executive for wider consultation. The consultation will continue until July.

The full draft can be viewed by clicking

<http://www.wiltshirepathways.org/ShowNews.asp?NewsID=436>

This report also provides an overview of how CAMHS is delivered in Wiltshire.

**Background**

2. The purpose of the Emotional Wellbeing and Mental Health is to improve the emotional wellbeing of Wiltshire's children and young people. The Strategy has been produced in line with the Children's Trust's Commissioning Framework and updates the previous strategy which covered the period 2011 to 2014. Young people have been very involved in development of the Strategy, along with a wide range of professionals who work with children and young people, including teachers.
3. Our vision for good mental health for children and young people is as follows:
  - The large majority of children and young people have good mental health.
  - There is good information for children, young people and parents on promoting emotional wellbeing.
  - All agencies are clear about what they need to do to promote good mental health and all staff have received basic training which enable them to apply the principles of 'mental health first aid' if problems arise.
  - If children and young people do have mental health problems they will have access to timely, integrated, high quality mental health services to ensure effective assessment, treatment and support for them and their families.

4. The Needs Assessment section of the Strategy includes a specific section on self-harm – this issue is regularly raised as a concern by our secondary schools, GPs, and other professionals who work with children and young people. Self-harming behaviour in young people is not uncommon. The national mental health strategy – No Health without Mental Health (2011) – states that nationally 10 – 13% of 15 and 16 year olds have self-harmed. ChildLine, Selfharm.co.uk, YouthNet and YoungMinds released a survey in February 2014 in support of Self Harm Awareness Day. Key findings included:
  - 38% of young people haven't spoken to anyone about their self-harm;
  - 1 in 4 named bullying as the biggest trigger leading for self harm for the first time;
  - Other triggers for first time self-harm were family relationships (17%), pressure at school (14%), emotional abuse (11%) and friendships (11%);
  - ChildLine have seen a 41% increase in counselling sessions where self-harm was mentioned;
  - 45% rated 'listening to music' as the best way to stop themselves from harming;
  - 15% rated 'talking to friends and family' as coping techniques.
5. Locally we have carried out surveys of young people in 9 secondary schools as part of our national exemplar project on promoting zero tolerance of homophobic language and behaviour in schools (the Zee Tee Campaign). Within the survey, there are a number of questions that relate to young people's emotional wellbeing. More than 1 in 10 individuals from Wiltshire secondary schools reported that they had self-harmed in the last 6 months and 1 in 5 recorded they had thought about harming themselves.
6. Extensive consultation work has been carried out by the Voice and Influence Team based within Commissioning, Performance and School Effectiveness within the Council to listen to the views of children and young people on key issues for them related to emotional wellbeing. Children and young people say:
  - Better mental health education in school is needed;
  - Teachers do not know what to do if a student is suffering with a mental health difficulty;
  - Cyber bullying is on the increase – there is a need for better e-safety education.
  - Isolation and depression – young people need to be able to get to people and places easily;
  - It needs to be made easier for young people to be able to talk to someone, ask for help and get advice about their emotional wellbeing;
  - Physical activity and clubs – more things to do to keep young people emotionally healthy;
  - Help to build young people's self-esteem and confidence;

- Stigma – the stigma associated with mental health means that young people do not feel able to speak out if they are having difficulties with their mental health;
- Staff/teachers are the most likely people who young people will go to (after friends) so those staff need to know what help is available and what to do;
- School counselling – knowing it is there and being able to access it;
- Staff need to have the skills to challenge bullying – not just about training them how to do it but they actually do it!

7. From this list, children and young people's 3 key priorities are:

- Better mental health education is needed in schools;
- Schools and teachers need to know what help is available, how to help young people and have the skills to allow young people to open up;
- More activities and clubs for young people to attend to support positive emotional wellbeing, tackle isolation and provide peer support.

8. Staff working with children and young people put forward the following priorities for action:

- Promote Youth Mental Health First Aid training – for GPs too;
- Enhance skills within families to improve family emotional health and wellbeing;
- Reduce the stigma of mental health issues through awareness raising;
- Better access to Primary CAMHS;
- More joint working between education and other services including Primary CAMHS;
- Develop culture and skills in schools to support mental health needs;
- Investment in services – especially early intervention;
- Promote positive mental health by enabling young people to recognise emotions/issues and develop coping strategies;
- Communicate so that young people and parents know how and where to get a range of help.

9. Building on the needs assessment, children and young people's views and views of staff who work with children and young people, the following priorities have been identified:

- Promote positive mental health and build resilience in children and young people;
- Build capacity and knowledge of mental health issues in the children's workforce;
- Improve access to primary and specialist child and adolescent mental health services (CAMHS);
- Ensure effective access, referral routes and pathways to services.

## Delivery of CAMHS in Wiltshire

10. During 2009/10, Wiltshire PCT (working closely with colleagues in Children's Services in the Council) undertook a major project to re-commission specialist child and adolescent mental health services (known as Tier 3 and 4 services, including community CAMHS and adolescent mental health inpatient beds). This project resulted in a new service model with CAMHS delivered by one provider rather than the previous 3 organisations. The new contract started in 2010 and will continue until 31 March 2017. The length of the contract recognises the extensive work involved for both commissioners and providers in re-commissioning the service and for Oxford Health in implementing the new service model.
11. The CAMHS model of delivery now in place includes a number of services that were previously unavailable across Wiltshire:
  - 24 hour access/365 days a year to support through a dedicated 'phone line with out-of-hours support provided by front-line staff with Doctor and senior management back-up;
  - An Outreach Service (OSCA) for young people who may be difficult to engage in a traditional clinic setting, eg, looked after young people or young offenders;
  - A specialist Learning Disability Service for children and young people with learning disabilities and mental health difficulties;
  - A Family Assessment and Safeguarding Service (FASS) that provides specialist safeguarding mental health consultation, assessment and treatment. This service is accessed through the Gateway Panel for family and parenting support.
12. In 2012, the Council transferred its Primary Mental Health Service to Oxford Health so that Oxford Health now deliver Tier 2, 3 and 4 services. Unlike many other authorities, the Council has maintained its investment in the primary mental health service even though there is no longer a ring-fenced local authority Mental Health Grant for children and young people.
13. Since the start of the contract with Oxford Health in 2010, a number of changes and improvements have been made to the service:
  - Deliberate Self Harm Protocols are now in place with each Acute Trust;
  - A protocol has been implemented by the Police and Oxford Health to ensure that Police Officers have access to professional support where they have concerns about a child or young person's mental health. This support is available 24 hours a day, 365 days a year.
  - Oxford Health offer Deliberate Self Harm support for Wiltshire's children and young people's Multi Agency Forums (MAFs) which are mainly led by school staff (this is provided to 5 MAFs each year);
  - A multi-agency training programme run by CAMHS clinicians for Wiltshire staff who work with children and young people was launched in 2012. This provides 12 sessions a year and includes training on eating disorders, anxiety disorders, self-harm and attachment difficulties;

- There is more focus on support for vulnerable groups, particularly looked after children, and improved constructive working relationships between CAMHS staff and Children's Social Care staff;
- A partnership is in place between the Council and Oxford Health to provide specialised therapeutic support for children and/or their foster carers and adoptive parents.
- CAMHS continues to be developed in line with children and young people's feedback – the service specification sets out that the provider must demonstrate that the service is listening to and acting on children and young people's views. Oxford Health employ a dedicated Participation Worker to ensure this happens.
- Oxford Health is one of a small number of CAMHS providers involved in the national project on developing 'Improving Access to Psychological Therapies' for children and young people.
- Lengths of stay in adolescent inpatient beds have reduced significantly from an average of 240 days in 2009 to around 60 days in 2013/14.

### **Main Considerations**

14. The draft Emotional Wellbeing and Mental Health Strategy shows that there are significant challenges in improving our children and young people's emotional wellbeing and that this will only happen when all agencies and staff work together to promote resilience in our children and young people, to identify problems early and that more specialist help is available when it is needed.
15. Both nationally and in Wiltshire, there is a growing number of referrals to CAMHS (Tier 2 and 3). The number of referrals that are turned down or signposted elsewhere is causing huge frustration for GPs, schools and children and their parents. A recent report from the House of Commons Health Committee on CAMHS (April 2014), with input from a number of experts including Doctors, Psychologists and Youngminds, suggests that one of the reasons for the higher number of referrals to CAMHS is that there is less Tier 1 provision to provide early intervention work. This Tier 1 provision includes support provided by universal services including schools, GPs, Health Visitors and School Nurses.
16. The development of an integrated Early Help Service within Children's Services within the Council offers the opportunity to look at closer joint work between services such as Behaviour Support, Education Welfare and Youth Workers and PCAMHS. It is often difficult for referrers to know who is best placed to provide support for children and their families. Nearly all referrals for the Council's Early Help support come from early years settings and schools, whereas the majority of PCAMHS referrals are from GPs. There is the potential for children and young people to be referred to both Early Help and PCAMHS almost simultaneously. Discussions are taking place on creating clearer pathways which could include a single point of access across organisations.

## **Governance**

17. The multi-agency Emotional Wellbeing and Mental Health Group – a sub group of the Children’s Trust – will oversee work on the implementation plan that will be developed once the Strategy is agreed by the Children’s Trust’s Commissioning Executive. The EWMH Group will provide regular reports to the Children’s Trust’s Commissioning Executive.
18. Regular performance meetings are held with Oxford Health who provide both primary and specialist CAMHS in Wiltshire. These meetings are chaired by the Associate Director (joint with CCG) for Commissioning, Performance and School Effectiveness.

## **Financial Implications**

19. There are no specific financial implications although the CCG and the Council will need to consider future funding for Primary CAMHS (known as PCAMHS) and specialist CAMHS and future investment in earlier support, such as counselling. The Council funds Primary CAMHS, whilst the CCG funds specialist CAMHS.

**Carolyn Godfrey**  
**Corporate Director**  
**Wiltshire Council**

**Deborah Fielding**  
**Chief Officer**  
**Wiltshire CCG**

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Report Author:  
Julia Cramp  
Associate Director – Children’s Services  
Wiltshire Council/CCG  
Phone: 01225 718221

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## **Background Papers**

Published documents: None

The following unpublished documents have been relied on in the preparation of this report:

Draft Emotional Wellbeing and Mental Health Strategy for Children and Young People 2014 - 2017