

Supporting the Mental Health of Children and Young People

Strategy

Cheshire East

Children and Young People's Plan Priority 3

2016 – 2018



Cheshire East
Children & Young
People's Trust

MENTAL HEALTH PROBLEMS AFFECTING CHILDREN AND YOUNG PEOPLE

In Cheshire East in 2015:

13.1% or approximately 12,500 children and young people aged between 0-24 years have a mental health disorder

PERINATAL MENTAL HEALTH

1,170 to 1,915 women affected in pregnancy and the year after birth

CONDUCT DISORDER

3,290 affected age 3-16
190 new onsets annually

ADHD

1,330 (severe) to 2,660 (all cases) age 3-24 (67 - 134 new annually)

ANXIETY DISORDERS

3,000 affected age 5-24

DEPRESSIVE DISORDERS

3,040 affected age 5-24

SELF-INJURY BEHAVIOUR

2,270 affected age 12-24
7,330 self-injuries annually

LEARNING DISABILITY

3,300 young people age 0-24 have LD. 1,190 will have a MH problem

PSYCHOTIC DISORDERS

170 affected age 12-24
16 new onsets annually

EATING DISORDERS

145 affected age 10-19
25 new onsets annually

TOURETTE SYNDROME

590 affected age 5-18

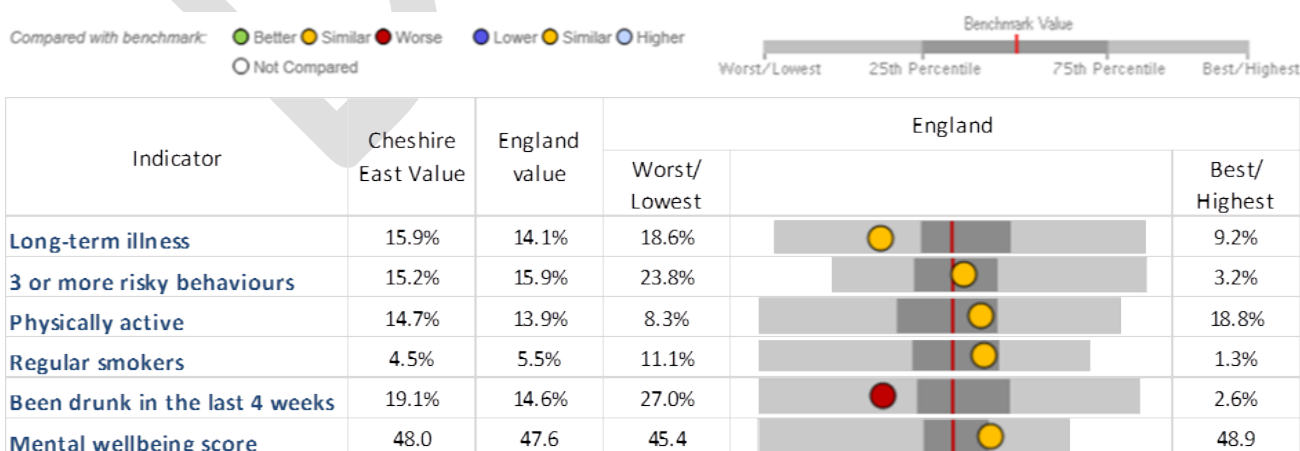
AUTISM SPECTRUM DISORDER

60 babies affected each year

SUBSTANCE USE DISORDERS

3,650 age 11-15 have tried drugs. 11,700 age 16-19 'lower-risk' drinkers

These figures are based on national prevalence or incidence figures applied to the population of Cheshire East.



These figures are based on the national 'What about youth?' survey which surveyed over 2100 15 year olds in Cheshire East.

Levers for change

1. The five key themes identified in the “Future in Mind” report from the Mental Health and Wellbeing Taskforce (2015)
 1. promoting resilience, prevention and early intervention
 2. improving access to effective support – a system without tiers
 3. care for the most vulnerable
 4. accountability and transparency
 5. developing the workforce
2. Department for Education - Counselling in Schools – a blueprint for the future (2015)
3. PHSE Association – Teacher Guidance – Preparing to teach about mental health and emotional wellbeing (2015)
4. Public Health England - Promoting children and young people’s emotional health and wellbeing: a whole school and college approach (2015)
5. Cheshire East Emotionally Healthy Schools Programme. Service stocktake and CCG Local Transformation Plans
6. NHS England - £725,000 new recurrent funding for Cheshire East to implement the local transformation plans
7. Cheshire East Children and Young People’s Mental Health Joint Strategic Needs Assessment
8. Cheshire East Annual Public Health Report

Key issues identified from needs assessment:

- Inadequate support for mothers mental health during and after pregnancy
- Little use of CAMHS by the under-fours
- Inconsistency in what the upper age for CAMHS should be
- Many services are not being “joined-up” for young adults
- Poor support for teenagers who self-injure
- Many young people with autism spectrum disorder or a learning disability not receiving effective support

Strategic Priorities

1. Put front-line mental health care and support into every community
2. Support all women who experience anxiety and depression during pregnancy
3. Diagnose and treat young children with mental health problems during their second year of life
4. Improve awareness and support for young people with autism spectrum disorder and learning disability
5. Help teenagers to deal with the dark feelings that can lead to self-injury
6. Bring together all emotional health and wellbeing services for young people, possibly up to the age of 25

Priority 1 - Put front-line mental health care and support into every community

Needs

CCG Transformation Plans		Need
Tier 4	specialised day and inpatient units	56
Tier 3	specialised child and adolescent MH teams	1,390
Tier 2	specialised primary MH workers and counsellors	5,250
Tier 1	non-specialist primary care workers	11,250

Capacity across the system is not completely understood. There is capacity in NHS CAMHS services to support tier 3.

New Approaches to Care and Support



Gaps

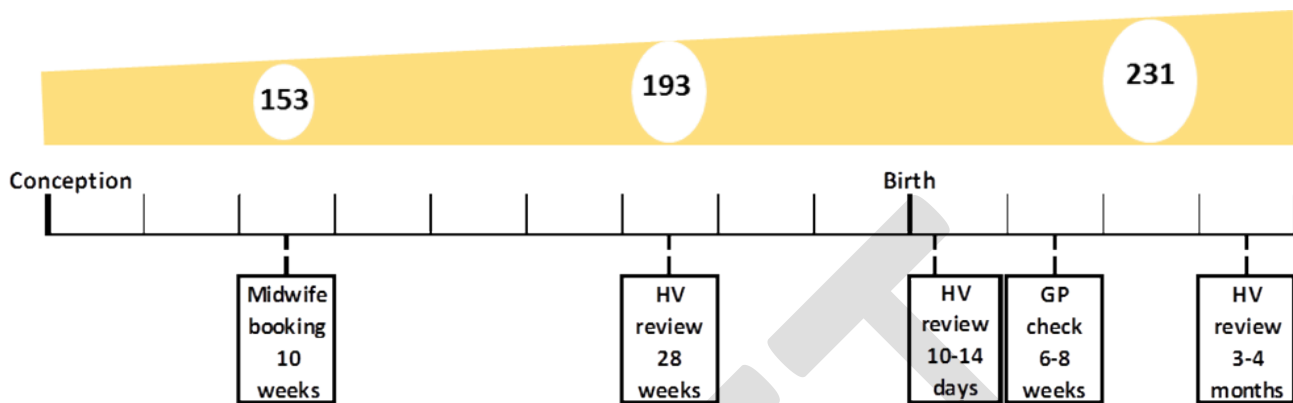
1. Services still designed around tiers. Minimal investment at tier 2

Objectives

1. Initial focus on schools as a setting for front-line mental health care and support building on the emotionally healthy schools programme.
2. Pilot elements of the THRIVE model in Cheshire East's Emotionally Healthy Schools Project
3. All schools should be using the Strengths and Difficulties Questionnaire in a consistent way
4. Understand current capacity and quality of school based counselling and emotional health and wellbeing services and ensure all schools in Cheshire East make such services available to their pupils. Develop pathways to ensure these work alongside specialist mental health services
5. All schools should be able to refer some children with suspected conduct disorder (based on SDQ score) directly to treatment
6. Baseline survey of the new PSHE lesson plans for mental health and emotional wellbeing.
7. Better support for young people to be able to self-manage chronic conditions (e.g. diabetes, asthma, epilepsy, eczema) at school.
8. All school-based and voluntary sector counsellors for children and young people should have access to CYP-IAPT training.
9. The Children's Consultation Service could co-ordinate certain mental health referrals
10. Access to psychological support for young people who have physical health problems
11. Programme of surveys to measure levels of change in mental wellbeing and risk factors

Priority 2 - Support all women who experience anxiety and depression during pregnancy

Estimated need in Cheshire East each year



The figures indicate the estimated number of women who may be affected by depression prior to, during and after pregnancy and who could be identified by health professionals at various contact points. Around a quarter of women may have already been affected prior to pregnancy, and another third may develop depression during pregnancy. Together there are likely to be around 580 women affected each year.

Gap

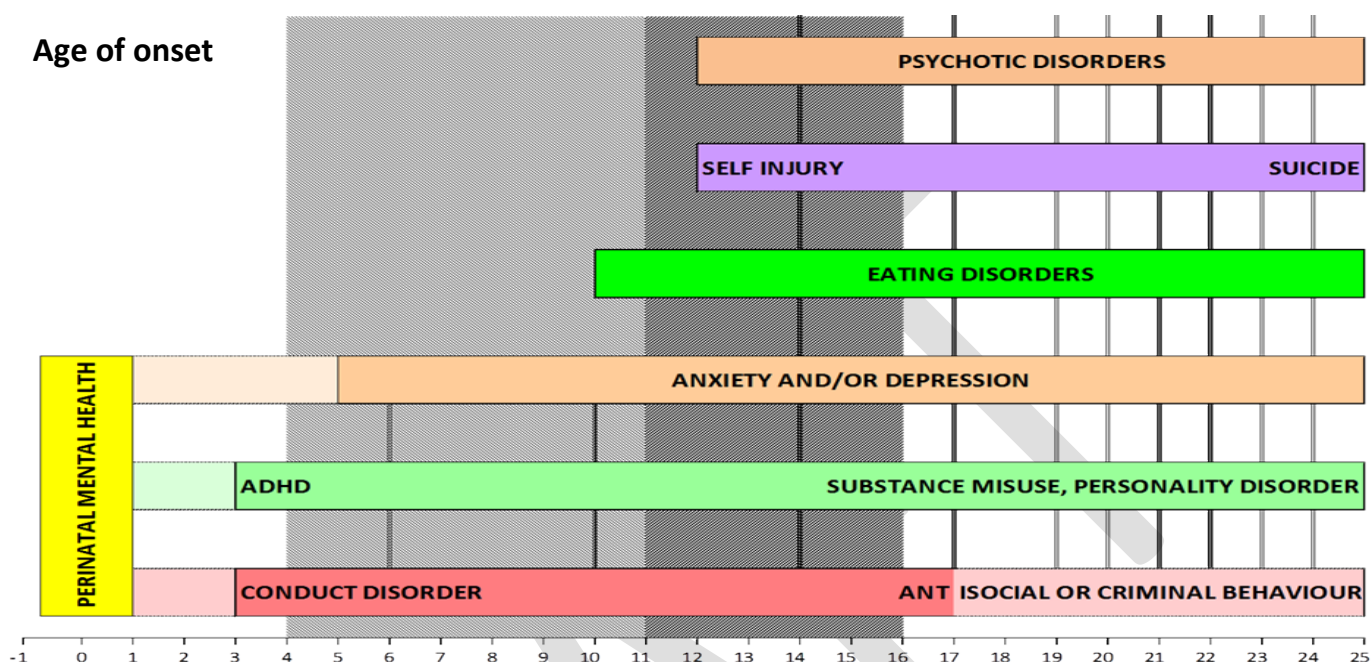
1. No specialist perinatal mental health services locally – women with major problems are being managed by general services
2. Inadequate prevention, recognition and management of many common mental health problems that occur during pregnancy
3. Significant scope to prevent future mental health problems from occurring in around 150 babies born every year

Objectives

1. Consider the use of depression and anxiety screening in women who are planning a pregnancy
2. Change guidance that women are assessed for depression only once during pregnancy
3. Tackle the multiple barriers to identifying mental health problems during pregnancy
4. Include depression and anxiety screen as part of health visitor review during pregnancy
5. Acknowledge the impact of relationships, social support and housing on pregnant women's wellbeing and her families future wellbeing. Identify needs in pregnancy and prioritise access for pregnant women in services that can provide practical help.
6. Commission specialist community care for women with serious mental health problems affecting 3-4% of pregnancies

Priority 3 - Diagnose and treat young children with mental health problems during their second year of life

Need



Conduct disorder is the most common mental disorder in childhood. The peak onset is around 2-3 years. It affects more boys than girls. Conduct disorder can be prevented in high-risk groups and effective treatment is available (NICE recommends treatment from the third birthday onwards) Most children do not need specialist CAMHS input. The core behaviours of ADHD typically arise around the age of 3 years.

Gaps

1. Little use of CAMHS by the under-fours
2. Under-recording of autism spectrum disorder by schools.

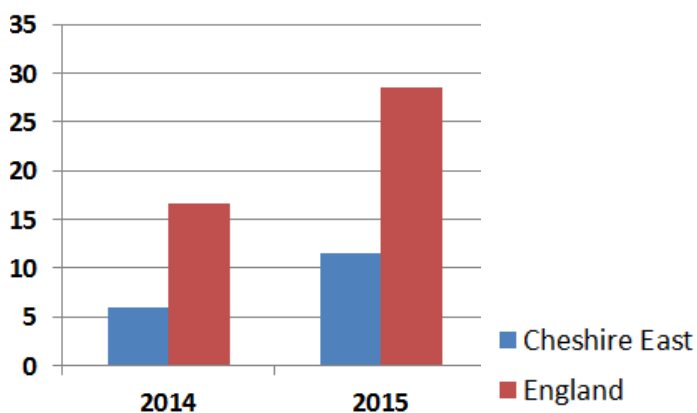
Objectives

1. Early identification of conduct disorder, ADHD and autism through the Parent Journey
2. Primary schools can do initial assessment of children with suspected conduct disorder
3. Have prevention and treatment programmes for conduct disorder throughout Cheshire East including some nursery and school based programmes (classroom-based emotional learning and problem-solving programmes for children aged 3 to 7, and group training for their parents).
4. Offer parent training programmes at times and locations when parents can attend
5. Primary school counselling services should cover pre-school children aged three and four
6. Access to CYP-IAPT training for all staff who work with children under five and those who work with children with autism.
7. Health and education professionals to liaise with parents/ carers to identify the impact that ADHD has on a child
8. Clinicians should use educational and psychological approaches to ADHD before medication

Priority 4 - Improve awareness and support for young people with learning disability

Need

Moderate Learning Disability Rate per 1,000 pupils



Number of pupils with moderate LD

	2014	2015
Primary Schools	189	466
Secondary Schools	130	159
Total	319	625

Gaps

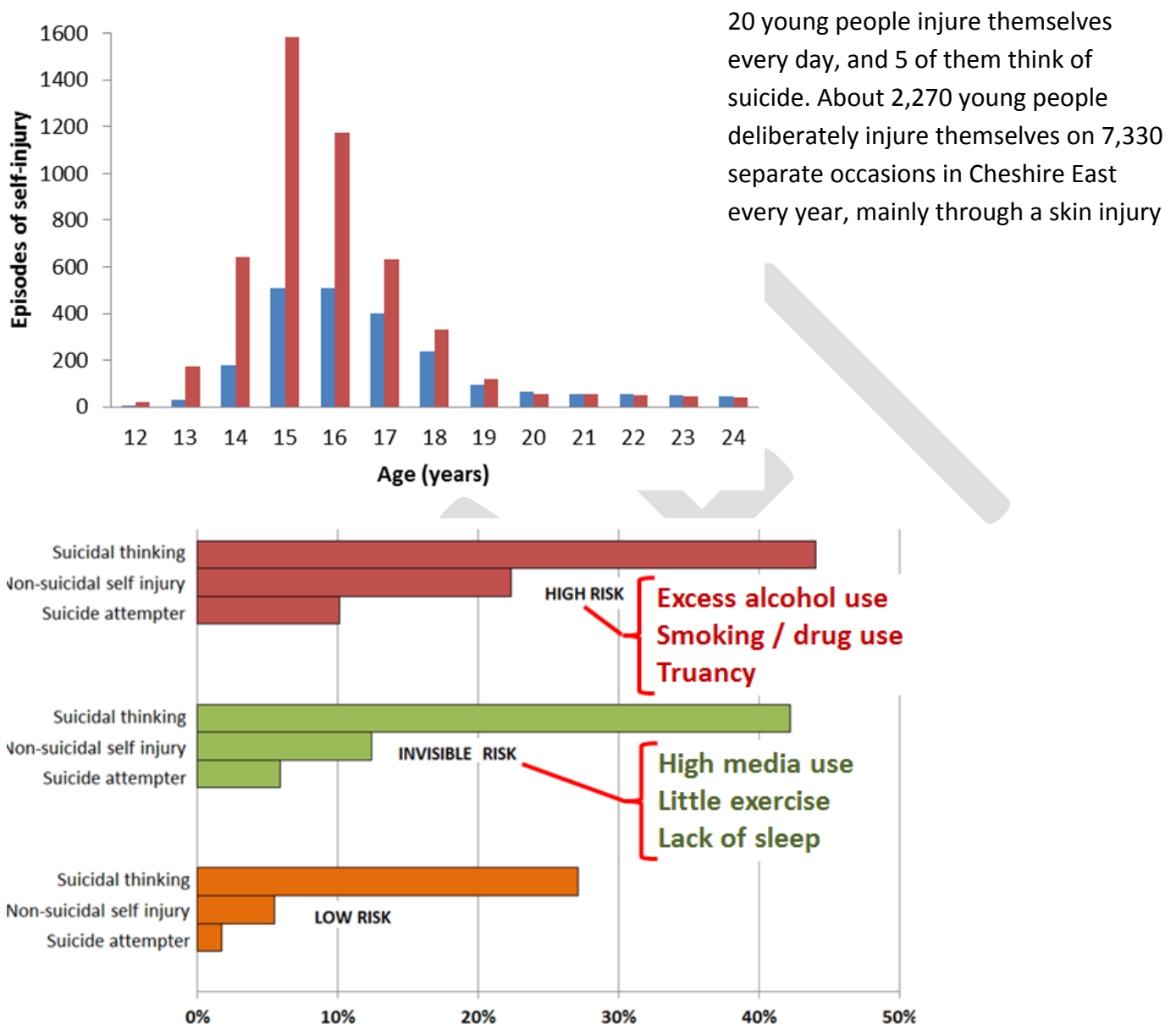
1. Underreporting of learning disabilities particularly in secondary schools.

Objectives

1. Better recording of moderate learning disability in secondary schools – Macclesfield, Crewe, Congleton, and Wilmslow
2. Develop pathways to help young people with a learning disability to receive mental health support
3. Schools inform the general practitioner when a learning disability is newly identified
4. Ensure that Cheshire East's strategies and approaches for reducing child poverty are particularly sensitive to the needs of families who are bringing up a child with a learning disability.
5. Encourage parents to provide their perspectives of need to the Disabled Children's Database
6. Access to CYP-IAPT training for all staff who work with children with learning disabilities

Priority 5 - Help teenagers to deal with the dark feelings that can lead to self-injury

Need



Objectives

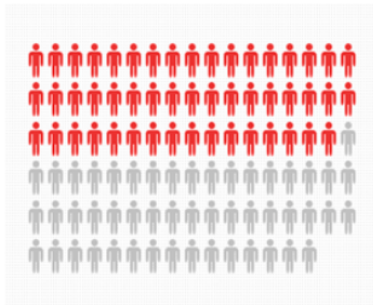
1. Reduce access to medicines and sharp objects in the home
2. Promote good sleep patterns and less texting and gaming at night
3. Regular exercise and plenty of sport
4. Smoking and alcohol reduction schemes
5. Reduce bullying and give support for sexual orientation and other worries
6. School counselling services should be visible to and easily accessible by pupils
7. Immediate access to emergency care for a young person who discloses a self injury who when asked also discloses self-poisoning or suicidal thoughts.
8. Young people need access to a rapid and supportive response during a time of crisis
9. Information, advice and guidance on signs and symptoms and alternative behaviours.

Priority 6 - Bring together all services for young people, possibly up to the age of 25

Needs

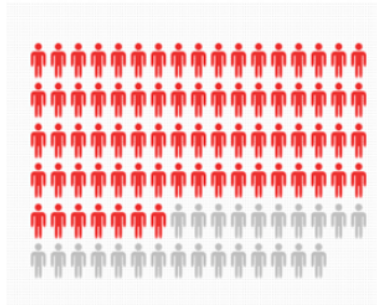
At Age 14

50% OF LIFETIME MENTAL ILLNESS (EXCLUDING DEMENTIA)
STARTS BY AGE 14



By Mid Twenties

75% OF LIFETIME MENTAL ILLNESS (EXCLUDING DEMENTIA)
STARTS BY MID TWENTIES



Started Mental Illness

Not started mental
Illness

Chief Medical Officer's
annual report 2012: Our
Children Deserve Better:
Prevention Pays

New mental health problems can develop around the age of twenty and existing problems can worsen. Mental health problems increase in frequency as young people leave the protective factor of living in the family home and begin to experience social welfare legal problems, which are defined as rights-related problems concerning housing, homelessness, welfare benefits, debt, employment and education. These problems can be compounded by being out of employment or education, or being socially isolated. These risk factors are cumulative in their impact on mental health. Young people are prone to delaying or giving up seeking help.

Gaps

1. Many services are not being “joined-up” for young adults
2. Young people often experience a “cliff-edge” between children’s and adult services.
3. Age boundaries for statutory services can differ unexpectedly and often seem to be set arbitrarily.
4. In some instances, it is not clear which service should respond to young adults, just at the point they are expected to become independent users of services for the first time.

Objectives

1. Identify and target young people with multiple risk factors for poor mental health.
2. Ask young people aged 18 to 24 about how mental health services can best meet their needs. Incorporate how young adults can continue to access children and young people’s mental health services into the Transformation Plan
3. Adult and children’s commissioners’ work together to review how the needs of under 25 years olds are met. This may necessitate some reassignment of funding from adult mental health services
4. Develop flexible ways to access services including drop-in sessions, telephone and web access
5. Ensure speedy assessment, early first appointments, fast tracking of emergencies and offer of support while waiting to access services, such as counselling, to help keep young people engaged
6. Develop youth information, advice and counselling services that can provide social welfare legal advice alongside mental health interventions in accessible young person-friendly settings
7. Ensure voluntary sector, Youth Information Advice and Counselling Services should be a key part of any universal local offer with an increased number of one-stop-shop services based in local communities

Opportunities to achieve some change quickly

Although all the actions are important, it may be possible to achieve some more efficiently than others. The actions summarised in the diagram below already have funding allocated and a certain degree of partnership engagement. Therefore with additional discussion and debate these could gain full commitment from all partners and large scale change could be achieved quickly.

