

**EMOTIONAL WELLBEING AND MENTAL HEALTH  
OF CHILDREN AND  
YOUNG PEOPLE  
FROM BIRTH TO 18 YEARS**

**INTEGRATED COMMISSIONING STRATEGY**

**2014-2017**

**STAFFORDSHIRE**

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## Executive Summary

Staffordshire is a good place to live but we want to make it even better. We are committed to improving the integration of our emotional wellbeing and mental health support services for children and young people.

This means that where young people want to find out information for themselves without recourse to traditional service based approaches, they will be able to do this. It means that where professionals working in universal services such as schools have concerns about a child, they will feel confident about meeting need themselves at the earliest opportunity. It means that where children and young people need specialist support, there are integrated pathways that enable them and their families to access services quickly and easily. It means that where children and young people no longer need specialist support there are clear arrangements in place to allow them to step away from specialist services and receive high quality early help. It means that where we are working with vulnerable young people who are looked after or those with diagnosed mental illnesses, there are specialist services in place that help them to achieve the same outcomes as their peers.

We have placed the views and wishes of children and young people and their parents and carers at the heart of this strategy and we are basing everything we do on the outcomes they have told us they want. As a result our key priority areas are:

- More children and young people access emotional wellbeing advice, support and signposting from universal services, schools and colleges
- More children and young people are supported to maintain good emotional wellbeing, difficulties are noticed earlier and appropriate services are available
- Reduction in lifelong distress as a result of poor mental health
- Quicker and more efficient access to Tier 4 services and/or Intensive Home Treatment Services
- Efficient care pathways for vulnerable groups of children and young people to allow quicker access to support
- Efficient care pathways for young people who need emotional wellbeing and mental health support beyond the age of 18.

We believe the publication of this first, joined up strategy will ensure the best use of our resources in enabling the children and young people of Staffordshire to start well, get ready for life, enjoy life and ultimately become part of our resilient community and take their place as full citizens of Staffordshire.

# Emotional Wellbeing and Mental Health of Children and Young People Strategy

## 1 INTRODUCTION

1.1 This Strategy has been developed on behalf of Staffordshire County Council, and North and South Staffordshire Clinical Commissioning Groups, and sets out our strategic direction for the next three years (2014 – 2017).

1.2 This strategy has been informed by Staffordshire's children, young people and their parents/carers. It reflects their views about how they would wish to be supported with their Emotional Wellbeing and Mental Health.

1.3 Children and Young People can experience a range of difficulties at any point in their childhood that span the broad spectrum of Emotional Wellbeing and Mental Health. These difficulties range from anxiety, low-mood, low self-esteem/confidence to the more complex and persistent conditions such as eating disorders, phobias and conduct disorders or specific mental illnesses such as clinical depression, Bi-Polar disorder and psychosis.

1.4 Research tells us that at least one in four people will experience a mental health problem in their lifetime and one in six adults has a mental health problem at any one time, (No Health without Mental Health, 2011).

1.5 We know that half of those with lifetime mental health difficulties experience symptoms by the age of 14, that one in ten children under 16 years have a mental health difficulty, and that self-harming in young people is becoming more common, occurring for example in 10-13% of all 15-16 year olds. (Mental Health Foundation, 2006)

1.6 Young people not in education, employment or training, report particularly low levels of happiness and self-esteem (Macquarie Youth Index, 2010), with 41% of this group reporting having felt suicidal. Overall the Macquarie Youth Index 2010 tells us that the number of young people aged 16-25 years who claim to have ever felt suicidal is 34%.

1.7 There are specific transition points as young people move through the developmental stages and into adulthood that increase the likelihood of an incidence of poor emotional and mental health. There are also risk factors associated with an increased incidence of emotional and mental health difficulties amongst the most vulnerable children and young people including those in Care, involved in offending behaviour, with special educational needs or those living with domestic abuse, parental mental ill-health and parental substance misuse. (Child and Young Persons Mental Health Coalition, 2013)

1.8 Poor emotional and mental health creates significant personal, social and economic costs across all ages (the latter estimated as £105 million per annum for England alone).

Mental illness is the largest disease burden, up to 23% of the total burden of ill health and the largest cause of disability within the United Kingdom (No Health without Public Mental Health, Royal College of Psychiatry 2010).

1.9 The Emotional Wellbeing and Mental of Children and Young People must feature in all care pathways to ensure that we shift the focus beyond the treatment of complex and persistent mental health disorders. (Early Intervention: Allen 2010 )

## **2.0 NATIONAL & LOCAL CONTEXT**

2.1 This strategy has links to both national and local strategies that have overarching themes relating to some of the key principles and priorities identified as part of this strategy.

2.2 Staffordshire's Emotional Wellbeing and Mental Health Strategy for Children and Young People adopts the strategic vision from 'No Health Without Mental Health' to ensure that all children and young people achieve good emotional and mental health, and have access to appropriate and pro-active levels of support and intervention across universal services, primary care and into secondary and tertiary services in keeping with the 6 key outcomes of the national strategy which are:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

2.3 This strategy contributes to the vision & outcomes set out in the Staffordshire Health and Wellbeing Board Five Year Plan 2013-18: "Living Well in Staffordshire":

**Vision:** Staffordshire will be a place where improved health and wellbeing is experienced by all. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of strong, safe and supportive communities.

**Specific aim (children:)** Improving children's health and wellbeing from neonatal to 19 years.

2.4 This strategy will also contribute to the vision and outcomes within the Children's Strategy for Staffordshire (2014-2018)

**Vision:** To achieve the best outcomes possible for all children and young people in Staffordshire.

**Specific aims:** Thriving Families: Parenting, Good Lifestyle Choices, Health and Prosperity; Good Education: Raising Aspirations and Educational Attainment and Contributes: All Children and Young People are Supported to make a Positive Contribution to Communities

2.5 This strategy is interdependent with the Adult Mental Health Strategy for Staffordshire (2014) and there is an acknowledgement that we must develop shared priorities and associated actions to achieve the very best outcome for children, young people and their families. This is particularly relevant for areas such as Parental Mental Health and Transition.

2.6 The Strategy is being developed at a time of significant changes to the way in which children & young people with Special Educational Needs (SEN) are supported. The implementation of these reforms in Staffordshire will see an increased focus on early intervention, on integration of assessment and support planning across Education, Health and Social Care, and a much more person centred approach where children and young people and their parents are seen as equal partners. This provides a real opportunity to work together to do things differently to improve the emotional wellbeing children & young people with SEND.

### **3.0 NEEDS ASSESSMENT & ANALYSIS**

3.1 It is important to review the existing sources of needs assessment and analysis data in order for us to look at how this may inform future priorities, outcomes and commissioning intentions.

3.2 Staffordshire has 192,500 children and young people aged 0-18 which accounts for 22.7% of the entire population. (CHIMAT, Child Health Profile, 2013)

3.3 Data relating to Local Authority Districts (Appendix 1) highlights that the level of need for Emotional Wellbeing and Mental Health interventions may vary at District and Ward level. This data is based on a formula using factors that are known to increase the incidence of mental health difficulties amongst children and young people, such as poverty, special educational needs, school attendance, youth offending and children involved with social services.

3.4 Using Kurtz (1992) methodology the estimated numbers of those requiring a response from an Emotional Wellbeing and Mental Health service at each Tier of need\* and the actual numbers presenting with this need to services (where this data is available) is defined in the below tables. \*Please refer to Appendix 2 for a description of Tiers of need

## Tier 1

	<b>Tier 1</b>
<b>Staffordshire</b>	25,580
<b>North Staffordshire</b>	5,805
<b>South Staffordshire</b>	19,775

It is a challenge to quantify the number of children and young people accessing a Tier 1 level of support across Staffordshire as this is not routinely measured.

## Tier 2

	<b>Tier 2</b>	<b>Tier 2 referrals 14-15</b>
<b>Staffordshire</b>	11,940	1,510
<b>North Staffordshire</b>	2,710	785
<b>South Staffordshire</b>	9,230	725

The information would suggest that there are significantly less children and young people accessing Tier 2 services than anticipated. Whilst this may indicate an area of unmet need, it should also be noted that Tier 2 services commissioned outside of the Clinical Commissioning Groups and Local Authority have not been fully mapped and understood in terms of their contributions to meeting Tier 2 needs.

## Tier 3\*

	<b>Tier 3</b>	<b>Tier 3 referrals 14-15</b>
<b>Staffordshire</b>	3,155	3,733
<b>North Staffordshire</b>	720	1,078
<b>South Staffordshire</b>	2,435	2,655

When comparing the likely prevalence of need and the number of referrals to Tier 3 commissioned services, there are a higher number of children and young people accessing Tier 3 services in both North and South Staffordshire.

\*(including specific Tier 3 services for Looked after Children and Young Offenders)

## Tier 4

Data on the current numbers of children and young people and subsequent waiting times for accessing Tier 4 placements is not yet available at a local level, however the NHS England review of Tier 4 Services (2014) has identified that the inpatient admission rate per 100,000 is 100.5 for the West Midlands Area. This is higher in comparison to the England average of 92.

Those children and young people with significant mental health needs requiring an inpatient admission are amongst our most vulnerable persons in Staffordshire. The NHS England Review of Tier 4 Services (2014) highlighted a series of needs and recommendations relevant for Staffordshire to consider when meeting the needs of these children and young people. This will be considered fully in section 7 of this strategy.

### 3.5 Specific Disorders

Using Kurtz (1992) methodology the estimated numbers of those requiring a response from an Emotional Wellbeing and Mental Health service for specific disorders is highlighted below.

	<b>Conduct Disorders</b> (i.e persistent and excessive antisocial, aggressive, defiant behaviour)	<b>Emotional Disorders (i.e, anxiety, depression, phobias, obsessive compulsive disorders,</b>	<b>Hyperkinetic Disorders (i.e ADHD)</b>
<b>Staffordshire</b>	6,590	4,280	1,705
<b>North Staffordshire</b>	1,505	980	395
<b>South Staffordshire</b>	5,085	3,300	1,310

The information would suggest that there is a higher prevalence of conduct disorders in the 11-16 age group, and more boys than girls experience this particular condition. There is a higher prevalence of emotional disorders in the 11-16 age groups, and more girls than boys experience this particular condition. There is a higher prevalence of hyperkinetic disorders in the 5-10 age group and more boys than girls experience this particular condition.

Source: Office for National Statistics mid-year population estimates for 2012. Kurtz, Z. (1996)



### **3.6 Eating Disorders**

National research would suggest that the incidence of eating disorders is increasing. The most accurate are from the National Institute of Health and Clinical Excellence. These suggest that 1.6 million people in the UK are affected by an eating disorder. The National Association of Anorexia and other associated disorders suggest that 95% of those who have eating disorders are between the ages of 12 and 20. The Office of National Statistics (2012) show more than 6,500 children and teenagers treated in hospital in 2010/11 for conditions such as anorexia, compared with 1,718, in 2007/8. It is acknowledged that children and young people with eating disorders make up a high proportion of those within Tier 4 inpatient settings. It is important that we consider this locally, and begin to understand the data we have to support pathway developments for those children and young people with eating disorder.

The NHS England review of Tier 4 Services (2014) has highlighted that a high proportion of requests for Tier 4 placements are as a result of eating disorders, and quite often these children and young people require admission for medical intervention to acute paediatrics to manage the physical impact of this condition prior to Tier 4 admission.

### **3.7 Self harm**

Self-harming has become the fastest rising cause of calls for help to the ChildLine advice line, according to the charity's annual report (December 2012). There has been a 68% annual increase in contacts to ChildLine over self-harm, mostly from girls. It is also affecting younger children, appearing for the first time as a leading concern among 14-year-olds.

In comparison to 2006-2009, 2009-2012 data shows that there has been an increase in hospital admissions of under 18's for self harm in Staffordshire. This is statistically comparable to the England average.

The NHS England review of Tier 4 Services (2014) has highlighted that a high proportion of requests for Tier 4 placements are as a result of serious self-harm behaviours.

Our consultations with stakeholders indicate that the increase in self harming behaviour is a primary concern; therefore it is important that this, alongside the national data is a need that is considered within the strategy.

### **3.8 Vulnerable Children and Young People**

#### Looked After Children

The Office of National Statistics (2002) completed a study of Looked after Children which revealed that 45% of the population sample had a diagnosable mental health disorder. In the general population of children and young people this statistic is 10% indicating that

there is a significantly higher level of need amongst Looked After Children. They also stated that the need is even higher for children and young people within residential care (72%).

There is little current research that explores the emotional wellbeing of Looked After Children but it could be presumed that numbers of those with an emotional wellbeing need that may not meet the mental health disorder diagnosis threshold will be high

### Young Offenders

Current research suggests that there is a growing link between of emotional and mental health disorders in young people and offending behaviour. High numbers of young people who offend have health, education and social care needs that, if not met at an early age, can contribute to the future likelihood of declining health and offending behaviour.

The Prison Reform Trust and Young Minds (2011) highlight that around 43% of young offenders on community orders have emotional/mental health difficulties. This figure increases significantly (65%) once a young person is required to complete a custodial sentence.

In 2013/2014, specific emotional wellbeing and mental health services for young offenders had 52 referrals for direct psychological intervention, and over 300 consultation sessions were held with youth offending practitioners to enable them to support the emotional wellbeing and mental health needs of those they key work in Staffordshire

### Children and Young People with Learning Difficulties and Disabilities

There are nearly 3500 children and young people in Staffordshire who have a Statement of Special Educational Need. Many are located within and supported in main stream schools, and some within specific Special Education Needs schools.

Research highlights that 25-40% of people with learning disabilities have mental health problems. Those with depression and anxiety related difficulties are similar to that of the general population however, the prevalence rate of a diagnosable psychiatric disorder is 36% in children and adolescents with learning disabilities, as opposed to 8% in those who do not have a learning disability. (Better Outcomes, Newer Delivery, 2013).

#### 4.0 CURRENT PROVISION

North and South Staffordshire CCG's and Staffordshire County Council currently commission a range of services which support the Emotional Wellbeing and Mental Health of Young People. The table below outlines the current provision as follows:

SERVICE	DESCRIPTION	AREA COVERED
Staffordshire and Stoke on Trent Partnership Trust One Education Core Assets	A framework of Providers commissioned to deliver Emotional Wellbeing and Mental Health training to frontline professional on a range of topics including, self harm, bereavement, abuse and trauma.	Countywide
Barnardos – UPSIDE Online Support Service	A Tier 1/2 online support and signposting service offering downloadable self help sheets, live chat and email support on a range of emotional wellbeing and mental health issues.	Countywide
Youth Emotional Support Services	A community service offering Tier 2 support to children and young people aged 5-18. Children and young people can access one to one counselling, and open-access groups	Cannock - South Staffordshire
Kaleidoscope Group	A community service offering Tier 2 support to children and young people aged 5-18. Children and young people can access one to one CBT	Seisdon Peninsula
CHANGES YP	A Tier 2 Community service offering peer support, and a programme of 6 wellbeing sessions to children and young people aged 12-18.	North Staffordshire
Younger MINDS	A community service offering Tier 2 support to children and young people aged 5-18. Children and young people can access one to one counselling, and open-access groups.	North Staffordshire Stafford (South Staffordshire)
The Dove Service	A community service offering Tier 2 bereavement support. Children and Young People can	North Staffordshire

	access one to one counselling.	
Community CAMHS (South Staffordshire and Shropshire NHS Healthcare Foundation Trust)	<p>A community service offering Tier 2 and Tier 3 support to children and young people aged 0-18. Children and young people are able to access psychology, psychiatry, psychotherapy, youth work, play therapy and others.</p> <p>The service also offers specific mental health support to Children and Young People with Learning Disabilities, Looked After Children, in-reach support to Werrington YOI</p>	South Staffordshire
Autistic Spectrum Disorder Service - Midlands Psychology	A community assessment, diagnosis and intervention service for children and young people who are identified with autistic spectrum disorders.	South Staffordshire
Connect CAMHS (North Staffordshire Combined Healthcare NHS Trust)	<p>A community service offering Tier 3 support to children, young people and parents/carers aged 0-18. Children, young people and parents can access Triple P parenting, psychology, psychiatry and mental health nursing.</p> <p>The service also offers specific mental health support to Looked After Children, Young Offenders, Children and Young People with Learning Disabilities and Autistic Spectrum Disorders.</p>	North Staffordshire
Ten-19 Service – Midlands Psychology	A community service for young people engaged with Staffordshire Youth Offending Service and Intensive Fostering. The service offers psychological intervention to young offender to improve emotional wellbeing, and increase opportunities for them to comply with Community Rehabilitation Orders.	Countywide

4.1 Staffordshire County Council has recently procured a Tier 2 Emotional Wellbeing Framework which hosts a range of quality assured Providers who are able to offer a range of services to children and young people including:

Talking Therapies

Creative/Alternative Therapies

Outdoor Activities

Support for Parents

Training for front line professionals

The framework allows any commissioner/organisation with a budget to buy services for an individual or a population within any locality. All the relevant checks on these organisations have been completed in relation to their fitness to practice.

4.2 There a range of additional services that are not directly commissioned by North and South Staffordshire CCGs or Staffordshire County Council that contributes to the Emotional Wellbeing and Mental Health pathways across Staffordshire. These include Charitable/Self-Funded Organisations, Educational Psychology and other services commissioned directly by Schools and District/Borough Councils.

## **5.0 VIEWS OF CHILDREN, YOUNG PEOPLE, PARENTS/CARERS AND STAKEHOLDERS**

5.1 There are multiple ways in which voices were heard to shape and inform our plans, including through the Children and Young People Survey (2013). In summary there were 2366 responses in the initial phase of the Children's Survey. The following key points were particularly relevant for this strategy:

- A large majority felt 'Happy' about their life (85%), very few respondents were 'Unhappy' (4%) and the remainder were 'Neither happy nor unhappy' (11%).
- Young people are most worried about: Exams (56%), future career/job (41%) followed by 'how I look' and 'money' (both 31%). Other responses included being bullied, school work, relationships and growing up.
- Overall 'parents/carers' were the most popular choice in response to a question asked about where would you go for help if you were worried. Followed by 'friends' and other family members (chosen by 78%, 63% and 42% respectively).
- The top three areas overall which young people would like to know more about were: Managing money (65%), cooking (62%) and managing feelings and emotions (51%).

To inform the strategy further, a number of participation and engagement exercises were completed. These included an “Online Survey” where 75 young people participated and three small focus groups attended by 30 young people. Wider stakeholder groups were undertaken across the County and were attended by 114 stakeholders, including parents/carers. An executive summary showing the key findings is shown below, and a full copy of the consultation process is available on request.

<b>KEY MESSAGES</b>	<b>CHILDREN &amp; YOUNG PEOPLE</b>	<b>PARENT/ CARERS</b>	<b>STAKEHOLDERS</b>
Clearer information/communication about available services	√	√	√
Additional services available in school/colleges	√	√	√
Improved transition to adults services when 18	√	√	√
Flexible service delivery – location and opening hours	√	√	√
Modern technology approach to engagement and accessing services	√		
Improved education on Emotional/Mental Health in schools	√	√	
Service that are easy to access and need services with no waiting times	√	√	√
Psychological support for children and young affected by trauma and abuse		√	√
Increased support for children and young people who do not meet the CAMHS threshold for intervention		√	√
A young adults service up to 25 years to improve transition		√	√
Better information sharing and communication between health, education and social care	√	√	√
Clarity between Regional and local commissioning of services			√

5.2 The engagement has highlighted that it is important to Children, Young People and their Families to be listened to when Emotional Wellbeing and Mental Health difficulties are identified. Children and Young people were particularly keen for Emotional Distress not to be dismissed as “naughty” or “typical teenage” behaviour. It was also highlighted that professionals should be equipped to recognise and respond to Children and Young People in emotional distress. Having quick access and choice about the services offered was also important.

## **6.0 OUR VISION FOR EMOTIONAL WELLBEING AND MENTAL HEALTH FOR CHILDREN AND YOUNG PEOPLE**

6.1 The Children and Young People's Emotional Wellbeing and Mental Health Strategy 2014-2017 details 6 key priority areas that require development to ensure that all Children and Young People have ease of access to appropriate services at all stages of the pathway.

6.2 We will focus on the promotion of good emotional wellbeing and mental health amongst children and young people, with a clear emphasis on prevention and early intervention alongside clear pathways for those with the highest level of need. This will include efficacy of transition from children's to adult mental health services, if required.

6.3 We will explore methods of collaboration with, and commissioning for, localities, ensuring that the needs of local populations are considered and met.

6.4 We will work with partners, stakeholders and Providers to commission and deliver services that will be effective in improving the emotional wellbeing and mental health of children and young people. We will ensure that wherever possible there is a joined-up approach across education, health, social care and the private, voluntary and independent sector.

## **7.0 OUR PRIORITIES, COMMISSIONING INTENTIONS AND OUTCOMES**

7.1 Following the analysis of the information obtained during the consultation process, and examination of the needs and prevalence data, the following key priorities have been identified:

### **Priority 1 – Promotion of good emotional wellbeing and mental health**

Many children and young people experiencing emotional wellbeing or mental health difficulties are likely to raise the issue with non-specialist providers such as schools, GPs, youth workers and health visitors. These groups are overwhelmingly the highest referrers to Emotional Wellbeing and Mental Health Services. Our aim is to assist these groups in identifying and supporting children and young people in situ at an early stage.

#### **Commissioning Intentions**

- 1a) To develop strengthened partnership working across health, social care and education
- 1b) To support for schools as commissioners and providers of services.
- 1c) The roll-out of programme of training to universal staff, schools and colleges

#### **Outcome**

More children and young people accessing emotional wellbeing advice, support and signposting from universal services, schools and colleges

## **Priority 2 – Early Intervention and Prevention**

National policy documents such as Closing the Gap (2014) have highlighted the need to develop effective services to deliver early intervention and prevention to children and young people. The needs analysis above has identified that there are possible areas of unmet need at Tier 2. We will adopt an emotional wellbeing and mental health promotion approach across all pathways, ensuring that opportunities to offer early intervention are available at all stages.

### **Commissioning Intentions**

2a) Development of clinically led care pathways for specific emotional wellbeing and mental health difficulties, such as depression, ADHD, self harm and eating disorders.

2b) Development of the use of modern technology as a means of providing early information, advice and guidance

2c) Development of a Single Point of Entry mechanism to ensure easy and quick accessibility to services when difficulties are first realised

2d) Collaboration with public health partners to ensure that emotional wellbeing and mental health promotion information is available and to specifically explore opportunities to expand the schools curriculum for PHSE.

2e) Commissioning and development of joint commissioning of Tier 2 services

### **Outcome**

More children and young people are supported to maintain good emotional wellbeing, difficulties are noticed earlier and appropriate services are available

## **Priority 3 – Specialist Tier 3 Community CAMHS**

Specialist CAMHS in Staffordshire have a critical role in working with some of the children and young people who present with high and increasingly complex levels of need. It is vital that we are able to support individuals and their families in recovering and playing a full part in society. It is our aim that all services for children and young people with high levels of need offer excellent support and care:

### **Commissioning Intentions**

3a) Ensure that a person centred approach is adopted for all children and young people, and that they (and their families) are involved in the planned programme of care

3b) Development of person centred, outcome orientated care plans for all children and young people involved in specialist CAMHS, empowering them to recover from emotional and mental ill health



3c) Consideration of alternative “Talking Therapy” options prior to referring to medication for the management of emotional wellbeing and mental health difficulties

3d) Clinically led care pathways across education, health and social care for the management of specific emotional wellbeing and mental health difficulties, such as self harm and eating disorders

#### Outcome

Reduction in lifelong distress as a result of poor mental health

#### **Priority 4 – Tier 4 Access and Intensive Community Support**

The number of children and young people with high emotional wellbeing and mental health needs, requiring Tier 4 inpatient stays is rising. It is important that access to Tier 4 inpatient needs when required, is facilitated quickly and appropriately. The NHS England Review of Tier 4 Services (2014) has made recommendations that this strategy has considered below within its commissioning intentions.

#### Commissioning Intentions

4a) Develop a collaborative commissioning arrangement with NHS England through becoming an early adopter site for this approach (Recommendation 17 and 18 of the NHS England Review 2014)

4b) Ensure that Community CAMHS teams are actively involved in the care management of any child or young person returning to the community from a Tier 4 inpatient setting (Recommendation 5 from the NHS England Review 2014)

4c) Consideration of the development of an Intensive Community Support/Home Treatment service (Recommendation 4 from the NHS England Review 2014)

#### Outcome

Children and young people can access age appropriate Tier 4 placements close to their home

Children and Young People are supported within the community wherever possible

#### **Priority 5 – Vulnerable Groups of Children and Young People**

There are some children and young people who are at more risk of developing an emotional wellbeing and mental health difficulty. Those at risk include Looked after Children – or those at risk of entering care, young offenders, those who have experienced abuse or live with adults who misuse substances, have mental illness or are victims or perpetrators of domestic abuse, those who self-harm and those with learning difficulties. It is important the services are available to support these vulnerable groups and that these services provide

excellent care and support. Recent work to develop a new pathway and approach to supporting children & young people with Special Educational Needs & Disabilities has highlighted the importance of access to early support.

#### Commissioning Intentions

- 5a) Ensure that there are specific care pathways for children and young within each vulnerable group (for children & young people with SEND this will mean all providers working effectively to deliver the new SEND pathway)
- 5b) Complete mapping exercise to establish insight into the needs and any gaps in provision for vulnerable groups
- 5c) Ensure that services offered to vulnerable groups are offering high quality support, and work in an holistic manner
- 5d) Work in partnership with children & young people, parents and all stakeholders to ensure that we get a really good understanding of what works well for vulnerable group, and what needs to be changed

#### Outcome

Efficient care pathways for vulnerable groups of children and young people to allow quicker access to support

#### **Priority 6 – Transition and Services for 18-25 year olds**

Few young people transfer into adult mental health services, and the reasons for this are not entirely clear. However, one hypothesis is that this is due to young people not meeting the adult mental health threshold for intervention. Some young people experience emotional wellbeing and mental health difficulties that continue into adulthood and they need continuing support.

#### Commissioning Intentions

- 6a) Collaboration with adult mental health commissioners and providers to establish the level of need and potential unmet need of 18-25 year olds
- 6b) Ensure that all providers offering services to children and young people have working protocols with adult mental health services that are reviewed annually
- 6c) Consideration of the development of an 18-25 service

#### Outcome

Efficient care pathways for young people who need emotional wellbeing and mental health support beyond the age of 18.

## **8.0 NEXT STEPS**

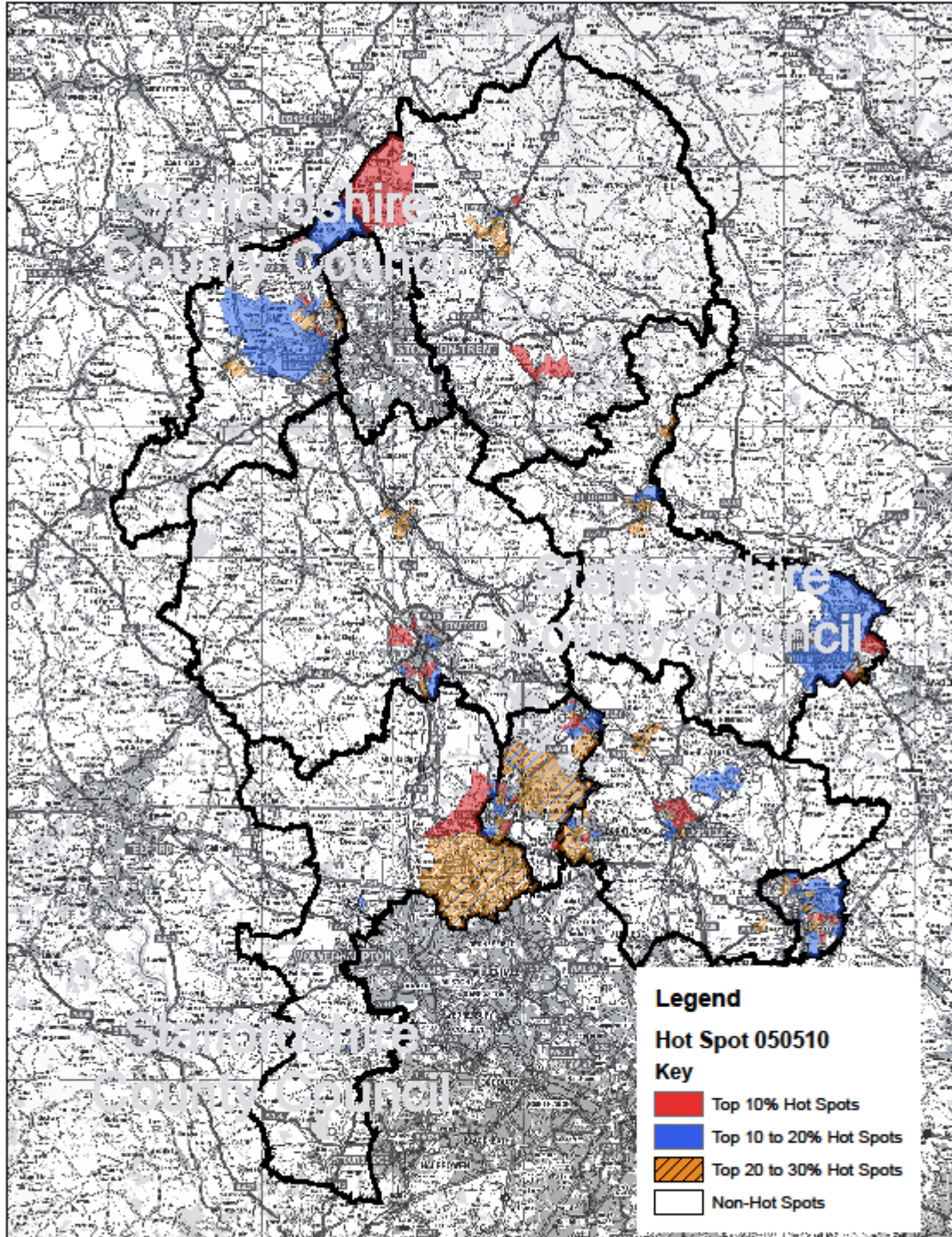
8.1 We will develop a delivery/implementation plan for the Children's and Young People's Emotional Wellbeing and Mental Health Strategy 2013-2017 to deliver the required priorities, commissioning intentions and outcomes for each of the 6 priorities

8.2 This strategy will be delivered within the current financial resource available, we will work with partners to develop jointly funded and fully joined up commissioning plans

8.3 This strategy and the associated delivery/implementation plan will be accountable to the Executive Boards within North and South Staffordshire Clinical Commissioning Groups, and Staffordshire County Council. Progress against the delivery/implementation plan will be reported regularly to these boards, and annually shared with children, young people, parents/carers and stakeholders.

## Appendix 1

### CAMHS Hot Spot 050510

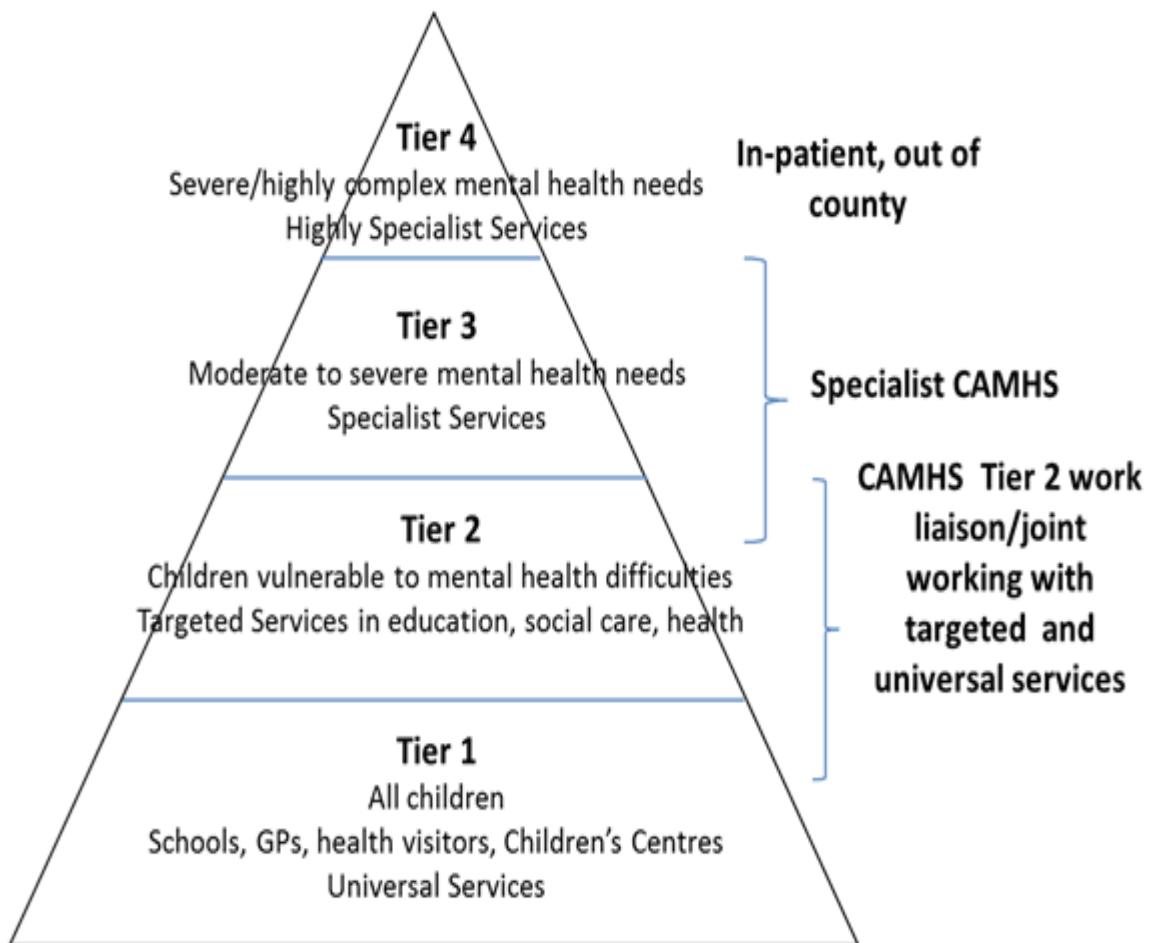


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Produced by the Educational Research Analysis Unit, Children and Life long Learning Directorate, Staffordshire County Council, 2005.

## Appendix 2



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