JSNA Deep Dive Review:
Emotional and Mental Wellbeing in Children and Young People (CYP)

Working together to protect, promote, prevent, empower and intervene early for all involved

Executive Summary
November 2023

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Cheshire East Council

"Over the past year, we have been working together to better understand emotional and mental wellbeing in our children and young people. It is clear that there is passion and dedication across Cheshire East to support our children and young people in experiencing the best emotional and mental wellbeing possible, and to support them and their families in times of need. I have seen how joint working between Council, schools, the NHS and volunteer organisations is making a really positive difference to children and young people.

This review considers all the hard work already going on and identifies challenging areas for further action and support.

To make the changes needed, we must continue to work together: children and young people; parents; school staff; health and social care staff; and volunteers. We must continue to recognise where people have made a difference, and to recognise our strengths and build on them.

Importantly, we won't get this right for our children and young people unless we make sure we also have the very best systems in place to promote emotional and mental wellbeing in those who support them too.

Hopefully, this review will help to underpin the changes needed".

Dr Susie Roberts, **Lead for the Children and Young Peoples Emotional and Mental Wellbeing JSNA Review**
Consultant in Public Health
Cheshire East Council

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Introduction

"Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development"[1].

It is estimated that around 50% of all lifetime mental health problems start by the mid-teens, and three-quarters by the mid-20s[2].

There has been increasing focus on emotional and mental wellbeing in our children and young people of recent years and particularly since the start of the COVID-19 pandemic, both nationally[3], and locally.

This review was considered a key priority by the Joint Strategic Needs Assessment Steering Group as one of the first deep dive reviews in the JSNA work programme since the emergence of COVID-19.

1. World Health Organization. Strengthening mental health promotion. Geneva: WHO; 2001. Cited within Office for Health Improvement and Disparities (2022) Wellbeing and mental health: Applying All Our Health. Guidance. 28 February 2022. Available from: Wellbeing and mental health: Applying All Our Health - GOV.UK Mental health (who.int) (Accessed 13th September 2023)
2. Public Health England (2019) Mental health and wellbeing JSNA toolkit: Guidance. 5. Children and young people. Updated 25 October 2019. Available from: https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people (Accessed 28 June 2022)
3. Parkin et al. (2022) Support for children and young people's mental health (England). Research Briefing. Published Wednesday, 01 June, 2022 Available from: https://commonslibrary.parliament.uk/research-briefings/cbp-7196/ (Accessed 29 June 2022).

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What are our recommendations following this review?

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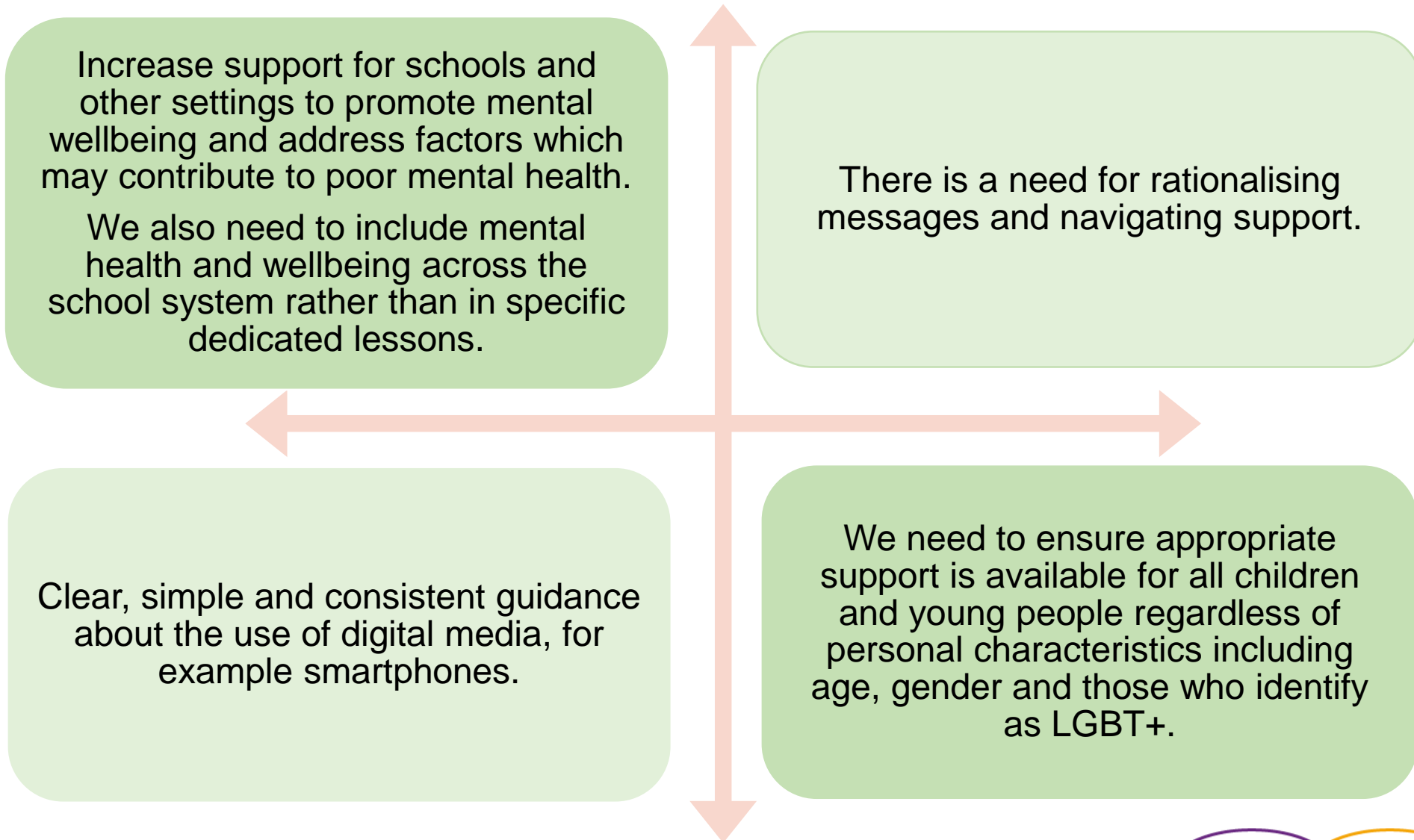
It is important to note

- We were unable to obtain information on variation in mental wellbeing across Cheshire East according to the following characteristics:
  - Marriage and Civil Partnership
  - Religion
  - Sex
  - Gender Reassignment
  - Race

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Summary of gaps in support

Increase support for schools and other settings to promote mental wellbeing and address factors which may contribute to poor mental health.

We also need to include mental health and wellbeing across the school system rather than in specific dedicated lessons.

There is a need for rationalising messages and navigating support.

Clear, simple and consistent guidance about the use of digital media, for example smartphones.

We need to ensure appropriate support is available for all children and young people regardless of personal characteristics including age, gender and those who identify as LGBT+.

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Overarching recommendations from the review are that we need to have:

Holistic approaches that encompass the physical and mental wellbeing needs of the child, their families and professionals that work with them.

Early intervention on risk factors for mental health problems and mental health presentations.

Robust approaches to promote protective factors and resilience.

Consideration of root causes as part of mental health presentations.

Integrated care that is easy to navigate and that empowers children and their families.

Care for all with greater support to areas in greatest need.

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Detailed recommendations (1)

When considering children and young people's mental wellbeing we need to consider the wellbeing of; the child/young person, the household and the professionals (across education, health, the local authority and the community).

We need to support and empower children, their families and professionals to…
- Promote wellbeing and resilience and take pride in this rather than waiting to react. (for example, through improving the uptake of the 2-year-old early education, supporting implementing the whole school framework and promoting school attendance)
- Address risk factors at an early stage. (for example, bullying; SEND; LGBT+; trauma; parental mental health; parental substance misuse; and cost of living) We also need to better understand the difference in mental wellbeing in genders.
- Consider and communicate the risks and benefits of digital media.

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Detailed recommendations (2)

We need to support and empower children, their families and professionals to…

- Address poor emotional wellbeing early- for example, self care for anxiety.

- Improve navigation to support when there are mental health and wellbeing problems or risk factors for mental health and wellbeing problems.

- Consider mental health when physical health problems and risk factors present, AND to consider physical health and risk factors when mental health problems present.

- Ensure provision of appropriate support for schools to implement evidence-based tools and resources to create an emotionally healthy school environment across all age groups.

- Universally proportionate approach that recognises and supports those areas in greater need with more intensity BUT recognises the need that is everywhere.

- Continue to refer to CAMHS where necessary, referring more than once if needed.

- Continue to feed into the further developments of the CAMHS service as a result of the North West CAMHS review.

- Continue to promote training on suicide and self-harm prevention and online support.

- Continue to promote the Perinatal and Infant Mental Health Training.

- Promote use of the NICE guidance on assessment and management of self-harm and prevention of its recurrence across all key partners.

- Review capacity within the health and social care system, to support the recommendations within this JSNA.

- Expect that these changes will take time.

- Further evaluate our approaches. The continued quality improvement work on CAMHS data will be vital as part of this.

*Universally proportionate approaches seek to support the whole population with greater intensity of support to those with greater need.

*Please note recommendations will be subject to funding availability, existing contract timescales, clinical guidance and capacity across the Health and Social Care system and will be looked at outside the JSNA production.

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To address the above recommendations, we need to:

- Identify key forums for action and progress tracking and rationalise conversations, progress across these. This includes the:
  - Education Reference Group
  - Family Hubs Steering Group
  - The Emotionally Healthy Children and Young People Service Recommission Project Group which will become the Healthy Young Minds Alliance
  - Cheshire and Merseyside forums including the Beyond Programme and the Gateway Programme
  - Health and Wellbeing Board
  - Children and Young People's Trust
  - The Youth Council
  - Mental Health Partnership Board and the All Age Mental Health Plan
  - Investing in Children and Young People Partnership
  - The Cheshire East Self Harm and Suicide Prevention Partnership Board
- Learn from other JSNAs including
  - Crewe, poverty and substance misuse reviews
- Identify and monitor some key measures in the longer term including through the Cheshire East Joint Outcomes Framework
  - Joint Outcomes Framework
  - CORE 20Plus5

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What were the findings that led to these recommendations?

What might be contributing to poor mental health?

- Poverty can be associated with poor mental wellbeing. There are focussed areas of deprivation in Crewe and Macclesfield, but also smaller areas in Alsager, Congleton and Handforth[1] (please see the Poverty JSNA for more information) JSNA Food and Fuel Poverty: Spotlight review (cheshireeast.gov.uk) .

- Wards in Crewe and Macclesfield have a high proportion of children eligible for free school meals. However, it is interesting to see the increase in eligibility in wards like Wrenbury, Audlem and Handforth over the past 4 years[2].

- There has been an increase in the rate of substance misuse admissions[3]. Conversely, there has been a decrease in rate of alcohol admissions in under 18 year olds, however, Cheshire East remains significantly worse than the England average[4].

- The rate of domestic abuse related incidents and crimes has increased[5].

- During 2020/21, emotional wellbeing is a cause for concern in just under 40% of children in care across Cheshire East[6].

1. Deprivation in Cheshire East, Available from: https://cheshireeast.maps.arcgis.com/apps/MapSeries/index.html?appid=531d13bb1eb24f918c71259138dc000c , Accessed on: 01 October 2022
2. Spring (January) School Census, Public Health Intelligence Team © Crown Copyright and database right 2022. Ordnance Survey 100049045 SMASH – Sandbach, Middlewich, Alsager, Scholar Green, Haslington
3. 'Office for Health Improvement & Disparities. Public Health Profiles. [20/09/22] https://fingertips.phe.org.uk © Crown copyright [2022]'
4. Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode   Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates. 'Office for Health Improvement & Disparities. Public Health Profiles. [20/09/22] https://fingertips.phe.org.uk © Crown copyright [2022]'
5. Crime Survey for England & Wales, Kantar Public on behalf of Office for National Statistics (ONS). Office for Health Improvement & Disparities. Public Health Profiles. [28/01/23] https://fingertips.phe.org.uk © Crown copyright (2023).
6. Department for Education 'Office for Health Improvement & Disparities. Public Health Profiles. [26/07/23] https://fingertips.phe.org.uk © Crown copyright (2022)'

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What else might be contributing to poor mental health?

- The COVID-19 pandemic has been experienced in varied ways across the country with some evidence of negative impact on early years development and school aged children and young people's mental wellbeing[1,2].

- Bullying was highlighted as a key issue for children and young people during engagement[3]. All schools are required to have an anti-bullying policy. Schools address bullying issues as they arise and will also cover bullying through the Personal, Social, Health and Economic (PSHE) curriculum or via in house or commercial. The local authority doesn't endorse any one programme however, one example of this is KiVa, an anti-bullying programme for primary schools. Nearly 7% of primary schools in Cheshire East, a total of 8 schools are actively engaging with this programme. The Safeguarding Children in Education Settings (SCiES) team also support schools with bullying by: developing a bullying prevention strategy; reviewing bullying during their Safeguarding review visits; and providing a helpline which can advise on bullying issues. However, only 14 calls were received by the SCiES team during an 11 month period. ChatHealth also received very few texts[4,5,6,].

- Some of our CYP identifying as LGBT+ highlighted challenges of not getting support until in crisis, being at risk of bullying, and feeling expected to fit in[3].

- The number of children and young people with Education, Health and Care plans has been steadily rising year on year. Growth of 63% in the last three years[7].

1. Education recovery in early years providers: spring 2022 - GOV.UK (www.gov.uk)
2. Office for Health Improvement and Disparities (2022) COVID-19 mental health and wellbeing surveillance: report. Research and analysis. Children and young people. Updated 12 April 2022. Available from: https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people (Accessed 13 June 2022)
3. Emotionally healthy children and young people service recommissioning engagement during Autumn/Winter 2022/23
4. Email correspondence Education COVID response and Project Manager (02/02/23, 24/02/23, 07/08/23,12/09/23, 28/09/23 & 24/10/23)
5. Email correspondence Education COVID response and Project Manager (31/01/23 & 28/09/23)
6. Email correspondence (0-19+ Service Leader, 21/10/22)
7. Cheshire East Council (2022) Single SEND Forecast Data document. May 2022. Available from: https://www.cheshireeast.gov.uk/pdf/livewell/local-offer-for-children-with-sen/single-send-forecast-data-document/single-send-forecast-data-document-v1.0-final-may-2022.pdf (Accessed 11 May 2023)

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The benefits and risks of digital media

Digital media was highlighted as having both a positive and a negative effect on mental health during our engagement with children and young people[1].

Whilst acknowledging there may be different individual circumstances requiring individualised advice, the Royal College of Psychiatrists provides the follow general advice on using digital media safely for all:

- Set time limits

- Get some sleep

- Stay safe

- Don't believe everything you read

- Keep perspective-when seeing people online looking their best and having fun

- Think first before sending a message or posting online

- Don't let the internet get expensive

Additional general advice for parents:
- Model sensible use
- Set parent controls
- Look at age recommendations
- Talk about online safety, information sharing, mental health

1.Emotionally Healthy Children and Young People Service recommissioning engagement during Autumn/Winter 2022/23
2.Royal College of Psychiatrists (2022) Use of digital media for children and young people. Available from:
https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/young-people/use-of-digital-media-for-young-people
(Accessed 07/03/23).

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What protective factors can help to maintain a good mental wellbeing?

Physical activity is a protective factor.

- Across Cheshire East it is estimated that 45.1% of children aged 5-16 years old are "active" and meeting the Chief Medical Officer recommendations for physical activity.[1]

Good education is also an important protective factor for emotional and mental wellbeing:

- Whilst the uptake of free early years education in 3 and 4 year olds is very high, uptake is lower in our eligible 2 year olds, with 3 out of 10 of those eligible not taking up the offer during 2022[2].

- During 2021-22, the rate of absences across secondary school aged children was higher than the national average*.[3]

- On average, educational attainment across Cheshire East is good, however, educational attainment is worse in children experiencing deprivation.[4]

Mental wellbeing of key adults in a child's life :

- Positive parental relationships and good staff wellbeing are important in promoting good wellbeing in our children and young people[5,6]. Whilst we don't have good measures of these factors, we do have some indicators.

- Data suggests that many adults across Cheshire East have a good mental wellbeing. However, between 2012/13 and 2021/22 across Cheshire East, self-reported "low happiness" levels have stayed fairly stable, however, there has been an increase in the proportion of adults in reporting a "high anxiety score" (23.3%)[7].

- As of 2021/22 the proportion of adults thought to be diagnosed as having depression by their GP is approximately 14%. Rates have increased since 2012/13[8].

- According to Labour Force Survey estimates, across Great Britain: education staff have a significantly higher than average rate of work-related stress, depression or anxiety[9].

1. Sport England. Active Lives Survey. Children and Young People data. Available from: https://activelives.sportengland.org/Home/ActivityData (Accessed 12 January 2023) © Sport England 2023.
2. Email correspondence (Intelligence Manager, (11.10.22) Taken from Local authority interactive tool (LAIT) - GOV.UK (www.gov.uk)
3. DfE statistical release published 20 Oct 22. Figures are for state-funded secondaries. Received by email (Business Intelligence Officer 25/11/23)
4. 2022 DfE statistics published 6 October Key stage 1 and phonics screening check attainment, Academic Year 2021/22 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk) 2019 and 2022 LAP results calculated in house by Cheshire East Received by email from Business Intelligence Officer (30/11/22) & Cheshire East and National pupil characteristic groups from DfE statistics published 22 December 2022 and Table "ks2_regional_local_authority_and_pupil_characteristics_2019_and_2022_revised" - National figures based on state funded schools and academies Key stage 2 attainment, Academic Year 2021/22 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk) 2019 and 2022 Local Area Partnership (LAP) results calculated in house by Cheshire East based on the location of the school Received by email from Business Intelligence Officer (01/02/23)
5. Available from: Vulnerabilities: applying All Our Health - GOV.UK (www.gov.uk). (Accessed 27/01/23).
6. NICE (2022) Social, emotional and mental wellbeing in primary and secondary education. [NG223]. 6 July 2022. Available from: Recommendations | Social, emotional and mental wellbeing in primary and secondary education | Guidance | NICE (Accessed 5 April 2023).
7. Annual Population Survey (APS), Office for National Statistics (ONS). Office for Health Improvement & Disparities. Public Health Profiles. (30th June 2023) https://fingertips.phe.org.uk © Crown copyright [2023].
8. Quality and Outcomes Framework (QOF), NHS Digital 'Office for Health Improvement & Disparities. Public Health Profiles. [06/02/22] https://fingertips.phe.org.uk © Crown copyright [2022]
9. HSE (2022) Work-related stress, anxiety or depression statistics in Great Britain, 2022. Available from: https://www.hse.gov.uk/statistics/causdis/stress.pdf (Accessed 2 February 2023).

*statistical significance of this comparison has not been determined

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The 5 Ways to Wellbeing are a way of summarising important steps to promote mental wellbeing

Connect	"Connecting with the people around us is a great way to remind ourselves that we're important and valued by others".
Be active	"We know that there's a link between staying active and positive mental health and wellbeing. By making sure we are regularly moving our bodies, we can look after our mental and physical health at the same time".
Take notice	"Taking notice of our thoughts, emotions and surroundings is a great way to stay present and pay attention to our needs".
Keep learning	"Learning new things is a good way to meet new people and boost our self confidence, which in turn improves our mental health and wellbeing".
Give	"Research has found a link between doing good things and an increase in wellbeing".

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What are the mental health needs seen in schools across Cheshire East?

- In England the rates of probable mental health disorder for children and young people aged 7-19 increased from 11.8% in 2017 to 19.8% in 2022. This means that in Cheshire East in 2022, there were somewhere between 8,606 to 13,525 children and young people with a probable mental health disorder. A higher proportion of those with a probable mental disorder lived in households that experienced a reduction in income[1].

- Across Cheshire East, three separate providers support children and young people through the Emotionally Healthy Children and Young People Service this includes Visyon (Mid & South), South Cheshire CLASP (South), and Just Drop In (JDI) (North)[2]. During the Covid-19 pandemic years 2020-22 the services had to adapt to support the unprecedented demand and complexity[2]. Feedback from our school engagement echoes the challenge of increased numbers of young people with mental health difficulties without increased provision of support and

identified a gap in services for those not meeting CAMHS threshold[3].

- Girls present to our Emotionally Healthy Children and Young People Service more than boys. Our more ethnically diverse communities and our children identifying as LGBT+ may be under-represented in these services though it is difficult to confirm[2].

- Between April 2022 and March 2023 nearly all referrals made to our Mental Health Support Teams in Crewe and Macclesfield were made due to concerns about anxiety[4].

- Also, mental health was the most common reason for one to one medical needs tuition in their home or other setting during 2021/22[5].

1. NHS England (2022) Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey. Official statistics, Survey. 29 November 2022. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey#:~:text=Key%20findings,between%202020%2C%202021%20and%202022 (Accessed 22 December 2022)
2. Recommissioning Emotionally Healthy Children and Young People. Early Help and Prevention Service slides (Q1-Q3) (received by email on 13.04.22) & Q4 received by email from Commissioning Officer on 08/12/22.
3. Feedback from Heads (Cheshire East primary and secondary school representatives and the Cheshire East Education Reference Group)
4. Email correspondence Cheshire MHST Team Manager (04/08/23 & & 17/08/23)
5. Email correspondence (Tuition Team Manager, 09/02/23)

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Feedback from our children and young people about mental health in schools

Our primary school aged children engagement focussed on what happiness was:

"Playing with my toys"

"Being outdoors"

"Smiley people at school"

"Pets"

"Hobbies"

"Playing with friends and family"

"Having a role in school to make me feel important"

"I like to talk to people about my feelings, but they need to someone I have a relationship with (parent, friend, teacher etc)"

We talked more broadly around mental health with our secondary school aged children who helped us identify common themes:

"Issues are intensified at school"

"Academic pressure"

"Struggling to socialise and reintegrate into school following covid lockdown"

"Services have their own agenda – more about them than the YP*"

"Trusted relationship needed for YP* to open up about their feelings"

"Bullying inside and outside of school, worried about consequences of speaking out, schools don't implement policies to address bullying"

"Too much focus on academia, need more lessons on life skills"

"Teachers are stressed and unapproachable"

"Future is intimidating, lacking optimism and aspirations"

"Social media – lack of respect, hiding behind keyboard, inappropriate content, addictive, FOMO, encourages discrimination, unreasonable body image expectations"

"Young children have access to phones causing anxiety"

"One size does not fit all in terms of support available"

"Concerned about national & international issues – cost of living, war, covid, news is scary"

"Offending behaviour is normalised amongst peers"

Source: Emotionally Healthy Children and Young People Service recommissioning engagement during Autumn/Winter 2022/23

*YP –young people

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What are the mental health needs seen in primary care?

- The prevalence of mild to moderate mental health conditions recorded on GP registers for children and young people varies across Cheshire East, with between 1.6%-3% in 0-17 year olds and 17.8%-21.3% in 18-24 year olds[1].

- The prevalence of mild to moderate mental health conditions in the 0-24 year olds registered with Crewe GHR Primary Care Network (PCN) is statistically the highest in Cheshire East[1]. Crewe GHR PCN is also significantly higher for Suicide, Self-harm and Serious Mental Illness (SMI) cohorts in this age group[5]. Macclesfield is significantly higher for the General MH cohort which encompasses mild and moderate, self-harm and suicide[5].

- Self-harm and suicidality were looked at in more detail, Nantwich and Rural PCN and Macclesfield PCN have statistically worse rates. However, individual GP practices within the PCNs of Crewe GHR, Crewe EB and Nantwich and Rural have high rates. Other areas of concern are Middlewood and SMASH which have large numbers[6].

- There looks to be a higher prevalence of asthma and learning disability in children and young people with a mental health condition than in all children and young people, suggesting an important cohort of young people with both a physical and a mental health condition. Overall, there was also a higher prevalence of non-mental health conditions (physical conditions, or a neurodiverse diagnosis) in children that also had mental health condition in Crewe GHR and Knutsford practices.[2,3]

- The prevalence of obesity in patients presenting to primary care with a mental health condition seems to be lower than national estimates of obesity prevalence, suggesting it could be under recorded.[2,4]

Primary Care Networks (PCNs) abbreviations:-
Crewe GHR = Grosvenor, Hungerford, Rope Green Practices
SMASH = Sandbach, Middlewich, Alsager, Scholar Green and Haslington Practices
Crewe EB = Eagle Bridge Practice
CHOC = Congleton, Holmes Chapel Practices
CHAW = Chelford, Handforth, Alderley Edge, Wilmslow Practices

1. Email Correspondence (Project Manager- Mental Health 18/08/22) Data source Primary Care EMIS (May 2022)
2. CIPHA as 12/01/23 received by email from Project Manager- Mental Health and Neurodiversity (13/01/23)
3. LTC Benchmarks taken from: Workbook: Population and Person Insight - Working Version (england.nhs.uk) received by email from Project Manager- Mental Health and Neurodiversity (14/03/23)
4. Public Health Profiles Public health profiles - OHID (phe.org.uk) (accessed 05/04/23)
5. CIPHA (09/03/23) received via email from (Project Manager- Mental Health and Neurodiversity 14/03/23)
6. NHS Cheshire & Merseyside ICB – QlikSense (ECDS) Cheshire BI

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Who is presenting to hospital for mental health conditions?

- Since 2015/16, Cheshire East has seen higher rates of children under 18 years admitted to hospital for mental health conditions than the England average[1].

- The current rate for admissions for a mental health condition in young people (under 18s) in Cheshire East is 133.9 per 100,000.

- Between April 2019 and August 2022 where a possible mental health problem was identified, the most common reason for admission in children and young people aged 25 and under was for Mental Health Disorders with substance misuse (alcohol/substance misuse/ tobacco) followed by anxiety and then depression[2]. From data provided in October 22 we predicted that admissions for depression in 0-17 and MH disorders with substance misuse in both 0-17s and 18-24s are likely to have returned to pre-Covid19 levels by end of 2022.

Hospital admissions for mental health conditions (<18 yrs-2020/21)
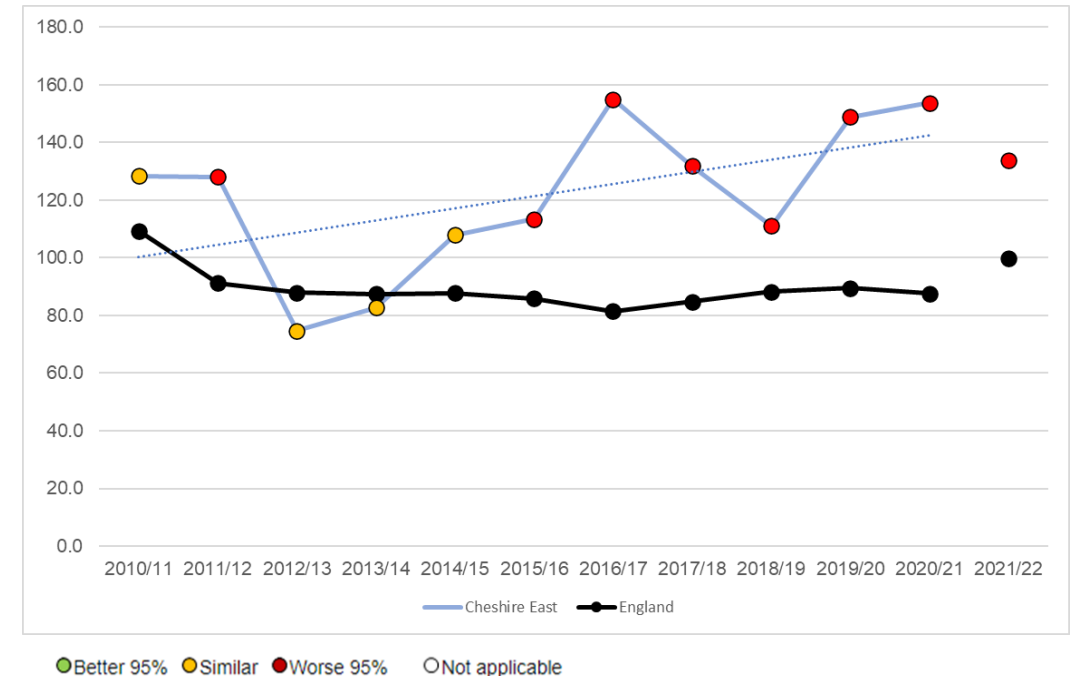
The data point for 2021/22 is kept separate. This is because it is calculated using population estimates based on the 2021 Census. Prior data points have not yet been recalculated.

1. Office for Health Improvement & Disparities. Public Health Profiles. [07/07/23] https://fingertips.phe.org.uk © Crown copyright [2023]. Historic data supplied by OHID received by e-mail on (01/08/23)
2. Reference: NHS Cheshire & Merseyside ICB – QlikSense (ECDS) Cheshire BI. Received by email from ICB (27/10/22)

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Who is presenting at hospitals for self-harm and suicidality?

Self-harm data at our two hospital A&E departments shows:-

- that nearly three times as many females than males are presenting at both Trusts. The highest rates are in the 13-15 age group, followed by the 16 and over group[4,5].

- The top 5 reasons for attendance is the same at both hospitals. The majority relate to overdose; Mid Cheshire Hospital (MCHT) 41% and East Cheshire Hospital (ECHT) 48%. The next highest is self-harm* (MCHT 23% and ECHT 26%)[4,5].

Attendances will have been considered self-harm on arrival but if intent to self-harm cannot be established on examination, the primary reason for attendance may change.

- Although the data is for different time periods, both trusts show peaks in May, September and November; these seem to coincide with return to school and possible exam pressures[4,5].

A lot of these patients are already known[4,5]:-

- Over half of patients presenting with self-harm were known to CAMHS.

- At MCHT 52% of patients had previous attended, whereas only an estimated 35% were previous attenders at EHCT. However, one individual had attended 15 times in the 12-month period.

Some analysis could only be done for Mid Cheshire Trust, this showed that[4,5]:-

- The rate of previous attendance increased with age.
- 90% of patients had planned follow up, only 3% had no clear follow-up or pathway.
- 21% (68) were recorded as having special educational needs and disabilities (SEND).
- 21% of the attendances for previous attenders had a SEND condition recorded.

Note : MCHFT Safeguarding Children Team generate this information through monthly data collection and analysis, which is then shared through email correspondence with the Designated Nurse Safeguarding Children @Cheshire East place and Cheshire West and Chester place.

- Rates of suicide in people aged 10+ across Cheshire East are similar to the England average and have been since 2004-06[3].

- In Cheshire East, admission rates for self-harm in children and young people (10-24 years) have been increasing since 2013/14 and have been consistently worse than the England average. In 2021/22 there was a significant increase that cannot be explained by the change in the denominator population. There were an average of 7 admissions for every 1,000 10–24-year olds[1].

- Wards with worse than England rates of admissions for all age self-harm include:- many in Crewe, Macclesfield South and Macclesfield Central, Alsager, Congleton East, Sandbach Elworth, Wilmslow Lacey Green, Wistaston, and Nantwich North and West (see map)[2].

Map of emergency hospital admissions for intentional self harm (all-age) compared to England (2016/17 - 2020/21)
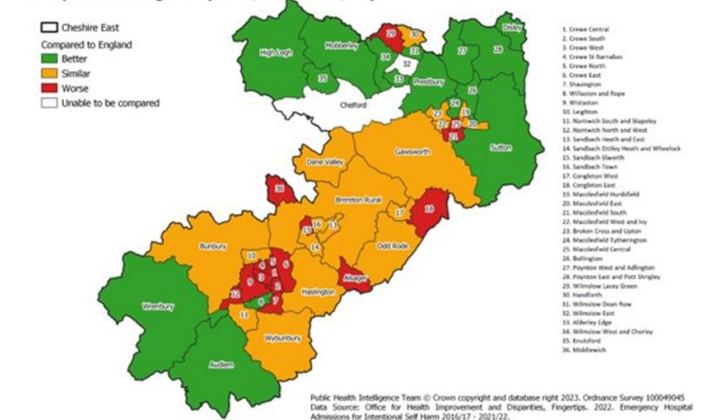
1. Office for Health Improvement & Disparities. Public Health Profiles. [28/04/23] https://fingertips.phe.org.uk © Crown copyright [2022]. Historic data provided by OHID by e-mail on 2nd May 2023
2. Office for Health Improvement & Disparities. Public Health Profiles. [18/04/23] https://fingertips.phe.org.uk © Crown copyright [2023]
3. Office for Health Improvement & Disparities. Public Health Profiles. [01/08/23] https://fingertips.phe.org.uk © Crown copyright [2023]
4. Mid Cheshire data source: Email correspondence Designated Nurse Safeguarding Children @Cheshire East place and Cheshire West and Chester place.
5. East Cheshire data source: Email correspondence Head of Safeguarding /Named Nurse for Safeguarding Children East Cheshire Trust on 26 January 2023

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Feedback from our paediatricians

What is it like now?

"Increase in unhappy children"

"Neurodiverse cohort – more complex, long waiting lists, crisis management, results in children entering care system"

"Journey and pathways are not clear enough"

"Value VCFSE sector services"

"Waiting list for neurodiverse services up to 4 years"

"Hormones in teenagers play havoc"

"Need to improve parent understanding around self harm"

At its best, what would it look like?

"Plotting journey, although difficult to anticipate"

"Resilience support for parents"

"Equality across system in eligibility criteria (age)"

"Posters, leaflets, comms in A&E"

"Better information and signposting in GP practices"

"Parents able to self-navigate"

"One stop shop for information and resources"

"Parents need coping strategies for hormonal teenagers"

"CYP Vulnerable Person Liaison Nurse in both NHS Trusts"

"Improved MDT across NHS providers – multi-agency peer review / challenge. Liaison Forum for acute and MH practitioners"

"A&E Frequent Flyer meetings for paediatrics – specifically around mental health"

Source: Emotionally Healthy Children and Young People Service recommissioning engagement during Autumn/Winter 2022/23

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Findings from the North West CAMHS review, August 2021:

- The experiences of services have at times been inappropriate, frustrating and countertherapeutic.
- No "core offer" for Tiers 2 and 3.
- Unclear provision for mental wellbeing where the child or young person also has a learning disability, a neurodevelopmental disorder such as autism or an eating disorder.
- Many CAMHS services feel overwhelmed with the demand.
- Staffing recruitment crisis within many services.
- There is a lack of Memoranda of Understanding (MOU) or equivalent for escalation and resolution between partners to support a proactive approach.
- Significant health inequalities exist across the North West.

Recommendations:
1. Core CAMHS offer for tier 2 and 3 services
2. Specific CAMHS Tier 2 service offer (to children and young people with learning disabilities, a neurodevelopmental disorder such as autism or an eating disorder and eating disorders)
3. Commissioning and contracting to reflect "core" and "specific" offers
4. "Alternatives to hospital"
5. "Workforce Plan"
6. "Individual service development"
7. "Parent Carer Forums"
8. "Royal College of Psychiatry Quality Networks"
9. Plan to address Health Inequalities
10. Sharing the NW CAMHS review report

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What are our assets to support emotional and mental wellbeing and how effective and consistent are they?

Summary of range of support and advice for schools in relation to the "Thrive" framework[1] and NICE guidance[2]

	Count of Staff training - national/external	Count of Staff training - CE	Count of Information	Count of Interactive online personalised advice/support to CYP or adult	Count of CE teams who can give advice	Count of In school programmes - whole school approaches to develop skills to thrive	Count of School based interventions delivered by school staff	Count of School based interventions/assessments delivered by external partners	Count of Interventions/support by external partners	Total
Thriving	10	11	7	2	3	13	1	1	1	49
Getting Advice	2	2	28	2	7		7	2	17	67
Getting help	5	6	14	4	14	6	7	5	32	93
Getting more help		1	1		1			1	2	6
Getting risk support								1	17	18
Identification	6	2	3							10
Staff wellbeing	3	3	12	3	2				16	39
Transitions			6							6
Grand Total	26	25	71	11	27	19	15	10	86	290

- See narrative on next slide

1. Wolpert, M et al. (2019) THRIVE framework for system change. Available from: THRIVE-Framework-for-system-change-2019.pdf (implementingthrive.org) (Accessed 18 April 2023).
2. NICE (2022) Social, emotional and mental wellbeing in primary and secondary education. [NG223]. 6 July 2022. Available from: Recommendations | Social, emotional and mental wellbeing in primary and secondary education | Guidance | NICE (Accessed 5 April 2023).
3. Table sent by email from Education COVID response and Project Manager (27/07/23)

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Overall assessment of support for mental wellbeing by JSNA working group

- Complex and numerous resources were collated (see previous slide) and there is overlap and duplication in messaging between resources. Some providers give advice, whilst others provide interventions. A lot of information is available online.

- There were fewer assets, for identification, "getting more help", and transition in particular, but also for thriving.

- There was evidence of comprehensive work on the whole-school approach across Cheshire East.

- There are some gaps which have been identified in terms of age ranges, less advice available for children aged under 11.

- Children and young people in our youth council highlight that children want to be able to access support directly. However, there were low numbers of upstream contacts (Kooth and Chathealth) and more stable rates, whereas there were increasing rates of more severe presentations, for example to hospital.

- The offer for support to parents includes children's centres, Visyon workshops, the Contact Hub, in addition to school, GP, hospital and CAMHS support.

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Services to support children and families with their emotional and mental wellbeing

- **The Healthy Child Programme**
  - ChatHealth
  - Contact Hub
  - Health Visitors and School Nurses
  - Mental Health Practitioners
  - SEND support
- **Schools**
  - Wellbeing for Education Programme
  - myHappyMind
  - Mental Health Support Teams (MHSTs) in Crewe and Macclesfield
  - Suicide Prevention Training

- **Community**
  - Kooth
  - Visyon/Just Drop In/CLASP
  - General practice
  - CAMHS
  - Acute hospitals

Reference: Input from Children and Young People's Emotional and Mental Wellbeing JSNA Task and Finish Group (2022-2023)

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Feedback from some of our schools is…

- The current offer can be overwhelming.

- There are too many people trying to do too many roles.

- Regarding special educational needs coordination- very confusing system with extensive paperwork - jumping through hoops rather than actually doing the job in hand.

- There are capacity challenges – training space, timetable, curriculum pressures

- There are obstacles referring a young people into CAMHS and them getting swift and immediate support.

- There is inconsistency in the support available across schools dependent upon staff skills/funding etc.

- Schools are increasingly expected to manage support beyond the experience of a school intervention/workshop.

Reference: Cheshire East primary and secondary school representatives and the Cheshire East Education Reference Group

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Insights from our Youth Council on mental wellbeing in school aged children (from the Taboo Conference)

30th November 2021

- The aim was to reach out to as many young people as possible to discuss mental health issues and to understand how professionals can best support them within their service settings and wider community.

- Around 84 young people attended the conference from mainstream schools, colleges, partner organisations and special schools.

- In addition, 55 adults also attended who were decision makers, elected members, teachers, workshop leads.

Students shared what is important to them in schools by undertaking a prioritisation exercise. The two areas that were most important to them were*:

"All staff understand that mental health needs such as anxiety might appear as disruptive or aggressive behaviour which could include problems with attention or focus."

"Key wellbeing staff know how to help a young person to access the right support and have greater depth of knowledge and understanding of how MH difficulties may appear."
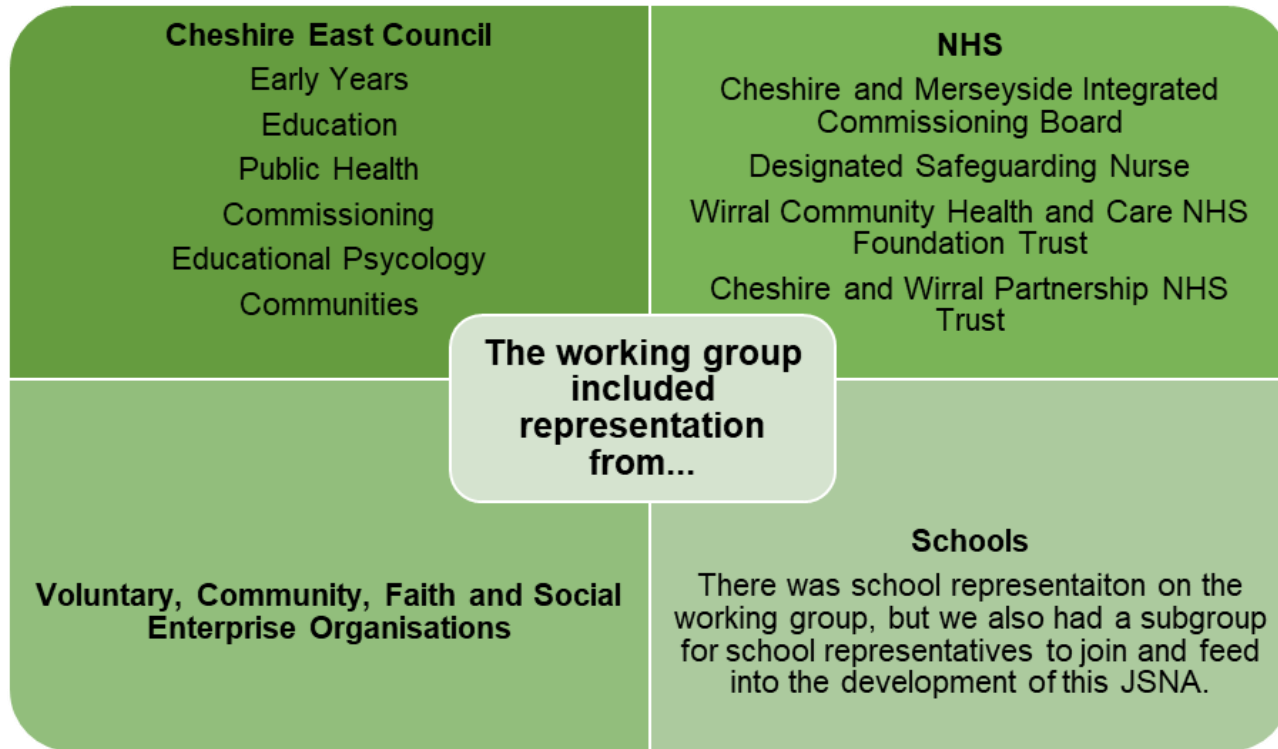
* response rates vary dependent on the question.

Reference: Taboo Mental Health Conference Report 30th November 2021

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How we went about this review

Cheshire East Council
Early Years
Education
Public Health
Commissioning
Educational Psycology
Communities

NHS
Cheshire and Merseyside Integrated Commissioning Board
Designated Safeguarding Nurse
Wirral Community Health and Care NHS Foundation Trust
Cheshire and Wirral Partnership NHS Trust

The working group included representation from...

Voluntary, Community, Faith and Social Enterprise Organisations

Schools
There was school representaiton on the working group, but we also had a subgroup for school representatives to join and feed into the development of this JSNA.

This review was produced through the Children's and Young People's Emotional and Mental Wellbeing JSNA Working Group.

The working group contributed to the development of the scope; analysis; and narrative development.

Additional conversations and engagement regarding the scope was carried out via separate schools' representative groups such as:
- Education Recovery Group
- The Children and Families Directorate Equality, Diversity and Inclusion Group
- The Emotionally Healthy Children and Young People Service Recommission Project Group which will become the Healthy Young Minds Alliance.

Consultation and Engagement work (September – December 2022)
This work was steered by a subgroup led by Children and Young People's commissioning. Qualitative opportunistic conversations were carried out with both children and young people as well as with a range of stakeholders such as:
- Teachers
- Commissioned providers
- Health professionals

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What did this review cover and what questions did it address?

Issues to be addressed:

1. Wider determinants and wellbeing
2. Risk factors and protective factors
3. Early years
4. Parenting and resilience
5. School staff wellbeing
6. Mental wellbeing and mental health presentation in schools
7. Primary care presentations
8. Secondary care presentations
9. Self harm and crisis

Questions to be addressed:

1. What is the emotional and mental wellbeing need in children and young people in Cheshire East by geography and by protected characteristics where possible?
2. What are our assets to support emotional and mental wellbeing and how effective and consistent are they?
3. How are we identifying children earlier? How are we supporting early years provision to identify complex needs early?
4. How are we supporting children in crisis?

Exclusions: Perinatal mental health as an exclusion

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Contributors

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Additional Forums
- Education Recovery Group
- The Children and Families Directorate Equality, Diversity and Inclusion Group
- The Emotionally Healthy Children and Young People Service Recommission Project Group which will become the Healthy Young Minds Alliance.

There were many other professionals, community groups, children and parents that contributed as part of the Emotionally Healthy Children and Young People Service Recommission engagement process.

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