Chapter 2

How do we approach the challenges children and young people face and how we support them to maintain their mental health and be there when things go wrong?

The importance of mental health continues to, rightly, dominate the headlines and remains a key priority for partners in Barking and Dagenham. Last year I reported that physical health and mental health are equally as important as each other, parity of esteem\(^1\) and this year I look at the topic in more detail focusing on children and young people.

Good mental health for our children and young people is dependent on ensuring that they have mental health resilience, and can deal with emotional impact of everyday life, and when they do need services that these services are available. To this end, we have jointly produced two transformation plans and commissioned a number of new services with our partners.

The Government is very clear that it supports enhancing mental health services, across prevention and treatment, and they recognise, as do I, that children who live in challenging circumstances e.g. looked after children, or those in the youth justice system, are at greater risk of poor mental health. The Secretary of State has set out a clear vision and planning process in The Mental Health Five Year Forward View\(^2\) and The Mental Health Five Year Forward View Implementation Plan. Our thinking also responds to Future in Mind\(^3\), a national report produced by the Children and Young People’s Taskforce.

In December 2015, we set out our vision to transform community adolescent mental health services (CAMHS). The local transformation plan (LTP)\(^4\) CAMHS sets out our intention to accelerate improvements, build capacity and capability and exploring new ways of working for both prevention and treatment

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services. This plan is underpinned by our Child and Mental Health needs assessment which was completed in 2016\(^6\). I set out a summary of what we found, and I follow this with an update on the activity that has been commissioned as an outcome of the LTP.

**Picture of need**

Public Health England states that 70% of children and young people who experienced mental health problems did not receive appropriate interventions at a sufficiently early age (Public Health England, 2015)\(^6\). Only 25% of children who need treatment receive it (Burstow and Jenkins, 2016)\(^7\).

In Barking and Dagenham, we have a higher than expected number of children and young people with mental health needs. This is because many of them are exposed to one or more of the five key risk factors for mental illness.

1. Living in poverty, particularly in lone parent families
2. Being a looked after child
3. Having a learning disability
4. Living in homes where there is domestic violence
5. Living with parents who have poor mental health themselves

We experience a higher rate of diagnosable mental health problems compared to the England average. According to our Joint Strategic Needs Assessment (2015)\(^6\), there are currently 65,345 children and young people under the age of 19 living in the borough and it’s likely that between 6,769 and 7,188 have a diagnosable mental illness (around 10%). This doesn’t mean that all these children and young people have been diagnosed with mental illness but all do need support, whether that be from family or local services.

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The best available data in Table 1 shows that compared to England rates of autism, attention deficit hyperactivity disorder (ADHD) learning disability and pupils with behavioural, emotional, and social support needs are lower than national rates. This demonstrates a compelling picture of where our needs lie.

### Table 1: Comparison figures for Barking and Dagenham

#### Red Line- Benchmark Value (England)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Barking and Dagenham (%)</th>
<th>England (%)</th>
<th>Ranking of Barking and Dagenham compared to England average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of any MH disorder: % population aged 5-16</td>
<td>10.4</td>
<td>9.3</td>
<td>Significantly higher: above 75th percentile</td>
</tr>
<tr>
<td>Estimated prevalence of emotional disorders: % population aged 5-16</td>
<td>3.9</td>
<td>3.6</td>
<td>Significantly higher: above 75th percentile</td>
</tr>
<tr>
<td>Estimated prevalence of conduct disorders: % population aged 5-16</td>
<td>5.5</td>
<td>5.6</td>
<td>Significantly higher: above 75th percentile</td>
</tr>
<tr>
<td>Estimated prevalence of hyperkinetic disorders: % population aged 5-16</td>
<td>1.8</td>
<td>1.5</td>
<td>Significantly higher: above 75th percentile</td>
</tr>
<tr>
<td>Pupils with autism spectrum disorder: % of pupils with this disorder</td>
<td>0.7</td>
<td>1.4</td>
<td>Significantly lower than the national average: on 25th percentile</td>
</tr>
<tr>
<td>Pupils with a SEN statement or EHC plans: % of all school age pupils</td>
<td>18.1</td>
<td>17.9</td>
<td>Similar</td>
</tr>
<tr>
<td>Number of young people in substance misuse treatment (&lt;18)</td>
<td>302 (0.5%)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Prevalence of potential eating disorders among young people: % of 16-24 year olds</td>
<td>4.9</td>
<td>2.7</td>
<td>Significantly higher: above 75th percentile</td>
</tr>
<tr>
<td>Prevalence of ADHD among young people: estimated % of 16-24 year olds</td>
<td>5.2</td>
<td>13.8</td>
<td>Significantly lower than the national average: on 25th percentile</td>
</tr>
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The impact of mental health and resilience is becoming more significant as drinking, smoking, drug taking and teenage pregnancy are down among young people, however, rates of depression and anxiety have increased. We conducted a School Health Related Behaviour Survey in 2017 the results of the emotional health and wellbeing section are quite stark. These are summarised in Box 1.
Reframing health challenges:
Gaining new insight into how to scope and shape new service approaches

Chapter 2

What is the impact of our rapidly changing demographics on this picture of need?

The answer is straightforward - an expected increase in the number of children with diagnosable mental health problems by 2020. This prediction equates to at least 8,044 children and young people in Barking and Dagenham having mental health problems requiring CAMHS. This increase is, in part, due to the predicted 30% increase in the number of 10-15 year olds in the borough over the next few years. With our services seeing year-on-year increases in demand of more than 10%, often combined with a rise in case complexity. If the goal is to get good quality and timely help to the young people who need it, then the new resources need to be targeted. The focus needs to ensure children, young people and their families have access to quality services, delivered in a timely manner, by the right professional with appropriate skills and in a setting, that meets the needs of the child. Clearly, it’s essential that we, in our service planning, account for addressing this predicted increase in service demand.

Whilst we want to keep what is good and effective about our local mental health services while developing an approach that will help our children and young people to develop resilience to mental health problems. I believe that the New Philanthropy Capital’s (2008) diagram 1 illustrates, very well, the challenges in addressing the risks that our children and young people face.

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Box 1: School Health Behaviour Survey 2017 – Health and emotional wellbeing

- On average pupils scored 48 (medium-high 42-55) on the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) with 71% of pupils having a med-high/high score
- 33% of pupils had a high measure of resilience (26+)
- 63% of pupils responded that they have been feeling loved “often” or “all” of the time
- 29% of pupils had a low/med-low score on the Warwick-Edinburgh Mental Wellbeing Scale and 27% of pupils had a low measure of resilience (0-19)
- Only 37% said they talk to someone about a problem that worries them or when they are feeling stressed – the equivalent figure in 2016 in the Y8/Y10 aggregate SHEU data set = 61%
- 30% said they have been feeling optimistic about the future “rarely” or “none of the time

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- 50% of people receiving mental health services report abuse as children.
- 45% of children in care have a mental health disorder.
- Children of parents with mental disorders are twice as likely to experience a childhood psychiatric disorder.
- Bullying triggers mental health problems: at school or outside the gate.
- Unsafe communities make children anxious; unhealthy communities = no play, no exercise and boredom.
- Media and public messages, expectation and stigma affect children’s views of themselves and their behaviour.
- The number of under-25s admitted to hospital with mental and behavioural problems linked to illegal drug use has risen by 18% in the last decade.

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The borough has been successful in putting in place support to develop mental health resilience and this continues to improve. This is good news but there are still some gaps that need to be filled. These have been identified as:

- Services provided to children and young people are sometimes missing the signals of risk which results in missed opportunities for families.
- Families and staff are not always aware of what support and services are available to support mental wellbeing and deal with mental health problems.
- Improvements in pathways will reduce demand; however, within specialist services there are some capacity issues.
- Understanding of need should be driving the outcomes we set for our services.

**Taking actions to meet local need**

Evidence directs us that interventions during childhood and adolescence can lead to improved educational outcomes, reduced antisocial behaviour, reduced crime and violence, improved family health, as well as improved earnings in adulthood (DoH 2010)\(^7\). Barking and Dagenham in 2016-17 received additional funding of £444,000 plus an allocation of £111,358 for eating disorders to transform services. This has delivered the additional staffing, training and piloting of new services and models as summarised in Table 2 below.

**Building resilience and promoting prevention**

I am particularly pleased that there has been a much needed increase in the focus on prevention that builds on our current good practice. NHS Barking and Dagenham Clinical Commissioning Group (CCG) and the council have jointly commissioned the Thrive programme based on four levels of intervention (Box 2) and the Positive Parenting Programme. Progress to date includes:

- Thrive training – this early intervention person centred approach to children and young people with mental health issues is being developed in our local schools. To date it has been adopted by the Thomas Arnold School with 35 practitioners trained. This will be developed further in the borough during 2017 and linked to the wider i-Thrive developments.
- A new mental health professional post has been created to work directly on provision of Social, Emotional, and Mental Health with identified schools in the borough. This role will support schools to deal more effectively with pupil mental health issues that arise.

**Table 2: Use of additional funding 2016-17**

<table>
<thead>
<tr>
<th>Workstream area</th>
<th>Activity delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience and Promoting Prevention</td>
<td>Thrive Training delivered</td>
</tr>
<tr>
<td></td>
<td>Positive Parenting (Triple P) programme delivered</td>
</tr>
<tr>
<td></td>
<td>Additional 1 WTE social work post agreed to work on provision of Social, Emotional and Mental Health in schools</td>
</tr>
<tr>
<td>Vulnerable children pathways</td>
<td>Additional 1 WTE social work post to work with Looked After Children</td>
</tr>
<tr>
<td>Maximising digital support and guided self-support</td>
<td>Pilot started of online counselling service</td>
</tr>
<tr>
<td>Wellbeing Hub</td>
<td>Redesign and review work started, additional staffing agreed of 3 WTE therapists</td>
</tr>
<tr>
<td>Crisis care</td>
<td>Successful Vanguard bid for additional £847,000 for mobilisation of new model of care across Barking &amp; Dagenham, Havering and Redbridge</td>
</tr>
<tr>
<td>Community Eating Disorder Service</td>
<td>Additional investment agreed to increase service capacity by 7.6 WTE across Barking &amp; Dagenham, Havering, Redbridge and Waltham Forest (4 boroughs)</td>
</tr>
<tr>
<td>Early Intervention in Psychosis service</td>
<td>Additional investment agreed to increase service capacity by 16.5 WTE across the 4 boroughs</td>
</tr>
<tr>
<td>Outcomes Framework</td>
<td>Outcomes framework commissioned</td>
</tr>
</tbody>
</table>

\(^7\) New Horizons: Confident Communities, Brighter Futures A framework for developing well-being, DOH 2010
As with many Public Health issues, intervening early in childhood can have lifelong positive effects. Many people’s mental health problems begin in childhood or adolescence so these are crucial times to intervene. The importance of supporting good parenting skills, developing children’s social and emotional skills and intervening early to help prevent children developing enduring mental health problems.

Positive developments in these areas have included an increase in the availability of schools based mental health promotion activities and the introduction of a team of Health Link Workers for local secondary schools.

We need to ask ourselves what is causing mental health problems in the first place. Because it’s my belief that many of these struggles could be avoided if we get our approach right in the early years and school settings. The question we should be asking ourselves is what are the emotional and mental health needs of all children and young people and are they being met in our schools.

A key part of moving forward on this is how we integrate and use our public health workforce. Prevention and early intervention initiatives must provide the cornerstone of the outcomes we set for redesigning our Health Visiting and School Nursing Services into an integrated 0-19 Healthy Child programme with schools, CAMHS, early years and education psychology services.

School nurses have a key role in promoting emotional wellbeing. Due to the number of pupils and schools covered, the workforce is overstretched and often not able to deliver the support required. The Royal College of Nursing (2016) are strong advocates of integrated, initiatives aimed to ensure young people can access the right services from the right person in a timely manner. This includes access to school nurses who have received specific training in child mental health, and child and adolescent mental health nurses who are also able to provide support and advice to those professionals working in schools and community settings.

Box 2: Thrive model

Quadrant 1: Building resilience; preventing ill health and promoting wellbeing by working with parents, children and young people, schools, early help provision and other universal services to support emotional needs, provide early help and practical support.

Quadrant 2: Helping children, young people and families to cope; to practically build resilience, highlighting risk and protective factors and providing access to digital support, parental learning, online counselling and direct and timely access for routine assessment and treatment if needed.

Quadrant 3: More intensive support and specialist treatment; readily available from a single point of access for all needs, with integrated pathways into and out of specialist services including eating disorders, and with specific pathways in place for vulnerable children including looked after children and those in contact with the justice system.

Quadrant 4: Support and intensive interventions in a crisis; available when needed, fully integrated into other pathways, working towards a 24/7 offer and seeking to outreach and reduce need for higher levels of intervention.
**Conclusions**

We cannot afford to be complacent, as demand for help is outstripping supply as the numbers of children and young people with mental health needs will increase in the next five years. The much-improved focus on prevention, particularly when dealing with emotional and mental distress is part of the day-to-day business of teachers, social workers and other professionals is a proud and positive move.

Although I have focused on the merits of early intervention the reader must not lose sight of the importance of safe and appropriate child and young person focused inpatient mental health facilities. As well as the difficulty of supporting a young person in transition between adolescent and adult services. An arbitrary age cut-off can do untold harm. Mental health and social care relies on strong therapeutic relationships between service users and the care team. Care should be organised around an individual’s circumstances not of service boundaries and funding.

I commend that our Health and Wellbeing Board continues to champion the prioritisation of investment into children and young people’s mental health.

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**Good practice example**

An RCN Wales Nurse of the Year Winner 2016, Jacqueline Jones worked tirelessly with children, young people and families to develop and provide a model of school nursing that is highly visible, accessible and makes a difference to those who need it. It included the school nurse speaking at the school assembly each month, a presence on the school website, posters about the school nurse role and contact information, as well as increased involvement in personal, social and health education (PSHE) lessons to support young people to build emotional resilience. Young people and fellow professionals have provided exceptionally positive feedback in terms of the way in which the role of the school nurse has been highly instrumental in supporting young people to protect, re-establish and maintain their emotional and mental health wellbeing. Already her pupils have identified a difference in their lives, one pupil stating, ‘I would have kept cutting if I didn’t have her to talk to.’ Another pupil, who was referred to the school nurse by a member of school staff (having a new awareness of what her role covered), happily commented, ‘everyone just thought I couldn’t be bothered to change my clothes and that I wanted to smell.’ School staff had referred her with hygiene issues but, in reality, the school nurse discovered home conditions had deteriorated due to her mother’s physical ill health. This school nurse could be viewed as just doing her job; however, by constantly raising her profile and making herself more visible, she is now visited by pupils who just want to update her on how they are doing following her involvement. One school teacher simply said, ‘she makes a difference to children’s lives.’