

Children & Adolescent Mental Health Services (CAMHS) Transformation Plan

Version 4
November 2016



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A. Improving children and young people's emotional and mental health

This Transformation Plan aims to improve the emotional wellbeing and mental health of children and young people (CYP) under the age of 18 living in Bath and North East Somerset (B&NES).

The plan evidences the strong partnership approach and commitment to emotional health and wellbeing that is well established in B&NES. With greater co-production with schools, colleges and CYP, this plan aims to further transform local provision with the intended outcome of B&NES CYP having improved resilience and positive emotional wellbeing.

The plan co-ordinates the planning and commissioning of services to ensure that resources in all partner agencies are used in the most effective way to improve CYP's emotional health.

A.1 National context

Department of Health evidence¹ has confirmed that:

- The cost of mental health problems to the economy in England has recently been estimated at £105bn, with treatment costs expecting to double in the next 20 years.
- 50% of lifetime diagnosed cases of mental illness start by the age of 14
- Poor mental health in childhood is associated with poor childhood and poor adult outcomes.
- 10% of children at any one time have a diagnosable mental health problem.

The 2010 national public health strategy² gave equal weight to both mental and physical health and focused on tackling the underlying causes of mental ill-health. The strategy noted:

- Intervening early for children with mental health problems has been shown not only to reduce health costs but also realise larger savings such as improved educational outcomes, reduced unemployment and less crime.
- 25-50% of mental health problems are preventable through interventions in the early years.

National strategy expects early intervention and preventative services to be provided by partnership working between the NHS, local government and the third sector.

¹ *Healthy Lives, Healthy People (Nov 2010) and No Health Without Mental Health (Feb 2011)*

² *Healthy Lives, Healthy People (Nov 2010),*

The latest document, published in February 2016, illustrating the government's commitment to improving mental health for all age groups is the [Five Year Forward View for Mental Health](#).

A national strategy specifically for children and young people, published in 2015, is [Future in Mind](#).

The Government's aspirations, outlined in *Future in Mind* are that by 2020 there will be:

- Improved access for parents to evidence-based programmes of intervention and support
- Improved crisis care: right place, right time, close to home
- Professionals who work with children and young people trained in child development and mental health
- Timely access to clinically effective support
- A better offer for the most vulnerable children and young people
- Treatment models built around the needs of children and young people, and a move away from the 'tiers' model
- More evidence-based, outcomes focussed treatments
- More visible and accessible support
- Improved transparency and accountability across whole system
- Improved public awareness less fear, stigma and discrimination

Future in Mind has the following key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Others relevant documents are listed in Appendix 1.

A.2 Local context

The [Children and Young People's Plan \(CYPP\) 2014-2017](#) is the commissioning and delivery plan to improve the general health and wellbeing of CYP across B&NES. It outlines both the local vision and priorities for the period 2014-17.

The vision is:

"We want all children and young people to enjoy childhood and to be well prepared for adult life."

The CYPP's three key outcomes are:

1. Children and young people are safe

2. Children and young people are healthy
3. Children and young people have equal life chances

The vision for good mental health for children and young people is:

“All children and young people, from birth to their eighteenth birthday, are supported to develop and maintain good mental health, a sense of well-being and emotional resilience. Any children and young people with emotional difficulties and mental health disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.”

The CYPP 2014-2017 is closely aligned to the Health and Wellbeing Strategy in B&NES. This strategy was refreshed in 2015 and evidences clear commitment to improved emotional health and wellbeing.

B&NES commissioners aim to commission and develop services which:

- Help children & young people learn the skills they need to stay emotionally healthy
- Identify children & young people who need extra support and provide it as early as possible for as long as it is needed
- Ensure the delivery of a comprehensive range of services to tackle mental health problems before they become entrenched
- Work with adult mental health services to minimise the impact of parental mental ill-health on children and young people
- Meet children & young people in the most accessible place possible
- Periodically review services to ensure resources are being used in the best possible way

The following commissioning principles are promoted:

Multi-agency working: a key principle of the strategy is that mental health is the ‘business’ of all agencies, and a joint approach is required to improve children & young people’s mental health. There is a commitment to an integrated care pathway for children & young people with emotional and behavioural difficulties which addresses how universal, targeted and specialist services work together to best meet the needs of children, young people and their families. Children & young people may have a ‘lead professional’ to help coordinate services.

Early Intervention: There is a focus on early intervention; in terms of early in the life cycle, early identification of difficulties and early intervention. Hence multi-agency services that promote the mental health of all children & young people (including building resilience) and provide early identification and preventative interventions are commissioned alongside services to meet the needs of children & young people with established or complex problems. Interventions are best provided ‘nearest’ the child or young person i.e.

provided by practitioners with the 'lowest level of specialism' (but nevertheless with the necessary skills and competencies).

Evidence-based practice: Services should provide mental health care which is based upon the best available evidence, including relevant NICE guidelines.

Addressing inequalities: Services must be provided to children & young people regardless of their ethnicity, gender, sexual orientation and/or religion. All services should pro-actively consider the specific needs of children and young people:

- from black and minority ethnic groups (including migrant families)
- with physical and learning disabilities
- who are, or are at risk of becoming, young offenders
- who are, or are at risk of entering, the care system
- who are, or are at risk of, child sexual exploitation
- who are lesbian, gay, bisexual, transgender or questioning their sexuality
- who are being bullied or discriminated against for other reasons e.g. the way they look or their economic circumstances

Children and young people's participation: All services should have a commitment to increasing the participation of service users, parents and carers in the planning and evaluation of services to ensure that services are designed around the needs of children, young people and their carers - as opposed to the needs of individual agencies.

Clear service expectations and outcomes: Services will be commissioned against clear expectations, outputs & outcomes, detailed in service specifications and monitored to ensure compliance and quality.

Links with other strategic work:

- The Emotional Health and Wellbeing (EHWB) Strategy Group is a sub-group that leads on the development and delivery of the CYPP. This group previously reported to the Children Trust Board. Revised governance arrangements were agreed in 2016 and this group now reports to the CYPP sub-group of the [Health and Wellbeing Board](#).
- There are links to the Suicide Prevention Strategy Group and the Self-Harm Steering Group via the mental health representative from Public Health being a member of the EHWB Strategy Group. Some actions from the [Suicide Prevention Strategy and Action Plan](#) form part of the Action Plan for the EHWB strategy.
- There are links to the Local Safeguarding Children's Board [Early Help Strategy](#) which focuses on preventative services. A preventative services commissioner sits on the EHWB strategic group.

- B&NES is working towards creating a perinatal mental health strategy. The working group consists of commissioners and providers from maternity, adult mental health, children and adolescent mental health, health visiting and primary care services. In September 2016, B&NES health commissioners submitted an application to NHS England, jointly with Wiltshire and Swindon CCGs, for funds to establish a specialist perinatal mental health service operating across the three areas. The result of the application is awaited.

A.3 Commissioning EHWB support

The CCG and the Council in B&NES have had integrated commissioning for a number of years, across a number of children and young people services. This has been further enhanced with public health becoming part of the Council's commissioning arrangements in 2014. More recently, the CCG and the Council are working with other partners, including schools, to maximize the use of resources, and a number of the more recent pilots identified in Table 4 are being co-produced with schools.

Responsibility for commissioning local EHWB services lies with a number of agencies; CCG, early years (Council), youth service (Council), schools and colleges (Council and academies), specialist commissioning (National Commissioning Board), public health (Council) and voluntary sector funding. A model of comprehensive service provision is reproduced in Appendix 3.

B&NES is served by all elements of the model outlined in Appendix 3. Children's services are detailed above (Table 4) and are provided by a range of organisations including the LA, Sirona Care and Health, Oxford Health NHS Foundation Trust and smaller voluntary organisations.

Services currently commissioned to support the emotional health of children and young people (October 16)



EHWB support
commissions Oct16.xl

The EHWB Strategy Group is now a sub-group of the Health and Wellbeing Board (CYPP subgroup): this is the new governance arrangement following the cessation of the Children Trust Board in 2016. This sub-group is chaired by a member of the Health and Wellbeing Board ensuring that all priorities for children and young people are closely aligned with the Health and Wellbeing Strategy. The EHWB Strategy Group is required to produce bi-annual reports to the CYPP sub-group and LSCB as well as an annual review of performance.

Although the EHWB Strategy Group does not include a CYP representative, the CYP Equalities Group also receives the same bi-annual report for scrutiny

and comment. This group includes representatives from the various children and young people participation groups and school equalities teams across B&NES including CAMHS service users, Children in Care, Youth Forum and the Member of Youth Parliament.

Formal monitoring of the CAMHS Transformation Plan is via the EHWP Strategy Group. There are strong links to the Local Safeguarding Children's Board (LSCB) with the EHWP group's social care representative and CAMHS service manager also being members of the LSCB.

The CCG CAMHS and Maternity Commissioning Project Manager engages with mental health events facilitated by the SW Strategic Clinical Network. The network supports commissioners and providers by highlighting national guidance and facilitating the sharing of ideas, experiences and good practice. The network is particularly adept at facilitating contact and discussion between national (specialist) and local CAMHS commissioners.

B Prevalence of emotional and mental ill-health in Bath & North East Somerset

Symptoms of poor emotional health may differ according to a child's personality, personal history, community and environmental factors. Symptoms include behavioural problems, substance misuse, self-harm, suicide attempts, eating disorders, depression, anxiety, obsessions and episodes of psychosis.

B.1 Local profile of CYP

- As at June 2015, B&NES had an estimated 34,697 resident children and young people under the age of 18 years. This represents 18.8% of the total population of B&NES. [Source: ONS mid-2015 Population Estimates, <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/population>]
- Local dwelling based population figures project the under-18 population will rise to 36,692 by 2019 and 38,586 by 2024. [Source: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/population-change>] These population projections take into account the planned housing as set out in the Core Strategy 2014 - an increase in housing of c.13,000, with the main areas for development being: Bath (c.7,020); Keynsham (c.2,150) and Somer Valley (c.2,470).
- B&NES has 80 state-funded schools, comprising 61 primary schools (including 6 academies), 16 secondary schools (including 10 academies and three studio schools) and three special schools. B&NES also has nine independent schools. There are 30,571 school pupils in B&NES – 13,226 in state-funded primary schools, 12,521 in state-funded secondary schools, 410 in state-funded

special schools and 4,414 in independent schools. [Source: January 2016 School Census,

<https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2016>]

- The BME population has increased in recent years. Of the school based pupils in B&NES's state-funded schools in January 2016, approximately 12% are of a minority ethnic group (i.e. non-White-British). However, this is significantly lower than the comparable national figure (30%). [Source: January 2016 School Census, <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2016>]
- B&NES is one of the least deprived authorities in the country, ranking 247 out of 326 English authorities. However, within this, 32 of the 115 small areas in B&NES are within the most deprived 20% for one or more individual domains of social inequality. [Source: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/socio-economic-inequality>]
- Approximately 11% (3,790 children) of dependent children in B&NES lived in low income families as at 31st August 2013 - lower than national (18%) and regional (14%). [Source: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/child-poverty>] The number of pupils eligible for the Pupil Premium in the 2016/17 academic year in B&NES's state-funded schools is 4,455. [Source: <https://www.gov.uk/government/publications/pupil-premium-conditions-of-grant-2016-to-2017>]
- As at January 2016 there were 895 children and young people normally resident in B&NES with a Statement or EHC plan (2.2% of the resident 0-19 population in B&NES had a Statement or EHC plan as at January 2016, compared to 2.0% for England). [Source: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/special-educational-needs>]

In the 2015 SHEU survey, (see later), 186 school pupils (6% of respondents) said they cared for family members after school on the day before the survey. The JSNA in Bath and North East Somerset is a "live" document that is updated as new data/feedback becomes available.

B.2 Local intelligence regarding emotional health and wellbeing

Intelligence on the emotional health and wellbeing of B&NES CYP, alongside mental health problems, comes from a number of sources. The following data is predominately drawn from [Bath and North East Somerset's Joint Strategic Needs Assessment](#), National Child and Maternal Health Intelligence Network, [CAMHS Needs Assessment Tool](#) and the Authority's Schools Health Related Behaviour Survey.

i) Self-reported difficulties

B&NES Public Health commissions the Schools Health Education Unit (SHEU) to complete a health-related behaviour survey in both primary and secondary schools on a biennial basis. The surveys have been developed by health and education professionals and cover a wide range of topics. The SHEU Surveys in B&NES in 2011, 2013 and 2015 asked school children in B&NES a number of questions linked to their wellbeing in terms of satisfaction with life, the extent to which they worry about things and their self-esteem. Bath College completed a SHEU survey in March 2016.

Data from this survey can inform planning and discussion on the basis that a large number of B&NES pupils complete it. Secondary school data for 2015 is available from year 8 (1,648) and year 10 students (1,487) and primary data for year 4 (785) and year 6 (868). It should be noted, however, that those completing the survey do not represent a random sample of children and young people in the authority and excludes those attending non-participating schools (2 out of 14 secondary schools), young people absent on the day due to illness or exclusion, those with limited access to computers, those attending schools elsewhere and those who opted out. Each school has additional access to its 'own' survey data and, in conjunction with public health colleagues, can think about addressing specific issues pertinent to their individual school e.g. revising PHSE programmes.

The survey asks a number of questions relating to emotional health and wellbeing. When it is stated that something is significantly higher/lower it means that the difference is statistically significant

Satisfaction with life

Secondary school responses: When rating how satisfied they felt with their life using a scale of 1 to 10, of the pupils surveyed, a significantly larger proportion of girls (19%) rated their satisfaction as low (0-4) compared to boys (8%). A significant proportion of those who were eligible for a free school meal in the last six years also scored their satisfaction lower compared to those non-free school meal pupils (13%)

Primary school responses: 72% of children reported they were at least 'quite happy with life at the moment'.

Bullying

Secondary school responses: A quarter of young people surveyed said they felt afraid to go to school sometimes because of bullying. This was significantly higher for girls (33%) than boys (16%) and significantly higher for pupils who had been eligible for free school meals anytime in the last six years (32%), compared to those who had not (24%). Appearance, size and weight were the main reasons pupils cited for having been picked on or bullied.

Primary school responses: 31% of pupils reported that they have felt afraid to go to school because of bullying at least sometimes. 25% reported being bullied at school in the previous 12 months. The top reasons given for being bullied were similar across both year 4 and 6 pupils and for both boys and girls. These were appearance (including size and weight) and academic ability (including doing well in tests and having a learning difficulty)

Self-esteem

The survey generated self-esteem scores based on the pupils' responses to a set of ten statements taken from a standard self-esteem enquiry method. The scale is based on social confidence and relationships with friends. The scores range from 0-18.

Secondary school responses: A significantly higher proportion of girls (28%) had a med-low self-esteem score (9 or less) compared to boys (15%). The proportion of pupils that stated that they had been eligible for free school meal in last six years that had a med-low self-esteem score was significantly greater (29%) than non-free school meals pupils (20%).

Primary school responses: 49% of Year 6 pupils recorded levels of high self-esteem. This is significantly higher than the SHEU sample nationally. With regard to gender, 40% of Year 4 boys and 52% of year 6 boys had high self-esteem scores compared with 32% of year 4 girls and 45% of year 6 girls

Worries

The survey asked pupils how much they worried about a range of issues.

Secondary school responses: A significantly higher proportion of girls (64%) said they worried a lot about at least one of the issues than boys (48%). The issues girls most worried about were: exams and tests (70%), the way they look (57%), family (49%) and career (48%). Boys also worried about these issues, though to a lesser extent, with over half worrying about exams and over 40% family and career.

Primary school responses: In both years 4 and 6 the issues girls worry about most are SATS and tests (YR 4 40% / YR 6 50%) followed by family and friendships. Year 4 girls also worry about puberty and growing up (32%) and year 6 girls worry about the way they look (31%) and being bullied (30%). Family is the top cause of worry for both year 4 and 6 boys (40% / 34%). They also worry about SATS and tests, friends and being bullied (though to a slightly less degree than girls). Unlike girls, boys in both years report worrying about their health (YR 4 27% / YR 6 22%)

Coping with low self-esteem and worries

Surveyed pupils were asked what they were likely to do when they had a problem that worried them.

Secondary school responses: Over two third of boys (66%) and nearly two thirds of girls (58%) said that they would talk to an adult. Over two thirds (65%) of girls and nearly a half (48%) of boys said they would talk to a friend. However a significant of proportion of girls (37%) and boys (26%) however said that they would keep worries to themselves. 20% of girls and 12% of boys said they eat when they are worried and 15% of girls and 12% of boys turn to the internet or social media. 10% of girls and 3% of boys said they self-harm. Nevertheless 94% of boys and 88% of girls said that they have at least one adult they can trust so some are choosing not to talk.

Primary school responses: 93% of pupils reported having a least one adult they can trust. Of the year 6 pupils when asked who they would talk to if worried 77% said an adult, 47% said a friend and 10% said they would keep it to themselves

ii) Seeking support at school

In the six month period to 31 July 2016, School Nurses (including 2 FE College nurses) in B&NES directly supported 360 pupils with their mental health, predominantly with anxiety but also a significant proportion with issues around self-harm.

The school nursing service allocates its capacity by reference to a matrix which reflects local inequalities e.g. free school meals, indices of income deprivation etc. Access to the service is also monitored by pupils home postcode place in Index of Multiple deprivation.

[Reports from the recent 2016 School Parliaments](#) also highlighted pupils' attitudes to the importance of maintaining good mental health and how to get help with problems. :

iii) Estimating prevalence of mental ill health

The prevalence of mental health problems in children and adolescents (aged 5-16 years) was last surveyed over 10 years ago in 2004. This study (Green et al 1.) estimated that at any one time, almost 1 in 10 children aged 5-16 years old had a clinically diagnosable mental disorder, causing distress to the child or having a considerable impact on their daily life. More recently Public Health England (2014) estimated that 8.4% of children and young people aged between 5 – 16 years in B&NES have a mental health disorder. This is similar to estimates for England (9.6%) as a whole and the South West (8.9%). Boys are more likely (11.4%) to experience mental health problems than girls (7.8%).

Public Health England also estimated the number of children and young people who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4 based on rates provided by Kurtz (1996 3). The following table shows these estimates for the population

aged 17 and under in B&NES, 2014. It is important to note that these estimates do not make any adjustment for local characteristics which may impact on need for services.

Table 2: *Estimated number of children / young people who may experience mental health problems appropriate to a response from CAMHS per year in B&NES.*

CAMHS Tier	Tier 1 (2014)	Tier 2 (2014)	Tier 3 (2014)	Tier 4 (2014)
BANES	5,165	2,410	640	30

Source: Office for National Statistics mid-year population estimates for 2014. CCG population estimates aggregated from GP registered populations (Oct 2014). Kurtz, Z. (1996).

In 2015/16 there were 1054 referrals (up from 844 in 14/15) to Primary (Tier 2) and Specialist (Tier3) CAMHS services. There are additional services offering short term mental health support e.g. School Nurses, Health Visitors, Theraplay, Nuture Outreach, online support and counselling (Kooth) and face-to-face counsellors etc.

C. Promoting and protecting good mental health

The [Mental Health Foundation](#) believes that good mental health is characterised by a child’s ability to fulfil a number of key functions and activities including:

- The ability to learn
- The ability to feel, express and manage a range of positive and negative emotions
- The ability to form and maintain good relationships with others
- The ability to cope with and manage change and uncertainty

There are a number of ‘protective’ and ‘risk’ factors known to be associated with good emotional health. These are reproduced in Appendix 2.

C.1 Universal services

B&NES has a comprehensive range of good quality universal health and education provision, including maternity, health visitor and school nurse service, early years and school settings as well as a wide variety of provision delivered by the community and voluntary sector.

Universal services are usually sufficient to meet the needs of children and young people through the provision of social, emotional and developmental support. They have a strong role in preventing problems occurring and providing additional support when they do. Universal services also play a critical role in supporting children, young people and families to access additional targeted support to meet additional or more complex needs.

An example of a universal service offering preventative emotional health support is the school nursing service. A multi-agency working group was set up to develop a collaborative approach to promoting body image and esteem in children and young people in response to the findings from the SHEU survey and school nurses subsequently helped deliver body image and esteem workshops for Year 5 pupils.

School nurses routinely weigh and measured all children in reception as part of a school health review, and at year 6 and follow up any children who are very overweight to offer support. School nurses also offer healthy weight interventions for families. Another weight management program – SHINE- for 10-17 y/o ran 12 times during 15/16 with 70% of participants self-reporting reduced levels of anxiety and depression and 76% reporting increased levels of self-esteem and confidence.

This non-targeted and non-stigmatizing approach to addressing emotional issues is replicated in the whole class CBT intervention (FRIENDS), delivered by school nurses to Year 5 pupils. During 15/16, CAMHS Transformation Plan funding enabled all year 5 pupils in 10 selected primary schools to receive this evidence based CBT intervention which teaches children to distinguish between their thoughts and feelings and to prevent anxieties escalating.

Young people have told us that they need access to high quality support and treatment, which is simple and easy to access. As a fully commissioned service from B&NES Clinical Commissioning Group, Kooth.com is a free, safe, confidential and non-stigmatised way for young people to receive counselling, advice and support on-line. This very popular service is used by large numbers of young people across the country and delivers over 8000 counselling sessions each year. Staffed by fully trained and qualified counsellors and available until 10pm each night, 365 days per year, it provides a much needed out of hours service for advice and support.

The service is designed to increase and enhance existing school provision, providing more flexible access to support. The service uses a digital medium with which young people feel familiar and find easy to use and the anonymity appeals to many CYP. If the one year trial proves popular, the service will be commissioned recurrently using CAMHS Transformation funds.

More information concerning the new Kooth online services is available [here](#) and electronic publicity material [here](#).

Public Health contributes funding to help early years settings, schools and colleges to promote emotional health:

- Piloting Mindfulness in schools and college - Four staff from three secondary schools were funded to complete a four day training course in January 2016. This qualified them to deliver mindfulness in school sessions/resources to young people in schools. 16 staff from 14 primary schools were funded to complete an eight week mindfulness

course followed by two sessions using 'Relax Kids' resources. Teachers then plan mindfulness activities to use with pupils.

- Director of Public Health Award (DPHA) for Early Years, Schools and Colleges. In 2015/16 22 Early Years settings and 14 schools applied for a new DPHA certificate. Schools mostly select EHWP issues as the focus for their Children in Challenging Circumstances (ChiCCs) for their Healthy Outcomes Certificates. As well as Mindfulness, schools select a variety of other interventions to engage children and enhance self-esteem such as using creative movement and enterprise projects.
- Mental Health resource packs for schools – Public Health and CAMHS TP funding was used to develop and print [mental health resource packs](#) for KS3, KS4 and 6th Form pupils. The resources were developed by the School Improvement team and the CAMHS participation team of young people. Following training in their use, copies of the resources have been distributed to all secondary schools and settings such as Project 28 (substance misuse service), Off The Record (Participation, Advocacy, Youth Forum provider), Connecting Families (Complex families service) etc. Mental health resource packs for KS1 and KS2 pupils are being updated and trialled with children ready to be re-launched in the 2016 Autumn Term.

C.2 Targeted services/early help

Preventative early help services which provide targeted support include:

- Children Centre Services - families with children aged 0-5 years
- Family Support and Play Service - families with children aged 5 plus
- Connecting Families (B&NES) families with complex need and children aged 0- 19
- Youth Connect targeted support - young people
- Compass - young people
- Mentoring Support (Mentoring Plus) - young people

(See spreadsheet embedded on page 7 for the full range of commissioned services)

A number of services are commissioned to directly meet outcomes to support children with emotional difficulties when moving from pre-school to school:

- Theraplay - a child and family therapy for building and enhancing attachment, self-esteem, trust in others. 30 children aged 2-5 accessed this support from Sept 2015-April 2016 with an additional 10 receiving long term support (over 6 months e.g. complex CP or CiN cases).

- Nurture Outreach Service in primary schools - a team of qualified specialists (in nurture, attachment and trauma) model practical strategies and in schools to effect change at whole school level as well as providing 1:1 work with children and school staff. 56 children entering reception in September 2015 received this support and 17 schools accessed the service (training, mentoring, modelling, consultancy and supervision).
- Therapeutic support and counselling - Six primary schools have this service providing emotional/ mental health support for children, parents, teachers and schools staff.

Other targeted Early Help Services provide support to children aged 5-13 with emotional and social issues (social isolation, behavioural issues, lack of engagement at school, bullying, health issues, parental mental health, domestic violence, drug and alcohol issues):

- Community Play Services - Two contracts to deliver community based play services. In 2015/16, 122 children aged 5-13 years received bespoke 1:1 play support Family Play Inclusion Worker. 64 families were supported through group work, family based parenting support and healthy play and interaction with child(ren).
- Specialist Family Support - In 2015/16, 408 families who have traditionally not engaged with statutory services or with entrenched, complex needs have accessed a range of services to support their parenting (counselling, group support, keyworker). In families where domestic abuse was an issue, 66% were able to keep themselves safe and in 78% of cases adult members of complex families are better able to meet their children's emotional needs.
- From November 2016, there is a new combined Family Support and Play Service which brings together work with children and parents. This service will work closely with Connecting Families and Children Centre services to provide early intervention to vulnerable families and children and young people. Some contribution from Schools Forum means the links between community based family support services, schools and Behaviour and Attendance panels will benefit vulnerable pupils.

C.3 Mental health training

Staff in health, social and education services have access to a variety of training opportunities. As well as any 'in-house' agency specific training, there are a number of opportunities to access multi-agency training.

The LSCB training sub-group administers Mental Health Awareness training which is delivered by the local CAMHS practitioners. The content of the

training is reviewed annually and during 16/17 the following courses have been/will be delivered, following feedback and identified training needs:

- 1st response mental health awareness – 9-10 May (2 days)
- Deliberate self harm 7 June (1/2 day)
- Common behaviour problems 20 June (1 day)
- Introduction to attachment 27 July (1 day)
- Eating Disorders 21 Sept (1/2 day)
- Emerging Borderline Personality Disorders and DBT 12 Oct (1/2 day)
- Introduction to attachment 16 Nov (1 day)
- DSH & Suicide 26 Jan 2017 (1/2 day)
- Loss & Bereavement 15 Feb 2017 (1/2 day)
- 1st Response Mental Health 13 & 20 Feb (2 day)

During 15/16, £55,000 of the CAMHS Transformation Fund was used to subsidise a range of highly valued training and development for staff to support children with emotional wellbeing issues. This included Theraplay, Thrive, Place2BE and Attachment Aware Schools at the preventative/early help and targeted level:

Theraplay

- Developed Theraplay working group. Coordination of information to inform strategic development and delivery of Theraplay across integrated workforce (inc. health, social care, third sector and early years/children's centres).
- Run Theraplay training (4 days) for Childrens Centres staff, social care staff, PSAs, adoption and fostering, specialist family support.
- An additional 10 x 1:1 mentoring sessions for practitioners to build confidence in moving forwards with Theraplay cases
- Supervisor practicum training for practitioner to provide Theraplay supervision to identified practitioners to progress to Foundation Level
- Provision of 6 additional peer support and consultation "cluster meetings" to Theraplay trained practitioners
- Sunshine circle Theraplay training to reception school staff – supporting transition.

Thrive

THRIVE Training delivered as a result of CAMHS Transformation Funding in 2015-6 had excellent take up. 30 schools and 4 Voluntary Sector organisations committed to the training and mentoring on offer. Practitioners attended 10 days training and receive supervision and ongoing support and can now assess CYP's emotional stages and adjust learning programmes accordingly.

Place2BE

B&NES LA provided initial funding for 6 primary schools to provide Place2BE counsellors. The CAMHS TP funding supported additional staff training and development by offering 77 half hour sessions (Place2Think) with school staff.

Attachment Aware Schools

This is a year long training programme for schools (now in its third year). Course involves face to face training sessions, online learning, and an action research project and a closing conference at Bath Spa University. The course has attracted national attention and has been referred to in Department for Education guidance as well as the NICE guidance on children and attachment published in November 2015. The course aims to help teachers understand the significance of attachment and trauma for children's learning and to develop approaches that can help CYP succeed in school. 41 schools have undertaken the course, 24 of them from B&NES.

Teachers, including newly qualified teachers, can access the training and professional development provided by the local B&NES Teaching School. The offer includes emotional wellbeing, mental health and neuro-disability training. The current and future continuous professional development opportunities are available at www.tbmpts.com/cpd/

C.4 Schools co-commissioning

During 2015/16 and 2016/17 B&NES schools have collectively co-commissioned services with the LA/CCG to support pupils emotional health. The two most significant commissions are the Nuture Outreach Service in primary schools and the EHWB Resilience Hubs in secondary schools. A review of the EHWB Resilience Hubs 15/16 pilot, available here,



Preliminary
Evaluation of the Emx

indicated a need for more time and more resources before the group could finally evaluate the impact of the Hubs. Schools Forum and the EHWB strategy group agreed to co fund the project for the academic year 2016/17.

D. Specialist mental health provision

D.1 Local specialist Child and Adolescent Mental Health Service

CAMHS services in B&NES have been provided by Oxford Health NHS Foundation Trust (OHFT) since 2010. Additional targeted services (Primary CAMHS), delivering lower level interventions, were commissioned from the same Trust in 2011.

Referrals

There is a single point of access to primary and specialist CAMHS. In 2015/16 there were 1054 referrals (up from 844 in 14/15). The percentage of referrals not accepted by CAMHS averaged 19% (in 2014/15 it averaged 24%), although this ranged from 9% - 29% in different months.

An approximate breakdown by 2015/16 referral agency was;

GPs	43%
Community Paediatricians	17%
Acute Paediatricians	15%
School Nurses/Schools	8%
Social Care	5%
Self-referral	2%
Other	10%

Caseload and waits

The funding, and hence the caseloads, for both services have remained fairly static since 2011. Approximately 550 children and young people receive P/CAMHS services at any one time.

The 15/16 performance indicators were as follows:

- The percentage of PCAMHS referrals assessed within 4 weeks was 51%, assessed within 8 weeks 91%, and within 12 weeks 100%.
- The percentage of referrals to CAMHS Outreach service (which include urgent cases) assessed within 4 weeks was 98% and the percentage for more routine CAMHS referrals was 52% assessed within 4 weeks and 94% within 12 weeks.
- There is an ambition for 90% of accepted routine referrals to be assessed within 4 weeks. Due to a combination of staff vacancies, sickness, increasing numbers of referrals and the complexity of those accepted (and hence requiring more support), waiting times have deteriorated since 2014/15.
- Current (as at 30/09/16) waiting times for treatment (2 face to face contacts – as opposed to first assessment appointment) are:

Numbers on CYP under 18 on waiting list	Latest position known as at 30/09/2016
Total number of CYP waiting for treatment	70
Average waiting time from referral to treatment (days)	46
Total number of CYP referred in last quarter	240

Costs and staffing

The PCAMHS service is currently commissioned by NHS B&NES CCG and costs £245,712 per year. The specialist CAMHS service, commissioned by NHS B&NES CCG for £1,924,680, includes a £317,000 contribution from the local authority (reduced from £392,000 in 14/15). As at 31st March 2015, OHFT employed 42 people (32.8 WTE) practitioners in PCAMHS, specialist CAMHS and the Outreach team. During 2015/16 another 2.25 WTE were recruited by OHFT (excluding new Eating Disorder staff).

The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) is a service transformation programme delivered by NHS England that aims to improve existing CAMHS working in the community. The OHFT CAMHS service forms part of the Oxford and Reading CYP IAPT collaboration which formed in 2012.

More detail is available here:



CYP IAPT Key Facts
Document Sept 14 (1)

Part of the CYP IAPT programme is training for CAMHS practitioners. To date, in B&NES the following numbers of staff have been trained:

Year 1, 2012/13	5 therapists trained in CBT, 1 in parenting.
Year 2, 2013/14	4 therapists trained in CBT, 1 in parenting.
Year 3, 2014/15	4 therapists trained in SFP, 1 in IPT-A.
Year 4, 2015/16	0 therapists trained.

A key part of IAPT has been the introduction of goal based measures to all patients in CAMHS and to introduce session by session Reported Outcomes Measures by all clinicians. OHFT have created an App which is used to collect PROMs from all CYP accessing their service.

During 2015/16 other agencies in B&NES were introduced to the principles and practices of CYP IAPT with the hope of more organisations adopting the IAPT framework. Although the offer of support to join an IAPT collaborative was again offered in 16/17, to date no voluntary or statutory agencies, apart from the CAMHS provider, have joined the CYP IAPT collaborative.

D.2 Eating disorders

At least 1.1 million people in the UK are affected by an eating disorder (ED), with young people in the age-group 14-25 being most at risk of developing this type of illness. Based on the 2007 Adult Psychiatric Morbidity Survey and the BANES 16-24 resident population, it is estimated that in 2013 there were 3,879 young people aged 16-24 in the authority area with an eating disorder. Highest prevalence is in 16-24 year old girls.

The number of admissions for eating disorders in B&NES has increased although this may be due to changes in diagnosis rather than an actual increase in prevalence.

The local specialist ED service, provided by OHFT, meets latest NICE Guidance



ed nice audit.docx

There are new access and waiting times which must be implemented, as indicated below:



cyp-eating-disorders
-access-waiting-time-

The CAMHS provider, OHFT has developed a new specialist Eating Disorder Service to meet these standards which will be part funded by new Transformation Plan funding. The specialist service is being developed across the wider geography of B&NES, Wiltshire and Swindon (STP footprint) and is expected to be launched in January 2017. Primary Care and Community Pediatrics have been fully engaged with the new service model development.



SWB CAMHS ED
proposal final 02.09.

Latest B&NES 2016/17 data indicates that CYP with a suspected Eating Disorder are being seen promptly: Between April 16 and September 16 there have been 15 routine referrals – 12 seen within 4 weeks, and 1 urgent referral who was seen within 1 week.

D.3 Acute hospital mental health liaison

Regarding urgent and emergency access to crisis care, all young people up to the age of 16 who present at the local acute hospital (Royal United Hospital Bath) following an act of deliberate self-harm – physical and/or substance misuse - are admitted to the Children’s ward. 16-17 y/o should be admitted to the Observation Ward and assessed the same day or, if more appropriate the following day, by a clinician from the CAMHS Team.

The local CAMHS team supports any CYP presenting through the Emergency Department including many from Wiltshire. A full assessment of their mental health needs and mental state is undertaken and follow up assessment / intervention offered as appropriate to their needs.

The number of mental health assessments required at the Royal United Hospital (RUH) in Bath has increased in recent years:

Deliberate self-harm figures

Column1	2012	2013	2014	2015	2016
January	12	12	20	20	24
February	17	14	22	10	18
March	12	13	12	20	23
April	7	12	13	16	24
May	27	15	14	19	11
June	10	19	12	31	24
July	13	22	17	21	14
August	7	11	9	8	
September	8	13	13	14	
October	6	16	28	21	
November	11	15	24	23	
December	6	15	13	13	
Totals	136	177	197	216	
%increase		9.18%	2.80%	9.60%	

Although they are not high numbers in comparison to the number of adults seen by the adult acute mental health liaison team which is co-located at the RUH, the average length of assessment is probably far longer due to the liaison required with parents, carers, schools, and social care to ensure it is safe for the CYP to be discharged home.

In addition, staff on the paediatric ward can sometimes feel unable to meet the mental health needs of children in their care and have difficulty accessing bank nurses with the appropriate mental health skills when these are required. The RUH are keen to train and ‘upskill’ their permanent staff (including bank staff who frequently work on the children’s ward). Nevertheless training RUH staff to the level at which the training makes a significant difference may be a difficult and lengthy process

As a result, some 16/17 CAMHS transformation funding is being used to recruit a CYP mental health liaison officer who will also support the children's ward. This practitioner will be employed and managed by Oxford Health NHS Foundation Trust and be co-located at the RUH. They will work flexibly across the hospital site and will alternate between the ward, observation ward and ED as well as providing training. Initially this will only be from Monday – Friday 9-5pm, but from April 2017 there are plans for an 8-8pm service when Wiltshire CCG CAMHS transformation funding will be used to create another post at the RUH.

Therefore from April 2017 there will be a significantly enhanced service at the RUH ensuring a more robust offer to young people and their families. This resource should also reduce the demand on core CAMHS staff thus improving the access and waiting times in the community service.

D.4 Health-based places of safety

The all-age four-bed Place of Safety (PoS) suite at Southmead Hospital, Bristol, has been jointly commissioned by Bristol, South Gloucestershire, North Somerset and Bath & North East Somerset CCGs. (B&NES proportion is 0.6 beds).

In the unusual event of child under 17 being admitted to the unit, a door must be closed which results in the child 'occupying' two of the four bedrooms.

If the PoS is full, the police have historically taken detained people to police custody. Avon and Somerset police are no longer prepared to do this for any under 18y/o and police commissioners now expect use of custody for S136 admissions to be rare for any age group.

Alternative health based Places of Safety, when the Southmead Unit is full, have not yet been identified for B&NES CYP.

The following actions have been undertaken to mitigate the risk that there is no available Place of Safety

Diversion from S136 Suite

- Police officers are undertaking additional mental health training from local specialist mental health services and national organisations to give them a better understanding of mental health, challenge common misconceptions, and to provide better ways of working between the police and partner agencies – including Julian House, NHS Intensive Teams.
- NHS is funding a pilot to provide a mental health professional to work alongside operational police officers during periods of peak demand to triage any relevant incidents thus providing the best possible response for the service user.

- A Control Room Triage is being planned across the Avon and Somerset Police force – this is a joint project to provide an MH practitioner in the control room, train officers and encourage tactical discussions between police and MH services
- A Memorandum of Understanding has been agreed between the police and mental health services (children’s and adults) to liaise before detaining under the Mental Health Act. Protocols are being developed to help Police Officers tackle people in mental health crisis in the most appropriate manner, ensuring the service user receives the best possible service and minimising the use of legal powers.



S136 MoU tween
OHFT and police.pdf

- A Mental Health Supervisory Group has been established whereby a number of mental health professionals meet on a monthly basis at Redbridge House Police Station and provide a one-stop shop, giving advice to officers working with anyone who has mental health concerns – victims, witnesses, offenders, or residents.
- Bristol CCG has commissioned The Sanctuary - a ‘Crisis House’ to provide an alternative place for Bristol people experiencing a MH crisis.
- The Bristol Street Triage programme is in its early days but has had some success in finding alternative options for persons who would previously have been admitted under S136. Due to economies of scale, this model was not considered viable in B&NES.

Provision of additional ‘beds’

The Department of Health recently invited bids for capital funding for additional Places of Safety. The local adult MH provider AWP was successful in attracting capital funding for provision across the Avon and Wiltshire area.

Increasing throughput to decrease time people spend at the PoS

There is constant scrutiny of the length of time CYP are detained on the Unit:
There are frequent delays in

- *Assessment* – transportation delays, lack of availability of AMHPs, s12 doctors and CAMHS professionals as well as service user intoxication.
- *Discharge* – lack of safe discharge arrangements, particularly for complex CYP who cannot be safely returned home.
- *Transfer* to inpatient beds – there is a national shortage of inpatient beds and an appropriate placement must be identified and suitable transport arranged.

Since 2010/11 attendances at the s136 suite by CYP from Bristol, North Somerset, South Gloucestershire and B&NES have fluctuated between 18 & 31 a year. Most young people attending are 16 and 17 year olds, but since 2010/11 there have been between 4 and 10 under 16s who attend the Place of Safety each year.

In 2015/16 there were 2 B&NES CYP taken to the s136 suite, one under 16 y/o and one 17y/o. It is very rare for CYP to be sectioned under the Mental Health Act. Children are often extremely distressed but not mentally ill. Most CYP will be discharged and receive support from CAMHS.

D.5 Inpatient specialist psychiatric care

During 2015-16 there were 8 admissions to mental health beds for B&NES CYP, 5 of these to the 'local' beds at Marlborough House, Swindon, 3 to more specialist provision out of area. The average length of stay as an inpatient was 81 days.

Between 2009 and 2012 OHFT were jointly commissioned by Wiltshire CCG and B&NES CCG to provide generic CAMHS beds and specialist community CAMHS (Tier 3). Since 2012 NHS England specialists have commissioned all CAMHS inpatient beds on behalf of CCGs.

The community Outreach Service for Children and Adolescents (OSCA) works particularly closely with inpatient facilities at Marlborough House, Swindon and the Highfield Unit, Oxford to ensure that admissions are appropriate and timely, and that CYP are discharged as soon they can be appropriately supported back in their home and community.

The new Transformation Plan investment in specialist Eating Disorder Services may reduce both the need for some inpatient admissions associated with EDs and the length of stay required for those who are admitted. In addition, by 'in reaching' into acute hospitals, the ED Service should also be able to reduce the length of stay in acute hospitals of those CYP with EDs who present with advanced physical deterioration.

Local CCG commissioners are committed to working closely with NHS England to ensure that appropriate provision is secured for CYP from B&NES. Local commissioners receive monthly inpatient statistics from NHS England allowing them to see the status of individual, but anonymised, CYP's progress and to escalate any concerns.

The SW Strategic Clinical Network (SWSCN) facilitates discussions between NHS England, CCG commissioners and local CAMHS providers. Local children's health commissioners attend regularly and contribute to SWSCN's work.

D.6 Early intervention in psychosis

B&NES Early Intervention in Psychosis team, provided by Avon and Wiltshire Partnership, provides a comprehensive multidisciplinary service to help people and their families as early as possible, giving them the best chance of preventing long term problems.

The service is for anyone from the age of 14-35 experiencing the following:

- Hearing voices or changes in their thoughts
- Alterations in how events, people and thoughts are perceived
- Feeling suspicious at times about other people
- Experiencing beliefs and thoughts that cause the person distress
- Changes in behaviour and performance, such as becoming more isolated or reduced motivation.

Following an initial assessment, the teams provide rapid, intensive support for up to three years for individuals experiencing psychosis symptoms and their families. They also work alongside CAMHS, Oxford Health NHS Foundation Trust with 14-16 year olds. The team also works with other youth services and any agency working with young people or people at risk of developing psychosis.

There is a new NHS England target re EIP; that more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral. Latest monitoring data (April – August 16) indicates 35 all-age new referrals to the service of whom 73% started treatment within 2 weeks.

D.7 Crisis Concordat

The Crisis Concordat review and action plan is a joint plan between statutory public, community and third sector organisations in B&NES. The B&NES Mental Health Crisis Care Concordat sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

The Concordat focuses on four main areas: Access to support before crisis point, urgent and emergency access to crisis care, quality of treatment and care when in crisis, recovery and staying well.

Oversight of the B&NES plan is via a Crisis Concordat Task Group with all agencies represented by senior local staff (this includes children's and adults mental health commissioners, substance misuse commissioner, police, acute trust, CAMHS, AWP, community services, ambulance service). The plan includes consideration for children and young people in mental health crisis and was commended for its strong partnership approach.

The latest copy of the review and action plan is here



BNES MH Crisis
Concordat Review an

The CAMHS service contributes to the Crisis Concordat within B&NES. Regarding urgent and emergency access to crisis care refer to sections D.3 and D.4 above.

E. Vulnerable CYP at particular risk of mental ill health

E.1 Looked after children

“Looked after” CYP continue to be a key priority for the Council, and the duty as a corporate parent is clearly understood and acted upon by all staff and members. The numbers of young people “looked after” continues to remain steady, and is indicative of consistency of thresholds and decision making between agencies. In accordance with the Governments National Dispersal System, B&NES has been asked to accommodate up to 25 Unaccompanied Asylum Seeking Children over the next two years.

Many children and young people who are fostered and adopted have been the victims of abuse and neglect and or may have experienced multiple placement moves.

Caring for children who display high levels of risk taking and challenging behaviour can have a major impact on their care givers. The emotional impact for all members of a family when disruption is occurring is considerable.

From August 2016, CAMHS Transformation money has been used to fund a clinical psychologist, seconded to and co-located with the LA Children’s Placements team. The psychologist has started providing therapeutic support to foster carers, special guardians and adopters (including pre- and post-adoption support) with the specific responsibility of developing programmes of intervention that prevent placement breakdown and promote placement stability. Early indications are that this support has already helped to prevent placement breakdown.

The Virtual School for LAC is also using 16/17 Pupil Premium Plus funding to pay for an educational psychologist to carry out assessments and provide advice and guidance to schools and carers.

E.2 Victims of sexual abuse or exploitation

B&NES Local Safeguarding Childrens Board (LSCB) recognises that emotional distress and mental ill-health increase the vulnerability and risk factors for child sexual exploitation (CSE) and child sexual abuse (CSA).



Vulnerabilities in
children prior to abus

In addition, the exploitation and/or abuse may itself cause new psychological trauma and mental health problems, as well as exacerbate existing concerns. Timely interventions at this stage can significantly reduce subsequent post-traumatic stress disorder (PTSD), mental health problems, relationship problems and suicide risk, as well as enhance criminal justice outcomes.

B&NES LSCB has developed a frontline response to at risk and victims of CSE. Through the development of the Willow Project and the links with BASE (Bristol Against Sexual Exploitation) CSE victims are offered support dependent on their level of need.

The Willow Project is a multi-agency/multi-disciplinary team made up of 15 professionals who have been trained to work with CYP at risk of, or involved in, CSE. All of the team have substantive roles in other services within B&NES and work at least half a day a week in the Willow Project to support CYP. The current resource amounts to 2 WTE posts.

BASE is an intensive Bristol based service which takes referrals from B&NES; http://www.barnardos.org.uk/basebristol/base_what_we_do.htm

Both of these services are well utilized in B&NES. Currently (October 16) there are 42 CYP being supported by Willow and a further 27 by BASE.

In July 2016, NHS England published a Review of Health & Justice Pathways for the CAMHS Transformation NHS England South. A copy of the report can be found here:



NHS Eng South HJ
Review 290616.pdf

The following specific recommendations from the report are pertinent to emotional and mental health support:

- Provision should be open door/easy access
- Specialists should be offering consultancy/advice to those working with these complex cases and issues, as much as directly providing interventions
- Mental health specialists should be embedded in the relevant teams who work with the most complex and at risk

On reviewing this report, B&NES commissioners recognised 2 gaps in the current provision of psychological support to CYP:

- for CYP who are experiencing/have experienced Child Sexual Exploitation (CSE) and CYP who are potential perpetrators of CSE and,
- for CYP who are displaying harmful sexual behaviour.

The CCG and the Council has been seeking any additional available funding to address these two gaps:

- B&NES CCG recently submitted a bid to the Health and Justice Board jointly with Wiltshire CCG for funds to support CYP displaying harmful sexual behaviour. A shared CAMHS provider (OHFT) means that

additional support can be commissioned to provide very specialist help across a larger geographical area (addressing economies of scale). The bid was successful and plans to provide appropriate training and support are being implemented.

- A second bid for Health and Justice Board funds was submitted for funding to provide psychological support for B&NES services which help CYP affected by CSE. This bid was unsuccessful but may be reconsidered in the future.

E.3 CYP in contact with the justice system

The numbers of B&NES CYP involved in the health and justice commissioned services is relatively small. There is no secure children's estate in the area and no local CYP have been placed in a secure placement (for welfare) in the last 6 years.

Regarding support for CYP at risk of offending, the Youth Offending Team has direct input from a co-located, experienced sessional school nurse as well as a speech & language therapist. Both these roles have been commissioned by the CCG in recognition of the fact the many CYP accessing the service have speech, language and communication difficulties as well as low levels of mental ill-health. A recent YOT inspection found that CYP known to YOT had "good access to substance misuse, education, speech and language and mental health" and "case managers were skilled at recognising vulnerabilities of CYP".

Some CYP from B&NES may have accessed the nationally specified and commissioned all-age Liaison and Diversion (L&D) service also known as Court Assessment and Referral Service (CARS). L&D practitioners are based at the local custody suite (Keynsham) and aim to improve early identification of a range of vulnerabilities, (including but not limited to mental health, substance misuse, personality disorder and learning disabilities), in people coming into contact with the youth or criminal justice systems.

After identification and assessment, individuals can be referred to appropriate treatment services aiming to improve health and social care outcomes, which may in turn positively impact on offending and re-offending rates. At the same time, the information gained from the intervention can improve fairness of the justice process to the individual, improve the efficiency of the criminal justice system, and ensure that charging, prosecuting and disposal decisions are fully informed. If offenders receive non-custodial sentences then this may be on condition that they agree to engage with relevant support services. The L&D service may offer CYP support to their first appointment and the capturing of outcomes.

Due to the possibility of some young offenders already 'being known' to CAMHS, the local CAMHS provider, OHFT has created a Memorandum of Understanding with AWP, regarding the local L&D service. This clarifies working arrangements when the L&D service has concerns about a young

person in custody or at the court or when CAMHS are contacted about someone who they think would benefit from an L&D assessment.



MOU Oxford Health
CAMHS -final.docx

E.4 Young people transitioning to adult mental health services

Transitions to adult mental health services

There is an agreed protocol applying to all professionals employed by Oxford Health NHS Foundation Trust (CAMHS) and those employed by Avon and Wiltshire Mental Health Partnership NHS Trust (AMHS) providing guidance for practitioners responsible for managing the transfer of care of a service user in receipt of Child and Adolescent Mental Health/Learning Disability Services to the Adult Mental Health Services. This protocol has recently been reviewed and is awaiting signature:

CYP potentially requiring adult MH services are discussed at a joint CAMHS/AMHS transition panel meeting. During 2015/2016 only 6 B&NES CYP were referred to the Transition Panel to discuss transfer to Adult Mental Health Services. Of these, 2 CYP were accepted.

'Flexible' transitions

Some young people (>17y/o) known to CAMHS do not have a recognisable mental health problem which meets the criteria for receiving adult mental health services, but do require ongoing and, at times, intensive emotional support. Historically there has been no access to services for this vulnerable group and, following discharge from CAMHS, they sometimes deteriorated quickly and presented in crisis to adult mental health services.

The 2015/16 CAMHS Transformation monies funded a pilot service to address this gap, to provide a continuation of ongoing support, primarily delivered by the Outreach Service for Children and Adolescents (OSCA) with interventions tailored around a young person's emotional development (rather than chronological age). This 'outreach' based model of support is most suitable for very vulnerable young people entering adulthood and facing concurrent transitions in their social, educational, employment and family situations.

This support enhanced the young adults' experience and provided a more gradual transition to adult services. Packages of care were developed in partnership with the young adult and other partners in their care e.g. foster carers/parents, social care, Youth Offending Services, substance misuse services, Colleges, employers, etc. It was hoped that the service provided to these vulnerable young people would improve their emotional resilience and

decrease longer term dependency on statutory services, including adult mental health services.

The evaluation of the pilot was mixed: The numbers were small and some of those in receipt of the service were also being supported well by other agencies. The number of young people reaching 18 are relatively small in the B&NES CAMHS caseload – averaging seven 17.5 y/os. Those that qualify for transition to an Adult Mental Health Service would do so through the Transition Panel and there may be others who would be appropriately discharged before they reach 18. Nevertheless, young people have told us of the importance of having this service available to them and after evaluation it was decided to continue the pilot - albeit at a reduced amount of funding - and to review the service again before committing recurring funding from CAMHS Transformation funds.

F. Engaging with stakeholders, including CYP participation

F.1 Children and young people

In B&NES, there is a long and established principle of ensuring that the views of children and young people are central to service development and monitoring. Their views are used effectively and consistently to influence change, shape services, and improve practice & service delivery. The greatest challenge is to engage young people who are not existing or potential users of a new or existing service.

The [B&NES 2014-2017 Participation Strategy](#) sets out the locally agreed definition of participation and identifies the benefits of participation not only to children and young people but also to the adults who work with them, the organisation and services that are provided, as well as society as a whole.

Children and young people contribute through models of co-production as set out in the Service User Engagement/Commissioning Framework, Children In Care Councils, democratic processes, strategic development of the Children and Young People's Plan, the Early Help Strategy and through the groups that have been set up to hear the voices of seldom heard minorities.

The Commissioning Framework, which provides guidance to help involve children and young people in the commissioning of services, is currently being re-drafted.

During 15/16 CYP have participated in the service re-design and tender for the new Family Support and Play Service and Your Care Your Way. During 16/17 CYP will be involved in commissioning the new CAMHS provider.

OHFT CAMHS service, having been the lead provider in the regional CYIAPT collaborative for the last four years, has developed effective CYP participation in line with the principles outlined in *Delivering With, Delivering Well*

(reproduced in Appendix 4). The CAMHS participation group is usually consulted about pilot developments and is particularly key in suggesting and approving written and digital resources. The CAMHS participation group and other CYP were actively involved in creating and developing the schools Mental Health Resource packs and in piloting their use in B&NES schools. (see Section C.1)

Both primary and secondary school parliaments have had Mental Health as their focus:

- The Primary Parliament was called 'Free to Be Me' and had workshops on How to Get Support, Indoor / Outdoor Learning , Equalities and Inclusion
- The Secondary Parliament has workshops on Social Media, Self-esteem, Reducing stigma and Where to get Help and Support
- The Parliaments were co-organised by St Keyna Primary / Broadlands Secondary and Local Authority staff
- Recommendations from both Parliaments were taken to the Policy and Scrutiny Committee and have been sent to all schools.
- The Member of Young Parliament will follow up recommendations in the Autumn Term.

2016 Parliamentary reports can be accessed here:

<http://www.bathnes.gov.uk/services/your-council-and-democracy/consultations/consulting-children-and-young-people/strategy-part>

F.2 General practice

Presentations about the CAMHS Transformation Plan have been made at both the B&NES GP Forum and at a Your Health, Your Voice meeting. **Your Health, Your Voice** is a meeting held every two months for members of the public to provide feedback on the CCG's plans for improving local health services. The meetings are chaired by the CCG's Lay Member for Patient and Public Involvement, who gives a report on the feedback received at every CCG Board Meeting. Feedback from these meetings has influenced the 16/17 CAMHS TP plan.

The local Map of Medicine for GPs has been updated with an electronic mental health toolkit for children and young people who present at GPs' surgeries.

F.3 School and colleges

In 15/16 B&NES School Forum agreed to fund a pilot service for secondary schools. This was the provision of school-based, independent counsellors and training a support from a named CAMHS link-worker. The offer to schools from the CAMHS practitioner is outlined here:



The CAMHS transformation fund is being used to continue this pilot and additional Schools Forum funding will be used to provide independent counsellors in those secondary schools, for whatever reason, did not benefit from the pilot in 15/16.

B&NES Early Help Services app

The B&NES Early Help Services app is for use by professionals working with children, young people and families in the local area, bringing details of Early Help Services to mobile smartphones and tablets.

Created by the Early Help Board at B&NES Council, the App provides details of local organisations, service providers and voluntary groups that support families. Links to partner organisations are provided for different issues that families may encounter as well as screening tools, thresholds documents and quick access to other useful local directories like 1 Big Database, all helping practitioner to refer or signpost families to the most appropriate service for support.

One of the best features of the App is that it can be used without an internet connection. This convenience means the App is ideal for use when 'out and about' and away from an office base.

All the information on the App either syncs with the 1 Big Database web site or is maintained by the Preventative Services Commissioning team at B&NES Council, so it remains up to date and relevant. The B&NES Early Help Services App is free to download and use and will be launched by February 2017.

G Review of 15/16 CAMHS Transformation Plan

Some of the proposals for driving improvement within the Transformation Plan are cost-neutral, requiring a different way of helping C&YP within existing resources. But the Government has committed additional monies to local areas based on the standard CCG allocation formula. B&NES received £333,463 in 15/16 and £476,191 in 16/17. Each year £95,191 of this funding has been assigned to develop the specialist C&YP Eating Disorders Service.

During the 2015/16, the first year of the CAMHS Transformation Plan, the following developments were prioritised:

1. The consideration and development of a single point of access or 'single front door' to enable practitioners, parents/carers and CYP to contact and thereafter receive, at the earliest opportunity, the most

- appropriate help.
2. To improve school/college/CAMHS liaison by introducing 'Resilience Hubs' at each school and college. These Hubs will provide opportunities for monthly face-to-face meetings where CAMHS link workers, selected school/college staff, school/college nurses and independent counsellors can meet for consultation, training and mutual support.
 3. To increase the level of therapeutic support offered to statutory social workers and parents/carers who are struggling to prevent the breakdown of fostering and adoptive placements. This will take the form of a CAMHS psychologist being seconded to the LA placements team. This additional service is being introduced as an attempt to readdress the inequality of Looked after Children who frequently suffer a higher incidence of mental ill-health.
 4. To further increase the skills of a number of practitioners who work directly with families and schools whose younger children/pupils display behaviours which present barriers to learning
 5. To improve the digital guidance for national and local EHWB services. This will include the published Transformation Plan, suggestions for CYP self-care, guidance for referrers etc. all presented in an informative and accessible manner.
 6. To pilot a children and young people's on-line counselling service.
 7. Ensure that transitions to adults services for all CYP, including those with EHCP plans, are well managed.

A number of developments to support the Transformation Plan were initiated:

1. *Pilot - Extended CAMHS support: for > 18 y/o's* who were receiving CAMHS interventions when they turned 18 and, although they are particularly vulnerable, do not meet the referral criteria for adult mental health services. This cohort will include, but is not restricted to, Care Leavers and will provide intensive emotional support.
2. *Pilot - Early Intervention in Psychosis:* Pilot to improve fidelity to the early intervention in psychosis model by building links with CYP substance misuse, developmental disorder, CAMHS, schools and other services.
3. *Pilot - School Based Counselling:* Independent counsellors have been commissioned to provide individual 'drop in' advice sessions and formal counselling sessions at seven secondary schools from September.
4. *Pilot - Resilience Hubs:* (See above) These complement school based counselling and have also started in the new academic year.
5. *Pilot - Mindfulness Pilot:* 32 members of staff from 2 secondary schools have undertaken an 8 week Mindfulness course. 2 staff from each school will now be trained to deliver Mindfulness in Schools sessions/resources directly to young people.
6. *KS4 resource packs:* Mental Health PSHE Resource packs for Key stages 3&4 are being developed in partnership between School Improvement and the CAMHS participation group.

7. *Specialist Family Support and Play re-procurement*: A review has resulted in a new combined service model being procured to provide early intervention with 5-13 years olds with a range of emotional and social issues.
8. *Protocol between CAMHS and police*: has been implemented to reduce inappropriate attendances at the S136 suite.
9. *Pilot - CAMHS self-referral for 16 and 17 y/o's*: is being trialled by provider
10. *ASD support service*: Additional SLT sessions have been commissioned to 'speed' up ASD diagnosis and a new parent support worker will visit families whose children with ASD refuse to attend school.
11. *Eating Disorder Specialist service*: Agreeing new service model with provider and neighbouring CCGs

How successfully were the plans implemented? Did things go according to plan?

The **majority** of the above identified priorities and developments were implemented and delivered as planned.

The exceptions were as follows;

- The consideration and development of a single point of access or 'single front door' to enable practitioners, parents/carers and CYP to contact and thereafter receive, at the earliest opportunity, the most appropriate help was explored. The scope and implications of a 'single front door' were discussed with social care, Early Help services and health commissioners. Discussions concluded that no independent review could be commissioned and concluded within the necessary six month timescale. Hence the budget planned for this (£10,000) was reallocated. Nevertheless the idea remains aspirational and probably needs a phased implementation over a number of years. Currently the LA is exploring options for a single point of entry for early help referrals and the Integrated Working team is working closely with the duty social care team to provide support where, although a CAF is recommended, a referral does not meet the threshold for social care. The inclusion of emotional and mental health referrals will be considered as part of future developments.
- Scoping support for parent/carers whose children do not engage with services being offered to them was paused due to parallel reviews of both the LA's Parenting strategy and Behaviour strategy being in process. It was decided to await the outcome of these reviews to inform any gap analysis for those parents/carers who can feel very powerless when their children, for whatever reason, choose not to engage with services.
- Three developments were delayed due to recruitment difficulties and/or legal commissioning requirements. As a result the therapeutic support

for social care, college hubs and the on-line counselling service were 'under budget' and some of their allocation was used to contribute towards the infant mental health service cost pressure.

- The specialist family support and play re-procurement 'stalled' during 15/16 but is now complete and the new service provision starts from November 2016.
- Although useful digital EHWPB websites have been identified, final decisions about how to promote these to CYP have not been taken. The new on-line support service (KOOOTH) has the facility to offer a tailored webpage to direct B&NES CYP and this is being explored, together with the option of a page hosted on the reconfigured B&NES LA website.

The final spend for 15/16 was;

Improve CYP Specialist Eating Disorder Service including training. (OHFT receives all this allocated funding)	95,191
Funding for independent school based counselling (Relate) to complete one year pilot	27,626
Contribution to Bath College for independent counsellors	7,100
Set up costs for online EHWPB support and counselling for CYP	12,400
Nuture outreach service (Brighter Futures) - support for children who may be/are struggling with starting primary school	40,000
Commissioning support - (CCG)	11,157
Flexible transition support for CAMHS 18-25 y/o 12 month pilot	42,025
Therapeutic support for social care - CAMHS secondment to LA	6,064
Contribution to EHWPB resources and launches e.g leaflet for CYP attending RUH for self-harm, LGBT video, secondary MH PHSE resources	7,478
School nurse delivery of FRIENDS CBT programme to Year 5 - 15 classes, including Support for pupils affected by Trinity School	19,710
Workforce development	54,645
Contribution to Infant Mental Health LA/CCG Cost pressure	9,604
Total	333,000

H 2016/17 CAMHS Transformation Plans

B&NES CCG has received £381,000 during 16/17 to fund CAMHS Transformation Plan developments plus an additional £95,000 for the specialist eating disorder services.

The 2015/16 pilots, training and commissioned services were reviewed alongside national guidance regarding cost effective, evidenced based interventions;



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Discussions with GPs, the Director of People & Communities, Behaviour & Attendance Panels, School Nurses, Specialist CAMHS (OHFT), Your Care Your Voice (feedback from young people), Primary and Pupil Parliament feedback, Youth Forum feedback, CCG and EHWP Strategy group members resulted in the following commissioning priorities being agreed:

1. The provision of more direct interventions for CYP who do not meet the referral criteria for CAMHS but who do require additional support from trained staff who can provide evidenced based interventions and who have access to consultation and supervision themselves.

As a consequence some of the 16/17 funding was used to provide independent counselling services. These have proved to be popular and effective interventions both within the school setting and the wider community. (There had been a lack of equity around access to these services, some of which have received funding from Schools Forum and 15/16 CAMHS TP funding.)

2. The implementation of the secondary school Emotional Resilience Hubs has been variable and reflects challenges identified in a similar national pilot. There is a debate about how closely the vision should be interpreted and whether or not they should continue at all schools, or just those that have 'engaged' (or indeed be targeted at those that have not). Due to practical complexities and the cultural shifts required for successful implementation, it has been decided to continue funding the pilot for another academic year and to review the service again before committing any more local future funding. Increased resources were agreed for another academic year.
3. The flexible transition service, a small but important service for very vulnerable young people approaching their 18th birthday, will continue for another year, albeit at a reduced cost.
4. Perinatal services for mothers with moderate mental health difficulties e.g. anxiety and depression and their infants will be reviewed to ensure

that health visitors are able to signpost new mothers requiring additional support.

5. The individuals and institutions that support CYP – health visitors, primary and secondary school teachers, pastoral support staff, social workers, voluntary agency staff etc – often require training in attachment, behaviour, developing CYP’s resilience and supporting and signposting vulnerable CYP. Multi-agency training needs to be more co-ordinated and should adopt the principles and practices used by the national CYP IAPT collaborative. Digital training resources should be widely promoted. A small working group (with a recurring CAMHS TP budget) is progressing this priority.

6. In 16/17 there was a £75,000 ‘cost pressure’ associated with the Oxford Health CAMHS contract precipitated by the LA ‘withdrawing’ funding from the current contract (due to end March 2017). Given the national focus on CAMHS and the increasing demands for supports, it would be inappropriate for the core contractual value of the new contract to be smaller than that allocated for the last seven years. To prevent this occurring, £75,000 of the CAMHS Transformation Plan Funding will be used recurrently (from 16/17) to ‘bolster’ the current core CAMHS contract value. This was considered as local priority.

The 2016/17 planned budget, as at November 16, is as follows:

2016/17 CAMHS Transformation Plan Funding Proposal	
Improve CYP Specialist Eating Disorder Service including training. (OHFT receives all this allocated funding)	95,191
Funding for independent school based counselling (Relate)	26,772
Contribution to college for independent counsellors	10,714
On-line counselling and EHWP support for CYP	37,200
Nuture outreach service (Brighter Futures) support for children who may be/are struggling with starting primary school	
Commissioning support - project management (MF) (CCG)	9,935
CAMHS Band 6 Flexible transition support for 18-25 y/o 0.5 WTE (non-recurring) includes CQUIN	15,546
Therapeutic support for social care - 3 days per week CAMHS secondment to LA (recurring)	28,400
CAMHS Band 6 Acute mental Health liaison RUH 1WTE - no travel (another 1 WTE commissioned by Wilts) (recurring)	17,000

CAMHS school resilience hub link workers 2 WTE to include colleges (recurring no CQUIN)	60,334
Infant Mental Health (cost pressure from LA funding withdrawn)	75,000
Workforce development: (recurring)	20,000
School nurse delivery of FRIENDS CBT programme to Year 5 - 11 classes	15,939
Independent school counsellors (e.g. Relate and OTR) attending school/college hubs	1,000
Digital resource - development of signposting 'web site'/ app	3,000
Attachment aware conference (4 places for VCS)	480
Bath Community Academy Counselling (OTR)	5,357
Perinatal MH training for Midwives	6,000
Workforce development: (non recurring)	5,968
Research project for boys and young men	3,500
OTR school based counselling	33,314
Participation costs for re-procurement - stakeholders GPs, schools, CYP	3,000
iPad for therapeutic social care	500
Not yet allocated (November 2016)	2,041
Total	£476,191

Risks and mitigations associated with the 2016/17 budget:

- There is a risk that, due to the time delays in evaluating pilots, recruitment and retention issues and legal commissioning requirements, the CAMHS TP funding will not have the required impact.

Mitigation: Children's Health commissioners will continue to monitor plans and gain consensus about alternative appropriate uses of any 16/17 'underspends'.

- During 15/16 there have been some recruitment and retention issues with Oxford Health NHS Foundation Trust. It has proved difficult to attract the clinicians require to provide pilot services on a temporary basis. Consequently commissioners agreed that the 3 Band 6 WTE posts (2 WTE for the School Resilience Hubs and 1 WTE for Mental Health Liaison) to be funded by the 16/17 CAMHS TP could be advertised as permanent posts.

Mitigation: Oxford Health have agreed that if commissioning plans change, the 3 new post holders will be reallocated to different pilot work or used to increase capacity within the 'core' service.

- B&NES Community Health and Social Care Services are currently being re-procured, with new provision expected in April 2017. “Your Care Your Way” (YCYW) is an ambitious two year project to review, design and deliver integrated community services in partnership with local people. Details about the significant recommissioning can be found at www.yourcareyourway.org. Virgin Care has been identified as the preferred bidder (November 2016). The period of transition to a new provider of the majority of children’s health services (CAMHS are currently excluded) has the potential to strain current joint working arrangements and future developments.

Mitigation: Virgin commissioners are working closely with CAMHS commissioners to minimise this risk and will communicate expectations with both Oxford Health NHS Foundation Trust and Virgin Care.

- Primary and specialist CAMHS services are currently being jointly recommissioned with Wiltshire and Swindon CCGs, with a new service expected to begin 1st April 2018. There is a risk that the re-procurement will distract both commissioners and the current provider from the task of implementing the 16/17 CAMHS Transformation plans.

Mitigation: The procurement process has been designed to select a preferred provider relatively quickly and then work together with stakeholders to design a new service model. This has the advantage of allowing future developments, including CAMHS TP pilots and projects to be considered well in advance of 1 April 2018 as well as enabling very specialist services to be offered across the STP footprint.

- NHS England CAMHS TP funding has been agreed to 2020. The new CAMHS contract is likely to be for at least 7 years duration.

Mitigation: Commissioners are planning to commit a limited amount of funding on a recurring basis until funding is confirmed past 2020.

I. Conclusion

Specialist and preventative commissioners appreciate the focus on outcomes (as opposed to tiers) of Liverpool’s comprehensive CAMHS model³ i.e.

- Improved environments so that C&YP can thrive
- Increased identification of C&YP with early indicators of distress and risks
- Reduction in mild to moderate distress



Liverpool
3 comprehensive CAMHS

- Reduction in the development of moderate to severe distress
- Reduction in life long distress

The B&NES 16/17 updated CAMHS Transformation Plan contributes to all of the outcomes.

In November 2016, the Education Policy Institute Mental Health Commission published its third and final report, [*Time to Deliver*](#), exploring the progress and barriers relating to the transformation of children and young people's mental health in England, since the publication of *Future in Mind*.

Time to Deliver identifies ten national themes including delivery problems with published local CAMHS Transformation Plans. Many of the themes resonate within B&NES e.g. the length of time it takes to achieve change and to embed new systems and working practices.

Commissioners and the wider EHWP strategy group are considering the three recommendations from the Mental Health Commission's report, reproduced here:

1. Prevention

- A sustained focus on **raising awareness and reducing stigma**.
- An easy to understand web-based **parenting guide for all parents**.
- The establishment of a **Mental Health Research Institute** in order to fund research into understanding mental health, new treatments such as talking therapies or better medication, and develop the evidence base for effective interventions.
- A strategy to **empower young people to live safe digital lives**. This should focus on developing young people's resilience and critical thinking skills in the face of online threats, given the impossibility of eliminating all online risk. It should cover threats such as excessive internet use, child protection, websites promoting suicide, self-harm or eating disorders (e.g. pro-ana and pro-mia sites that promote anorexia or bulimia) and cyber-bullying.

2. Early Intervention

- **Nationally kite marked, easy to access (by drop-in, or self-referral, with no thresholds) services in every area.**
- A high profile, national government programme to ensure **a stronger focus on mental health and wellbeing within schools**. This should include:
 - **Evidence-based training for teachers**
 - **trained lead for mental health and wellbeing in every school**, college and university.
 - **Schools, colleges and universities adopting** the WHO recommended Whole School Approach model.

- **Within its existing framework categories, Ofsted having regard to wellbeing in any inspection of a school or college.**
- **Mandatory updated high quality, statutory PSHE** in all schools and colleges, with dedicated time for mental health.
- A clear strategy to improve access to the right care for young people with mental health problems from a variety of communities.

3. Delivering better treatment

- **Areas should not receive their annual share of the additional £1.4bn unless** they can demonstrate that they have robust plans to improve care and all the additional funding is being spent on children's mental health and not offsetting cuts elsewhere. This should include an audit of progress in delivery of their initial local transformation plan and expenditure in 2015/16 and 2016/17.
- The strategy should **set a series of ambitious goals for care**, including that no one should wait more than eight weeks for routine treatment (the current average waiting time across services).
- The Government's **Workforce Strategy** must be creative around workforce, exploring new ways of working and skills sharing.
- **The practice of making a young person leave their support service on their 18th birthday must end.** Young people should be able to choose when to transition up to the age of 25 with support from their therapists and parents or carers.

Nevertheless the EHWP strategy group are encouraged that the B&NES 16/17 CAMHS Transformation Plan addresses many aspects of these recently published recommendations.

Appendix 1

Implementing the Five Year Forward View for Mental Health, NHS England, July 2016

<https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

Chief Medical Officer's Annual Report: Our children deserve better: Prevention pays, October 2013

<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

NSPCC - Prevention in mind, All babies count: spotlight on Perinatal Mental Health, June 2013

http://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/spotlight-mental-health-landing_wda96578.html

Public Health England – How healthy behaviour supports children's wellbeing, August 2013

<https://www.gov.uk/government/publications/how-healthy-behaviour-supports-childrens-wellbeing>

Children and Young People's Mental Health Coalition report 'Overlooked and Forgotten', December 2013

http://www.cypmhc.org.uk/resources/overlooked_and_forgotten_full_report/

Mental health sub-group report of the children's outcomes forum, May 2013

<https://www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results>

Closing the Gap, Priorities for essential change in mental health, January 2014 <https://www.gov.uk/government/publications/mental-health-priorities-for-change>

Baby Bonds, Parenting, attachment and a secure base for children, The Sutton Trust, March 2014

<http://www.suttontrust.com/researcharchive/baby-bonds/>

Green, H., McGinnity, A., Meltzer, H., Ford, T. and Goodman, R. (2004) Mental health of children and young people in Great Britain, 2004. Office for National Statistics. London, HMSO

Egger, H. L. and Angold, A. (2006) Common emotional and behavioral disorders in preschool children: presentation, nosology, and epidemiology. *Journal of Child Psychology and Psychiatry*, 47 (3-4), 313–37.

Kurtz, Z. (1996) *Treating children well: a guide to using the evidence base in commissioning and managing services for the mental health of children and young people*. London. Mental Health Foundation

Appendix 2

Table 1: Protective factors potentially influencing the development of mental health problems and mental disorders in individuals (particularly children)

Individual factors	Family factors	School context	Life events and situations	Community and cultural factors
Easy Temperament	supportive caring parent	sense of belonging	involvement with significant other person (partner/mentor)	sense of connectedness attachment to and networks within the community
adequate nutrition	family harmony	positive school climate	availability of opportunities at critical turning points or major life transitions	participation in church or other community group
attachment to family	secure and stable family	pro-social peer group	economic security	strong cultural identity and ethnic pride
above average intelligence	small family size	required responsibility and helpfulness	good physical health	access to support services
school achievement	more than two years between siblings	opportunities for some success and recognition of achievement		community/cultural norms against violence
problem solving skills	responsibility within the family (for child or adult)	school norms against violence		
internal locus of control	supportive relationship with other adult (for a child or adult)			
social competence	strong family norms and morality			
social skills				
good coping style				
optimism				
moral beliefs				
values				
positive self-related cognitions				
physical activity				

Table 2: Risk factors potentially influencing the development of mental health problems and mental disorders in individuals (particularly children)

NB: the following tables list *influences* on the development of mental health problems not the *causes*.

Individual Factors	Family/social factors	School context	Life events and situations	Community and cultural factors
Prenatal brain damage	having a teenage mother	Bullying	physical, sexual and emotional abuse	socio-economic disadvantage
Prematurity	having a single parent	peer rejection		social or cultural discrimination
birth injury	absence of father in childhood	poor attachment to school	school transitions	isolation
low birth weight, birth complications	large family size	inadequate behaviour management	divorce and family break up	neighbourhood violence and crime
physical and intellectual disability	antisocial role models (in childhood)	deviant peer group	death of family member	population density and housing conditions
poor health in infancy	family violence and disharmony	school failure	physical illness	lack of support service including transport, shopping, recreational facilities
insecure attachment in infant/child	marital discord in parents		unemployment, homelessness	
low intelligence	poor supervision and monitoring of child		incarceration	
difficult temperament	low parental involvement in child's activities		poverty/ economic insecurity	
chronic illness			job insecurity	
poor social skills	neglect in childhood		unsatisfactory workplace relationships	
low self-esteem	long-term parental unemployment		workplace accident/ injury	
alienation	criminality in parent		caring for someone with an illness/ disability	
impulsivity	parental substance misuse		living in nursing home or aged care hostel	
alcohol misuse	parental mental disorder		war or natural disasters	
	harsh or inconsistent discipline style			
	social isolation			
	experiencing rejection			
	lack of warmth and affection			

Reproduced from: Commonwealth Department of Health and Aged Care 2000, Promotion, Prevention and early intervention for mental health-a Monograph, Mental Health and Special Programs branch, Commonwealth Department of Health and Aged Care, Canberra. Quoted in Making it Happen (DH 2001).

Appendix 3



Appendix 4



Delivering With
Delivering Well.pdf