

## Children and Young People Mental Health

### Introduction

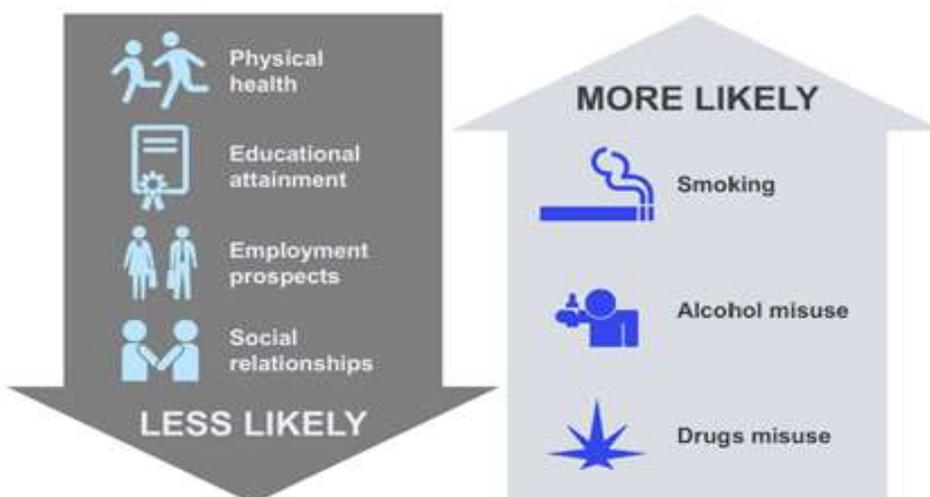
Mental health problems cause distress to individuals and all those who care for them. One in ten children needs support or treatment for mental health problems. These range from short spells of depression or anxiety through to severe and persistent conditions that can isolate, disrupt and frighten those who experience them. Mental health problems in young people can result in lower educational attainment (for example, children with conduct disorder are twice as likely as other children to leave school with no qualifications) and are strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour.

Many mental health problems start early in life. Of those with a lifetime mental health illness; 50% will experience their first symptoms before the age of 14 years and around 75% by their mid-twenties. The number of 0-19 year olds in Bedford is 41,300, this represent a quarter of the population, this is estimated to increase to 44,800 (APHR, 2017). A good start in life and positive parenting is therefore crucial to good mental health throughout adult life. Tackling mental health problems early in life will improve educational attainment, employment opportunities and physical health, and reduce the levels of substance misuse, self-harm and suicide, as well as family conflict and social deprivation. Overall, it will increase life expectancy and economic productivity across the generations.

### What do we know?

The emotional health and wellbeing of children is just as important as their physical health and wellbeing. Over the past few years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people (CYP).

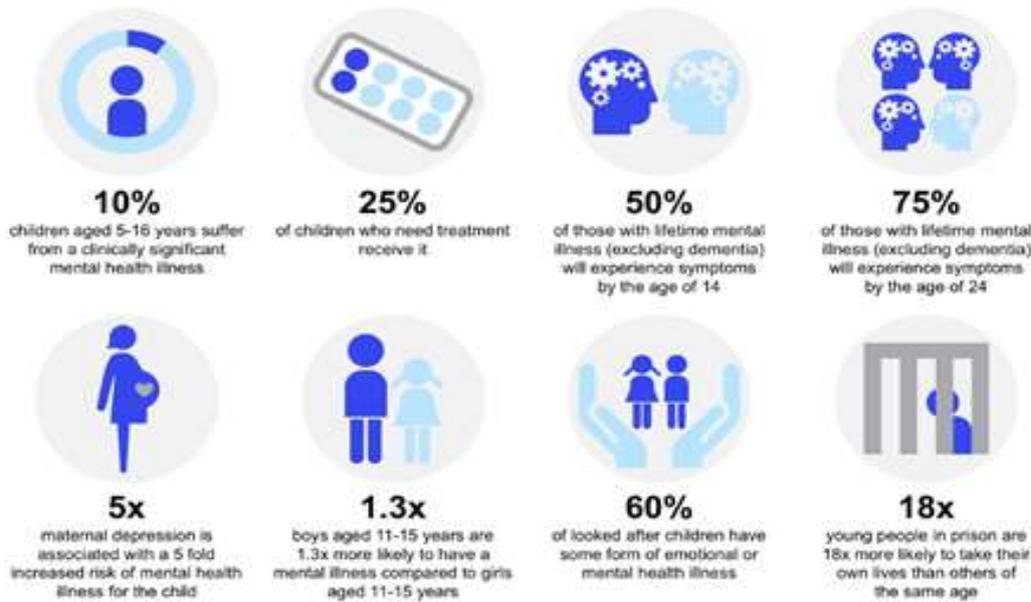
Figure 1: Mental health illnesses are a leading cause of health-related disabilities in CYP and can have adverse and long-lasting effects



Source: Public Health England: *The mental health of children and young people in England, December 2016*)



Figure 2: Facts about mental health illness in CYP



Source: Public Health England: The mental health of children and young people in England, December 2016)

**Risk factors**

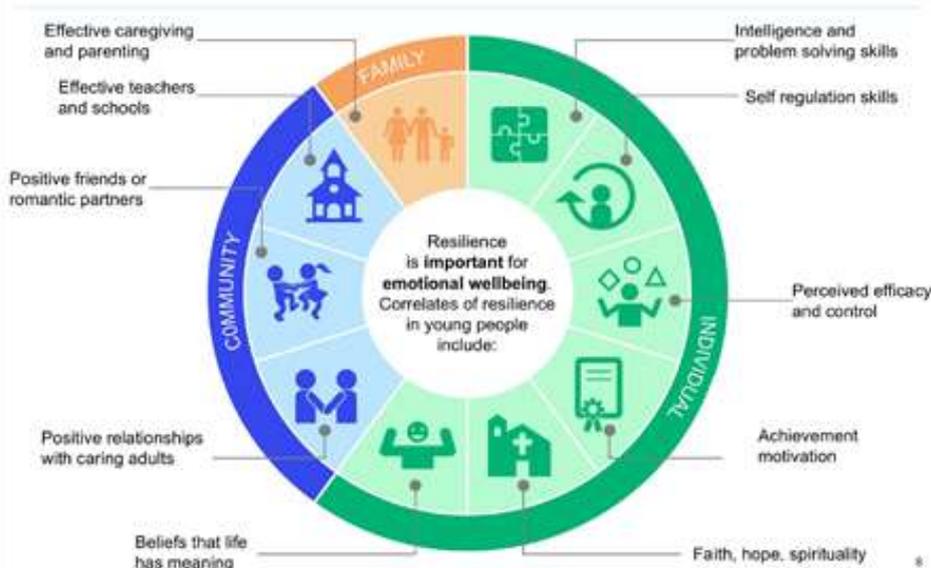
Figure 3: Risk and protective factors for CYP's mental health



Source: Public Health England: The mental health of children and young people in England, December 2016)

**Information on prevention and early intervention**

Figure 4: Building Resilience (the ability to cope with adversity and adapt to change)



Source: Public Health England: *The mental health of children and young people in England*, December 2016)

National data estimates the rates of mental health problems in males between the ages of 5-10 years is almost twice that of females (10.4% vs 5.9%) and the rate in females increases to narrow this gap by the ages of 11-15 years (12.8% for males and 9.65% for females). An estimated of 2,220 children in Bedford Borough aged 5-16 years have a Mental Health disorder and 1,130 of 16-19 year olds.

Many mental health problems can be prevented. Understanding the early signs and causes of emotional distress and intervening early can prevent problems escalating into diagnosable MH disorders needing specialist services.

Nationally, levels of happiness and confidence have dropped. The Princess Trust Youth Index score in 2015 was 71; a decrease on last year's index of 72<sup>i</sup>. In Bedford Borough low life satisfaction scores (2014/15) amongst 15 year olds was slightly above the East of England and National percentages 14.6% compared with 14.1% and 13.7% respectively.

ChildLine reported 315,111 counselling sessions nationally in 2015, with the primary concerns being family relationships, bullying, physical abuse and self-harm<sup>ii</sup>

Most children and young people are part of happy and healthy families, and their parents/carers are the providers of their emotional support. Sometimes though, children and young people need extra support. The results of the 2014 Bedford Borough schools' Emotional Wellbeing survey tells us that most children and young people are happy most of the time; however, the percentage of pupils who reported feeling sad increased in those over 14 years of age.

Figure 5: Emotional Wellbeing Survey



Source: DPH report, 2017

The school nursing service reported that nearly half of the young people attending drop-ins are presenting issues around emotional wellbeing and anxiety (2015/16).

### Vulnerable Groups

Table 1: Vulnerable groups

CYP who	Are LAC	Low income families (child poverty)	Are CIN	Are babies who have parents affected by DV, MH, drugs or alcohol	Are teenage parents	Have SEND	Are NEET
Bedford Borough Council	241 (As at September 2017)	18.4% (2014)	919 (Sept 2017 excludes LAC and Child Protection)	26% (national figure)	75 (2014)	3773 (2015)	5.5% (April – June 2017 average)

### SEND

Young people with Learning Disabilities (LD) are 6 times more likely to have a conduct disorder, 8 times more likely to have Attention Deficit Hyperactivity Disorder (ADHD), 4 times more likely to have an emotional disorder, and 33 times more likely to have Autistic Spectrum Disorder, than their peers who do not have LDs (Emerson and Hatton, 2007). The incidence of children with severe learning disability alone is expected to rise by 1% year on year for the next 15 years.

### Children known to the criminal Justice System

Statistics vary however; they highlight the alarming disparity of young people's mental health in the Criminal Justice System compared to their peers in the general population.

Bedfordshire's Youth Offending Service 2014/15 headline statistics are as follows:

- 44% of children and young people who received an intervention had an identified emotional or mental health need
- 16% of the overall number of children and young people who received an intervention had a referral to the YOS Mental Health specialist (2015/16) 32% had an identified emotional or mental health needs. 14% of those on an intervention were

referred to a YOS Mental Health specialist.

### Children at risk or victims of sexual exploitation

Child sexual exploitation has been shown to affect physical (including sexual) and mental health and well-being<sup>iii</sup>. The exact number of children at risk of sexual exploitation across Bedfordshire and Luton is not known. However, we can gain an idea of the scale of this problem from the CSE investigations carried out in recent years. The Independent Inquiry into Child Sexual Exploitation in Rotherham published in 2014 estimated that 1,400 children were sexually exploited in Rotherham between 1997 and 2013. We also know that around 20 – 25% of victimised children and young people are ‘looked after’. Children and young people living at home can be just as vulnerable, if not more vulnerable as they may not be known to social services and therefore are less likely to be identified as vulnerable to child sexual exploitation. Early recognition and intervention is crucial to support children and young people children who have been a victim of CSE.

### Perinatal Mental Health

There is evidence that mental health problems in pregnancy and the postnatal period are associated with adverse outcomes for the foetus and the baby as well as for the woman herself. There is also emerging evidence that untreated mental health problems in pregnancy may be associated with poorer long-term outcomes for children beyond the immediate postnatal period<sup>iv</sup>. Applying the estimated prevalence of national perinatal mental health to projected births gives the following projected prevalence across Bedfordshire.

Table 2: Estimated prevalence of perinatal mental health in Bedfordshire

Indicator / estimated prevalence rate	NHS Bedfordshire (2021) (based on projected number of births: 5552)
Postpartum Psychosis 2/1000	11
Chronic SMI in perinatal period 2/1000	11
Severe depressive illness 30/1000	166
Mild moderate depressive illness and anxiety in perinatal period (lower estimate) 100/1000	555
Mild moderate depressive illness and anxiety in perinatal period (upper estimate) 150/1000	833
PTSD in perinatal period 30/1000	167
Adjustment disorders and distress in perinatal period (lower estimate) 150/1000	833
Adjustment disorders and distress in perinatal period (upper estimate) 300/1000	1666

An estimated of 500-800 women in Bedfordshire are affected by mild to moderate

depression during the perinatal period each year.

Maternal depression is also the strongest predictor of paternal depression which is estimated at 4% during the first year after birth.

#### Transitions

The ages 16–18 are a particularly vulnerable time when the young person is both more susceptible to mental illness, going through a period of physiological change, and is making important transitions in their education. A great deal of research has been conducted to find out what young people and young adults want from services and what makes a good transition<sup>v</sup>. Essentially, young people say that they want:

- to be listened to and understood
- to be taken seriously
- to experience well planned, smooth transitions
- to receive flexible services
- to have information and choice
- to have continuity of care.

#### Looked after children and leaving care

The adverse health and wellbeing outcomes for looked after children and care leavers is noted as significant, with an increased risk of mental, behavioural and emotional problems often diagnosed with at least one physical health need. In March 2016, there are 256 children who are recorded as looked after in Bedford Borough (Business support report, Children's Social Care, May 2016).

Accompanied and unaccompanied asylum seeker children (AASC and UASC) are particularly vulnerable to emotional wellbeing issues and mental ill health due to the trauma of their disrupted lives and possible family loss. The emotional wellbeing and bereavement service CHUMS had 6 referrals for UAASC and 4 ASC over the last year in Bedfordshire.

#### Parental Mental Health

Estimates suggest that between 50% and 66% of parents with a severe and enduring mental illness live with one or more children under 18<sup>vi</sup>. That amounts to about 17,000 children and young people in the UK. Mental health illness results in a broad range of impacts<sup>vii</sup>. These include poverty, the effects of stigma and the increased likelihood that children suffer from anxiety, depression, and low self-esteem themselves.

There is growing evidence concerning the impact upon children of living with parental substance misuse and, in particular, the number of children affected by alcohol misuse in the family<sup>vii</sup>.

Children are affected in many ways by parental alcohol misuse, at all stages and in all areas of their development. Yet it is a problem which children and families can remain silent about for many years. The research literature confirms children's experience of denial and secrecy; of conflicted feelings; separation and loss.

**Information on Mental Health Conditions**

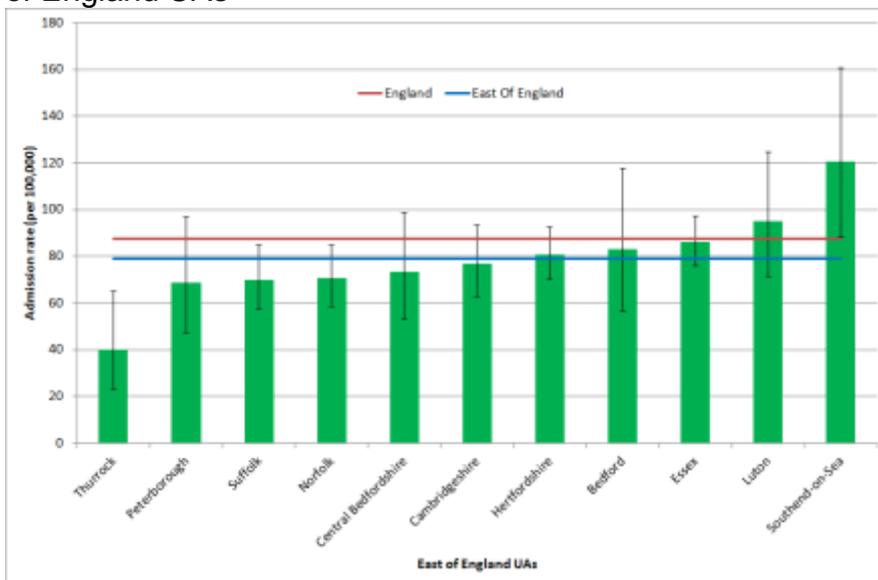
National hospital admission rates for children between the ages of 0-17 years shows that children between the ages of 0-17 years in East of England (78.8%) is lower compared to the England average (87.4) (Figure 6).

Figure 6: Hospital admission rate for mental health illnesses for children per 100,000 population aged 0-17 years (2014/15)



Source: Public Health England: *The mental health of children and young people in England*, December 2016)

Figure 7: Hospital admission rate for 0-17 year olds for mental illness (2015-2016) for East of England UAs



Source: *Children's and Young People's Mental Health and Wellbeing (PHE)*

The figure above shows that hospital admission rates for mental illness in Bedford Borough are high compared to other UAs in East of England.

Mental disorders are largely characterized by:

- **Conduct disorders** – involving long periods of antisocial, aggressive or defiant behaviour. As local data that describes the prevalence of conduct disorders is not collected, proportions are assumed to be comparable to the national level. Boys account for approximately 65-70% of those affected by conduct disorders, which are thought to be increasing over time. Applying this trend to the population in Bedford Borough, it is expected that conduct disorders will increase locally in addition to persistent need of children who currently have conduct disorders.
- **Emotional disorders**- include anxiety and depressive disorders and are associated with low income households, single parents, unemployed parents and parental mental health problems. Research suggests that emotional disorders have been increasing over time and there is a marked difference in numbers of males and females with an emotional disorder between the ages of 16-19 years with twice the number of females than males expected to have an emotional disorder. Emotional disorders are more prevalent in areas of higher level of social deprivation and parental mental health problems xii.
- **Hyperkinetic disorders** -including Attention Deficit Hyperkinetic Disorder (ADHD). It is estimated that two thirds of children in young offender institutions have ADHD and half of adults in prison had childhood ADHD. ADHD in children is also associated with literacy and other learning problems. It is difficult to establish time trends in ADHD due to increasing awareness of the diagnosis leading to apparent increasing prevalence. Prevalence estimates are very sensitive to diagnostic classification used.
- **Eating disorders** - including anorexia nervosa, and bulimia nervosa Eating disorders can lead to serious health problems which include infertility, osteoporosis, dental problems, self-harm and substance misuse<sup>viii</sup>. Eating disorders can be life threatening if not treated. Data from The Health and Social Care Information Centre (HSCIC 2014) show a national rise of 8 per cent in the number of admissions to hospital for an eating disorder with 9 times as many females as males. Nationally, eating disorders are estimated to affect more than 1.1 million people in the UK and
- **Psychotic disorders** - including schizophrenia which has a worse prognosis with onset in childhood or adolescence than with onset in adult life<sup>ix</sup>. The estimated prevalence across all ages and populations in the UK is 0.7%<sup>v</sup>

### Developmental disorders

Table 3 shows the number of children and young people in Bedfordshire and Luton who have a diagnosed mental health disorder are shown below:



Table 3: Mental health disorders

Disorder type	Age 5-16yrs	Age 5-16yrs	Total
Emotional disorder	1,301	2,123	3,424
Conduct disorder	2,145	3,285	5,430
Hyperkinetic disorder	589	890	1,479
Mental Health disorder	3,453	5,506	8,959
Less Common disorders	298	867	1,165
Autistic spectrum disorders	340	812	1,152
<b>Estimated No. of children as at 2015 Age 16-19yrs</b>			
Mixed anxiety and depressive disorder	887	1,678	2,565
Generalised anxiety disorder	150	283	433
Depressive episode	182	344	525
All phobias	139	263	402
Obsessive compulsive disorder	98	182	278
Panic disorder	53	101	155
Any neurotic disorder	1,422	2,689	4,111

Source: PHI Bedford Borough/Central Bedfordshire

Table 4 illustrates the Bedfordshire CAMH Service Single Point of Entry (SPOE) recorded the following referral figures for 2016/17:

Table 4: CAMH Service Single Point of Entry (SPOE)

Team	Q1	Q2	Q3	Q4	YTD
Central Bedfordshire Emotional & Behavioural	147	121	173	149	590
Bedford Emotional & Behavioural	62	66	83	72	283
Adolescent Mental Health	45	30	77	34	186

### Self-Harm

The rate of self-harm is relatively low in early childhood, but increases rapidly with the onset of adolescence. Most acts of self-harm in young people never come to the attention of care services and it is also likely that many parents are unaware of the problem<sup>x</sup>. The Bedford Borough population aged 10 to 19 years was 20,020 in 2014, and applying the national prevalence of 1 in 15 to this figure indicates that there are likely to be around 1,333 children and young people self-harming. Nationally, in order to develop a consistent picture, each CCG measures the number of hospital inpatient episodes where self-harm is indicated. For Bedfordshire patients, this number increased by 45% between 2011/12 to 2014/15. Then for the last three financial years has remained at a constant level of around 150 inpatient episodes, for Bedfordshire children and young people, per annum.

Figure 5: Number of emergency hospital admissions for self-harm aged 10-17 years 2011-2016

10-17 Year Olds	2011/12	2012/13	2013/14	2014/15	2015/16
Females	23	36	37	40	40
Males	10	7	8	4	7
F times M	2.30	5.14	4.63	10.00	5.71

Source: MedeAnalytics (Public Health Intelligence Team, 2016)

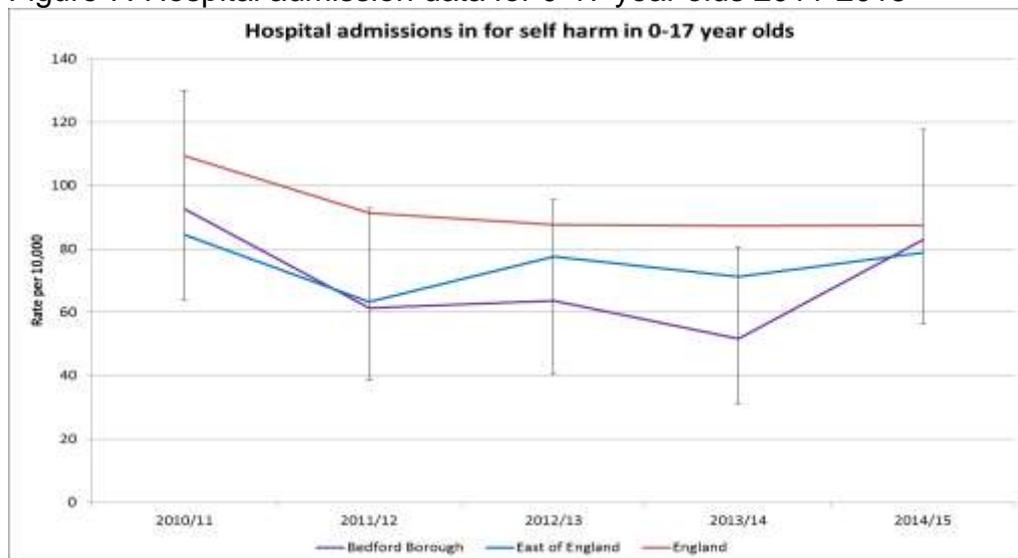
Figure 6: Number of emergency hospital admissions for self-harm aged 10-19 years 2011-2016

10-19 Year Olds	2011/12	2012/13	2013/14	2014/15	2015/16
Females	37	48	45	53	54
Males	15	10	13	12	10
F times M	2.47	4.80	3.46	4.42	5.40

Source: MedeAnalytics (Public Health Intelligence Team, 2016)

Figure 5 (10-17 Year olds) shows an increase in admissions for self-harm since 2011/12 but this number has stabilised since 2014/15. Across all years, the number of females admitted is greater than the number of males. This is likely to be a true reflection on an increase in the underlying rate of life threatening self-harm behaviour in girls, rather than changes in hospital coding practice or admission thresholds as the increase was observed across multiple hospital trusts.

Figure 7: Hospital admission data for 0-17 year olds 2011-2015



Public Health intelligence Team (2016)

Inpatient episodes are part of mental health crisis care. Mental Health crisis support for young people has also been supported through the Mental Health Street Triage pilot, who responded to 38, 999 calls in 12 months, where a person under the age of 18 has self-harmed or was attempting suicide. In 2016/17 Bedfordshire has also established A&E Liaison teams specifically for children and young people. In Quarter 1, 2017/18, they

completed 87 crisis assessments in A&E, where the majority of the presentations were young people who had self-harmed or attempting suicide. Extrapolated, this could result in 348 assessments per annum.

Within Bedfordshire the School Nursing teams offer drop-in sessions in secondary schools, which young people can attend. In 2016/17 the School Nursing teams had 1,683 contacts with young people, of which 229 were self-harm related (13%). Of these, 202 were with girls, and 27 contacts with boys.

## **Local Views**

### Drug and alcohol service

The current provider of drug & alcohol services, Aquarius, does not routinely report service user feedback to commissioners, but some recent work undertaken by Bedford Borough Children's Services, speaking to young people about their perceptions of the service, recorded that there were mixed levels of awareness about what the service was and what it offered. There are plans in the forthcoming transition to holistic 0-19 services, which will include drug and alcohol support for children and young people, to ensure that the user voice is listened to and involved in future service design.

### The 0-19 Health Visiting and School Nursing Service

A qualitative feedback project for professional staff and service users of the 0-19 health visiting and schools nursing service across Bedfordshire was undertaken in 2016. The key findings of this project include:

- Joint working within the service and with Children's Centres and referrals onto specialist services is mostly good with mutual respect and information sharing being particularly strong.
- In some areas integration between the Health Visiting and School Nursing service could be strengthened.
- Service users are generally positive about the service they receive however there was variable awareness of the School Nursing Service, although the sample size was small<sup>xi</sup>.

### Beezee Bodies

Feedback from programme participants is positive with many reporting improvements in confidence, happiness and self-esteem.

### ELFT Child and Adolescent Mental Health Services

Regular CAMH service user groups are held where feedback from young people is collated by the service user participation lead and passed immediately back to the local senior leadership team. They are consulted on service development and involved in staff recruitment.



### Feedback from ELFT CAMHS

*"The service has completely changed my life for the better and has given me skills that I can use for the rest of my life whenever things become difficult. The therapy I received have helped me immensely and both of my psychologists were very caring, considerate and tried to do whatever was best for my recovery".*

*"Thank you for the help you gave to L & to us during the course of the year. You have played a massive part by giving him the necessary tools to challenge his condition. We both now have a much better understanding of how to support L so that he is not limited by his OCD. The work you both do is invaluable and we believe that the "Gold Star" treatment we received should be available to all those who need help. It has certainly made a huge positive impact on us as a family."*

### Feedback from Professionals re CAMHS Bedfordshire

*'Thank you so much for all your help and support with the campaign this year and helping me to get involved with the work with CAMHS, you have been absolutely amazing. I am so grateful for the support you have given me and the campaign during that time, you truly have been brilliant and a lot of the work with CAMHS I wouldn't have been able to do without you, so I appreciate it very much. I really look forward to doing more work together in 2017'*

### Oral Health

In March 2017 the Oral Health Promotion team implemented semi-structured focus groups with early years providers participating in the Healthy Start programme. The service's annual report, due at the end of 2017 will contain details of service user feedback across other areas of work.

### Kidstime

*"I feel good when I come here."  
"It's nice to know that there are other families with similar problems."  
"Kidstime has filled a big gap in my recovery. To have a group as open and friendly as this is amazing."  
"I think Kidstime is educational, with a friendly atmosphere."*

Stakeholder engagement, revealed that service users would like

- A reduction in waiting times for first time appointments
- A single point of access to services
- An improved appointment and referral system

- The service to be provided in clinics, schools and at home
- To have a positive relationship with their CAMH worker

In 2014, two 'whole system' stakeholder events were led by the BCCG to review CAMH services to identify risks and challenges and to address gaps in service provision locally.

These are detailed below:

Service users said they wanted...	Actions in response
An increased number of and longer treatment sessions with regular appointment times, no clock watching and appointments made with parents present	Bedfordshire CAMHS have a dedicated clinician (COD) undertaking daily triaging of all referrals. In addition to screening referrals for risk, one of the aims of the Clinician of the Day role is to provide a single point of contact for all new or urgent business coming into CAMHS. All new appointment letters are circulated to the young person and their parents at the beginning of the treatment plan. Further review dates are made jointly at each session with those present. CAMHS have seen a reduction in current waiting times and all cases treatment plans are reviewed during staff supervision or at the weekly clinical team meeting for consideration by the MDT to ensure the treatment plan is effective and efficient.
Later sessions or weekend appointments. Open appointment systems so that service users are seen when needed. Appointment times preferred by respondents were Monday – Friday, and Saturdays 1pm – 8pm, followed by Monday – Friday 9am – 5pm and then Monday to Friday 9am – 10pm.	Bedfordshire CAMHS offer an extended out of hours service via our A&E Liaison team who work Monday – Friday 08.00 – 20.00 and 10.00 – 16.00 at weekends. Team bases are also offering extended clinic opening times from 08.00 – 18.00 hours with dedicated support from admin staff although this is yet to be formalised. Plans are also in place to extend these hours further to a late night clinic or weekend end working.
More awareness of CAMH and CAMH services in schools	As of 1st January 2017, the Bedfordshire Schools Programme has successfully been recruited into, ELFT currently have 5.00wte Band 6 staff within the service and 1.00wte Band 7 to lead on the delivery, providing consultations across the various schools sites, training sessions based on the IAPT train the trainer modules and in house direct assessments with young people where needed. Staff also act as a conduit for referrals into the CAMHS services should the needs warrant additional interventions. The team is currently exploring the options of developing a training package to deliver peer mentoring service to support young people in schools. The vision is to create a 3 tiered training approach to increasing schools response to early stage mental health, this is in partial response to service participation feedback hereby young people reported that they felt they were unable to talk to professionals about their problems when they first arose.
More choice of location for appointments, such	A Bedfordshire CAMHS offer a wide range of appointment venues



<p>as at their local CAMHS clinic, school, at home and locally to reduce travelling times</p>	<p>for our young people dependent upon their preference and need, these can include community visits to the home address / school / external community settings or clinic. Bedfordshire CAMHS staff are now co-located in each of our local authority Early Helps teams, secondary schools and colleges and at our local Acute hospital.”</p>
<p>Neutral environments to meet counsellors and CAMHS workers with consultation rooms more welcoming and homely</p>	<p>Bedfordshire CAMHS are currently redeveloping the clinical bases to accommodate additional staffing, therapeutic space and ensure areas are DDS compliant – this estates programme is expected to take 6 months to complete and will include and complete revamp of all areas – staff and service users have been invited to comment upon preferred colour schemes and plans.</p>
<p>Travelling to appointments – most services were located locally so reduced the journey time</p>	<p>Bedfordshire CAMHS offer a wide range of appointment venues for our young people dependent upon their preference and need; these can include community visits to the home address / school / external community settings or clinic. Bedfordshire CAMHS staff are now co-located in each of our local authority Early Helps teams, secondary schools and colleges and at our local Acute hospital.</p>
<p>Increase availability of therapists who are empathetic, non-condescending and respect the service user</p>	<p>Bedfordshire CAMHS has recruited into many of the vacancies which have arisen via the transformation plans with a variety of professional staff to suit the needs of the service. During the recruitment process all staff is invited to answer questions related to value including respect, dignity and diversity. Each quarter Bedfordshire CAMHS provide a Service wide away day to focus on quality, these events have also be extended to include third sector parties and external colleagues – recent topics include Quality Improvement SCE and management of harmful sexual behaviours.</p>
<p>To stay with the same CAMHS worker so no need to keep repeating their diagnosis or story</p>	<p>Working in partnership with Bedfordshire CAMHS Service User Participation Lead, our young people have developed a profile which can be shared across all services outlining their story and treatment plans to date. Bedfordshire CAMHS allocate cases based on need and refer cases to the most appropriate discipline upon receipt of referral although as risks change cases may need to be transferred to other teams or professionals.</p>

**National & Local Strategies (Current best practices)**

- Public Health England have published a number of guidance documents relating to the health and wellbeing of children and young people including
  - ‘Local action on health inequalities: Building children and young people’s resilience in schools 2014
  - Promoting children and young people’s emotional health and wellbeing A whole school and college approach 2015

- ‘The mental health of children and young people in England’ 2016
- The Department of Health released a transformation plan for children’s mental health and wellbeing services in 2015 entitled Future in Mind. Promoting, protecting and improving our children and young people’s mental health which has been instrumental in developing targeted services including the eating disorders service and the schools CAMH project.
- The Department for education published ‘Mental health and behaviour in schools Departmental advice for school staff’ in 2014.
- The latest briefing from The National Institute for Health and Care Excellence (NICE) on social and emotional wellbeing for children and young people<sup>xii</sup> emphasises the importance of universal activities as a key element of a broader, multi-agency strategy to promote and support social and emotional wellbeing in children and young people.
- The Five Year Forward View <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>  
The Five Year Forward View for Mental Health set out a series of recommendations for the NHS. Although most anticipate a longer timeframe, seven were proposed to be delivered within the first year of the programme to provide some of the necessary infrastructure to support progress. Of these, six have already been achieved, and the seventh is expected to be completed in April 2017.

### **What is this telling us?**

Services need to be more integrated and provide clear pathways for service users.

GPs appear to be less well informed about the full range of services available to support mental health and psychological wellbeing; this is supported by the recent CAMHS review. Partners need to ensure that there is better information, and training about what is available in the Bedford Borough area; through greater involvement of other staff within the GP Practice around mental health and psychological well-being, and by better engagement of GP Practices with the Bedford Borough Council.

Services need to address the inequalities which mean that some children are more vulnerable to mental illness. These include children who have one or a number of factors in the following domains:

- Low income households/parents who are unemployed
- Looked after children
- Disabilities
- Black and other ethnic minority
- Lesbian/gay/bisexual or transgender
- Those in the criminal justice system
- Those who have a parent with mental health problems
- Refugees and asylum seekers

- Gypsy and other traveller communities

CAMH services and services relating to early intervention and prevention of emotional distress have improved over recent years in response to stakeholder views and increased investment in services. Details of these service transformations can be found in the Bedfordshire and Luton Local Transformation Plan 2017. Providers and commissioners must continue to improve these services and ensure all partners and service users are informed about the full range of services available to support mental health and psychological wellbeing. Going forwards The Bedfordshire Clinical Commissioning Group has developed a commissioning plan, built on the national policy and priorities set out in the NHS England Five Year Forward View and Right Care, which sets out potential action areas, including those relating to CAMHS. The Mental Health Specialist implementation Group (SIG) have completed a priority mapping exercise using the Mental Health Five Year Forward View (MH5YFV) 'Must do's'.

Over the following 3 years 2017-2020, work will focus on services, relocating resources from specialist to early identification and intervention to reduce numbers of children and young people being admitted for self-harm and maintain all waiting lists at manageable levels. Work will also ensure that services delivered adapt to the changing demographics and local needs and monitor performance to ensure investment is appropriate.

**What are the key inequalities?**

**Deprivation**

Higher prevalence of conduct disorders are associated with more socially deprived areas. Conduct disorders are 3-4 times more likely in families with socio-economically deprived families. It would also be expected that there would be higher prevalence in more urban areas and areas with higher crime rates. Areas with high prevalence of parental depression are likely to be associated with high prevalence of conduct disorders. Figure 11 shows low satisfaction rates in young people aged 15.

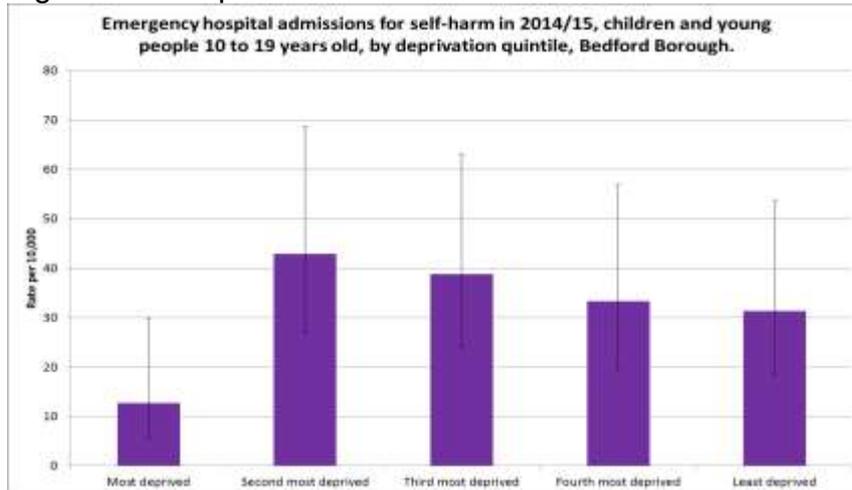
Figure 11: Inequalities in reporting low life satisfaction (2014/15)



Source: Public Health England: The mental health of children and young people in England, December 2016)



Figure 12: Hospital admissions for self-harm 2014-2015



In order to meet the needs of our vulnerable groups, a number of provisions are in place.

The Bedfordshire Youth Offending Service has embedded dedicated provision to meet the emotional and mental health needs of its service user group.

A multidisciplinary team within CAMHS assesses ASD in preschool age group, involving a Paediatrician, the Early Years Support Team and a Speech and Language Therapist. For over 11 year olds, a Paediatrician and Clinical Psychologist is involved and those which present with complex needs are assessed using advanced diagnostic investigations.

A Clinical Psychologist has been appointed within the Child Development Centre (CDC) who will be contributing to the assessment process for children and young people referred to the CDC who are suspected to have Autistic Spectrum Disorder.

In line with NICE recommendations, a local autism multi-agency Strategy Group is established with managerial, commissioning and clinical representation from child health and mental health services, education, social care, parent and carer service users and the voluntary sector to oversee the development and implementation of the ASD pathway across Bedfordshire

There is a specialist LAC team who provide services in a variety of settings including CAMHS clinics, schools or home. Dependant on individual needs appointments were either face to face, telephone, consultation with other professionals, i.e. school, social care.

‘Meeting the mental health needs of looked after children and care leavers: a protocol for the East of England Clinical Network’ area was published in April 2017<sup>xiii</sup>. The protocol aims to achieve the elimination of the variation in practice and the delay and harm that can cause to looked after children and care leavers and all LSCBs have signed up to the protocol across the Eastern Region.

Inequalities are also addressed by ensuring all children and young people have equal access through early help and the schools team at universal level. The Single Point of

Access ensures support is identified according to need using a risk based approach.

## 9. Recommendations

Work has been undertaken on the impact of transitions on young people. The recommendations from the work on improving transitions include the following:

- To ensure Partnership working with Bedford Borough Council support early intervention and preventative work with schools (parent involvement via schools). And with clinical advice and support from NHS services
- To develop a school transitions toolkit
- To ensure transitions are part of the EHCP process for children with SEND.

The recommendations are informing policies as well as commissioning arrangements for the future.

Our CAMH provider has highlighted that capacity issues are a significant concern in order to meet the growing trajectory. ELFT is trying to maximise the current system, including support from schools in order to prevent upstream. This includes working collaboratively to establish individual baseline capacity and monitor waiting times and referrals lists based on need and risk assessments. Moving forward ELFT will be arranging to meet all tier 2 colleagues with a view to reviewing existing caseloads and current pathways to create additional capacity across the system.

Bedfordshire CCG, in partnership with local stakeholder organisations, is reviewing its current CAMHS strategy to align with the requirements of Future in Mind, 2015 and the Five Year Forward View for Mental Health. The Transformation Plan aims to support all children and young people to develop knowledge, understanding and the skills necessary to have good self-esteem, develop personal resilience and build positive relationships. The delivery of extra capacity and capability across Children's and Adolescent mental health services will also improve outcomes for CYP in Bedfordshire<sup>xvii</sup>

The Bedford Borough Council Director of Public Health Report outlines a 'call to action' on mental health highlighting the areas most in need of attention. Commissioners and providers must work together to ensure that:

- i) A comprehensive perinatal mental health pathway is in place. Parents at risk of mental illness during the perinatal period (pregnancy to the first year following birth) should be identified and timely support offered, including for the infant and wider family where appropriate.
- ii) All professionals working with children, young people and families are able to identify mental health issues and refer promptly to accessible, high quality mental health support at the appropriate level.

The report also recommended the following provision to help children become more resilient:

- Health and early years practitioners should develop and agree pathways and referral routes that define how practitioners will work together, as a multidisciplinary team, across different services within a given locality
- Ensure practitioners have the knowledge, understanding and skills they need to

develop young people's social and emotional wellbeing

- Provide a curriculum that promotes positive behaviour and successful relationships and helps reduce disruptive behaviour and bullying.
- Helping children and young people become more resilient through the provision of appropriate early intervention provision

The Action Plan for the promotion of improved emotional wellbeing and resilience must be implemented to include:

- Training of the children's workforce in mental health awareness
- The development of a whole school approach to mental health toolkit
- The evaluation of parenting programmes
- The sharing of data from our Health Visiting services around parental MH
- The adoption of an anti-stigma campaign

**This chapter links to the following:**

- Domestic abuse
- Looked after children.
- Excess weight
- Children in need
- Sexual Health
- Educational attainment
- Maternal Mental Health
- Adult Mental Health
- Substance misuse
- Alcohol
- Homelessness

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ii (2011/12 Key data on adolescence).

