

Swindon's Joint Strategic Needs Assessment (DRAFT)

Bulletin Children and Young People's Mental Health Needs Assessment



Key Points:

- **Nationally, one in ten children aged between 5 and 16 years has a mental health problem.**
- **Half of those with lifetime mental health problems had their first experience by the age of 14 and three-quarters before their mid-20s.**
- **Self-harming is not uncommon. 10% - 13% of 15 -16 year olds have self-harmed.**
- **Hospital admissions for self-harm for 15 -24 year olds are particularly high in Swindon compared to the national rate**
- **Children and young people in Swindon think mental health services should be improved and more visible and easier to access**
- **There has been an increase in demand for mental health services at all levels.**
- **There are estimated to be 100 young people in Swindon who require, but are not receiving a mental health service**
- **Young people in or leaving care are at particular risk of mental health problems**
- **Tackling stigma and raising awareness of mental health problems needs to be addressed in Swindon**
- **Transition between young people's and adult mental health service should be improved**
- **Nationally anorexia nervosa is the third most common chronic illness of adolescence and has the highest morbidity and mortality of all psychiatric disorders. It is also one of the most common reasons for admission.**

What is a Joint Strategic Needs Assessment (JSNA)

A JSNA helps us to understand:

- What we know about the current health and wellbeing needs of local people
- How their needs are currently being met
- What we think their future needs are likely to be; and
- How their needs can be best met in the future

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board. Understanding Swindon's changing population, factors that affect health and wellbeing, the town's assets and the implications for future services are vital in setting priorities and planning future services.

Scope

This mental health needs assessment focuses on the needs of children and young people from 5 – 18 years but also includes transition to adult services up to the age of 25.

It forms part of a suite of Children's Needs Assessments for Swindon. The needs of those aged 0 – 4 years, together with perinatal mental health will be picked up in the Early Years Needs Assessment.

It focuses on mental health provided by universal*, targeted* and specialist* Child and Adolescent Mental Health Services (CAMHS) but does not include inpatient provision which is commissioned by NHS England.

*Universal = all services working with children and young people

Targeted = low level interventions

Specialist = for more complex, serious and enduring mental health problems

Child and Adolescent Mental Health Services (CAMHS) in Swindon

All services working with children and young people contribute to their mental health and wellbeing. Our midwives, health visitors, GPs, Family and Children's Centres, schools, colleges and youth service, together with Children's Services, parents and carers all have a role to play in developing resilience in our children and young people and enabling them to flourish.

For those who need more help there is the Targeted Mental Health Service together with ON-TRAK, providing low level interventions (group work and 1-1 counselling). Oxford Health NHS Foundation Trust provides our specialist CAMHS Service for those with more serious and enduring mental health conditions.

Additional associated services

Alongside the services mentioned above are a range of associated and third sector services. These include:

STEP: preventative and therapeutic interventions for children and young people aged 7 years plus.

Uturn: Under 18s substance misuse service

Hospital admissions by month/year for Great Western Hospital (GWH).

SARC: Counselling service for 13 -16 year olds who have experienced sexual assault or exploitation

NSPCC: Letting the future in – service for 4 - 17 year old who have experience sexual abuse or exploitation

LIFT: Psychological interventions for 16 -18 yrs.

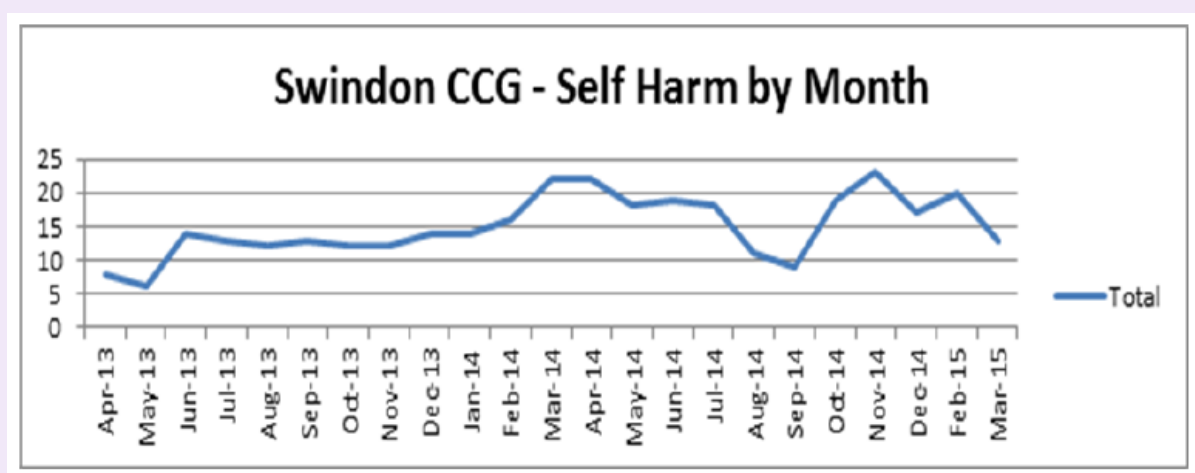
SMASH: Youth mentoring services for those aged 13 -18 years.

Prevalence of mental health problems for those under 18 yrs.

Estimates for Swindon Unitary Authority (UA) show that there are likely to be 3054 young people under the age of 18 who have a clinically diagnosable mental health condition. Of those about 880 will require specialist outpatient mental health services.

Alcohol specific hospital admission rates for under 18s are significantly higher in Swindon compared to national and regional rates. Swindon also has high rates of self-harm admissions and attendances.

The prevalence of eating disorders is difficult to ascertain. Admissions to inpatient services for eating disorders is seen as a last resort and in Swindon there were 7 admissions as a primary diagnosis and a further 13 as a secondary diagnosis in 2013/14.



What do children and young people think?

Consultation with children and young people was undertaken by STEP and the Youth Forum. Two groups of young people were consulted: group 1 had no experience of mental health services and group 2 had experienced either experience targeted or specialist services. Of those who had not received a mental health service only 19% had heard of CAMHS and 25% had heard of TaMHS. 56% had not heard of either service. Of those who had heard of these services 57% did not really know what sort of help they offered. Only 38% of respondents thought they would know who to ask for or how to get help if they felt they needed support from these services.

Of those who had received a service 35% reported that they had waited more than a year before seeking help. Once they did seek help 45% felt they did not receive help soon enough.

Both groups thought there should be more information available for them on mental health problems and local services and they felt there was still a stigma and lack of awareness of mental health problems and that services were not visible. Children and Young people would prefer services to be flexible and close to home.

What do parents and carers think?

The Parent and Carer consultation was undertaken by CAMHS and TaMHS services and generally parents and carers were very pleased with the service their charges received.

However, they did feel that waiting times were too long and interventions too short. They would have liked more sessions for the young person. They also would have liked better communication while they were waiting for the service. Generally they felt the services required additional resources to provide more information and cut waiting times.



Waiting times, access and capacity within services

The needs assessment has highlighted that there has been an increase in demand for services and that the complexity of those accessing services has increased. There are waiting times for all services. Those with the most urgent need are fast tracked through to the most appropriate service but this can mean that for some with less urgent need the waiting times can be long. This can in some cases lead to deterioration in their mental health condition. As reported above some young people wait a considerable amount of time before they seek help.

CAMHS and TaMHS work closely together to triage new referrals to ensure that young people are seen by the most appropriate service. However, there are opportunities to improve as the two services do not use the same risk assessment tools and do not share access to data or patient records.

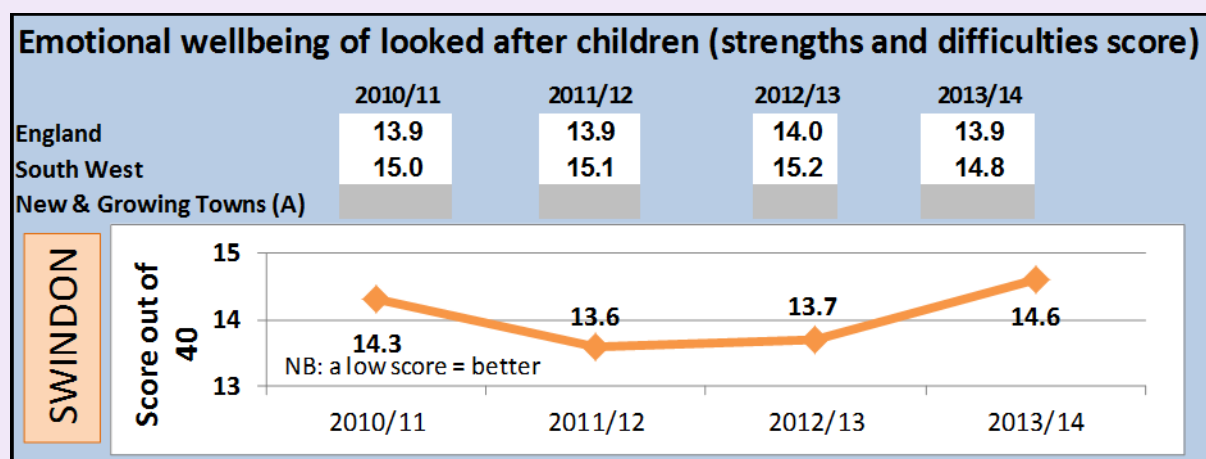
Vulnerable Groups

Some groups of Children and Young People are particularly vulnerable to mental health problems. These include but are not restricted to children of parents with mental health conditions and substance misuse issues, Looked After Children, those who have suffered abuse, sexual abuse or sexual exploitation, refugees and asylum seekers, those who have experienced bereavement or family breakdown, domestic violence, young offenders, children in need or in poverty and young carers. Stakeholders highlight that those leaving care are at particular risk. Ensuring the needs of these groups are met is key to preventing enduring mental health problems into adulthood.

The emotional health and wellbeing of all Looked After Children is assessed using the strengths and difficulties questionnaire (SDQ). In Swindon there was an increase in the average score from 13.7 in 2012/13 to 14.6 in 2013/14 which put us above the national average (13.9), indicating that children and young people in care have higher levels of poor mental health and emotional wellbeing in Swindon than the rest of England.

In addition there had also been an increase in the number of children in care in Swindon who had a high SDQ score (i.e. above 17) from 41% in 2013/14 to 46% in 2013/14. Of those with a high SDQ score only 49% were receiving a service from CAMHS or were in a specialist placement which included therapy. Further work has been undertaken to ascertain how the mental health needs of those not receiving a service from CAMHS or a specialist placement are being met.

Strengths and Difficulties questionnaire scores for Looked After Children in Swindon (low scores indicate better emotional wellbeing).



Mental health and emotional wellbeing in schools

All schools in Swindon were invited to take part in a consultation exercise for the needs assessment. The key findings from this consultation was that there was a lot of work already going on in schools to support children and young people's mental health needs and that most schools had good links with the TaMHS service.

However, schools did report that they would like to see:

- Improved access to and communication with mental health services
- Increased funding for mental health
- Raised awareness of mental health issues to promote an open culture of mental health, improve training for staff and provide information for parents on what was available.

It was acknowledged that much good work has been undertaken in schools over the last few years. Bullying has a big impact on mental health and wellbeing and anti-bullying work should remain a focus in schools.

Most schools reported that there was no difference in accessibility of mental health services between the genders or different ethnic groups. In general, they reported that looked after children and young carers tended to have their needs escalated more quickly and the majority of schools had specific pathways in place for these children.



Information sharing between partner agencies

Lack of information sharing between different partner organisations was also highlighted as detrimental to the service that children and young people receive. Information needs to be shared between GPs, TaMHS, CAMHS, GWH, School Nurses and Adult mental health services in order to ensure that the needs of young people are met and duplication of services is avoided. It is key to ensuring that children and young people do not fall through the gaps.

Mental Health Crisis Care Concordat

CAMHS services have signed the Swindon Mental Health Crisis Care Concordat to ensure that the mental health needs of those in crisis are met. This will ensure that the out of hours service is accessible and that other out of hours providers and Ill services are aware of how to access the service. CAMHS has also signed a memorandum of understanding with the Court Liaison and Diversion services to ensure that support is provided for these vulnerable young people. Other issues to improve crisis care include: ensuring seamless pathways between TaMHS and CAMHS; ensuring the appropriate skills mix of CAMHS staff with regard to improving access to psychological therapies; improving partnership working the Great Western Hospital, Children's Services and CAMHS.



Economic evaluation

There is increasing evidence regarding the costs of the four most common mental health conditions: Conduct disorders; anxiety; depression and hyperkinetic disorders. A review by the Centre for Mental Health showed that for all these conditions there are interventions that are not only effective in improving outcomes but also good value for money.

Interventions such as the Family Nurse Partnership programme, Group and 1-1 parenting programmes, school based interventions; whole school bullying interventions are particularly cost effective to treat conduct disorder. Group cognitive behaviour therapy can be very cost effective for the treatment of depression and anxiety.

Residential placements

Although inpatient treatment is commissioned by NHS England there are occasions when residential placements need to be commissioned locally. Such cases are usually very complex and will very rarely only be mental health related – children will have complex social needs and sometimes educational needs as well. In these instances residential placements are commissioned, often within a specialist provision, for example for young people with Eating Disorders, those at high risk of harm to themselves or others or those who have suffered from abuse. Over the past 2 years, whilst the numbers of placements has remained stable, commissioners have noticed an increase in the levels of complexity for young people requiring residential placements, often resulting in very difficult placements searches with most providers not able to accommodate such high levels of need.

Raising awareness and tackling stigma

Throughout the needs assessments stakeholders mentioned the need to raise awareness of mental health issues by providing more information to children and young people, their parents and carers and those providing universal services. In addition some universal service providers thought that they needed additional training in some key areas of mental health particularly self-harm and eating disorders. Young people thought that making CAMHS services more visible may help to tackle stigma and raise awareness.

Transition between CAMHS and Adult Mental Health Services (AMHS)

Reaching the age of 18 years is a challenging time for most adolescents. Those who are under the care of CAMHS at this age can be particularly vulnerable as the transition of care can be unsettling and for some it will mean a transition out of the mental health services that they have been used to. Some young people will not be eligible for adult service and may need additional support with transition into the adult world and where and how they should seek the information and support that they may require.

Next Steps

The findings of this needs assessment will be used to develop a strategy and action plan to meet the recommendations identified. These will be in line with Department of Health transformation plan principles which include improving access to psychology therapies, improving perinatal mental health services and community eating disorder services, bringing education and mental health services closer together and building capability and capacity across the system.

Recommendations

- 1. Address waiting times, access to services and capacity** within children and adolescent mental health services at both specialist and targeted levels. The focus should be on early intervention with the aim of reducing the periods of time in treatment and complexity of cases. This should include a review of the single point of access and joint assessment clinic, alongside the internal CAMHS pathway, capacity and demand review and include the staffing mix and working practice between CAMHS and TaMHS. This should be undertaken by CAMHS and TaMHS in conjunction with commissioners.
- 2. Increase group based provision.** Service providers and commissioners should explore opportunities for increasing group work where possible particularly with regard to treatment for anxiety and depression.
- 3. Raise awareness and training for universal service providers** in conjunction with early intervention. Many stakeholders raised the need for additional training for staff working with children and young people with regard to mental health so that they can gain knowledge and confidence to offer support and can identify children and young people requiring more specialist interventions. This will reduce inappropriate referrals. This would also include the promotion of mental health and wellbeing resources for schools, parents and professionals. These could include national and local resources, sharing of good practice and access to on-line resources.
- 4. Strengthen commissioning** of mental health services undertaken by schools to ensure services are evidenced based, follow best practice guidance and meet the needs of young people. Schools highlighted the need to share best practice.
- 5. Consider the integration of mental health services into local or primary care settings.** In order to make children and adolescent mental health services more visible and accessible, the viability of moving mental health services into community, local or primary care settings should be explored. TaMHS felt that the links into GP practices could improve working relationships and address some of the perceived inequity in their traded service provision. Children and young people also highlighted that they would like services to be more flexible and closer to home.
- 6. Prioritise vulnerable groups.** Ensure access to mental health services for vulnerable children and young people mentioned in this report. This will include sustainable counselling provision through SARC and perinatal mental health needs of those under 18, and those with emergent personality disorder.
- 7. Review residential placements:** A full review of review of residential placements should be undertaken with social care and CAMHS to better understand the increasing complexity of cases requiring residential placements. This work should inform the commissioning of local support services and be fed into any wider work around market development with residential providers.

- 8. Reduce admissions and attendance for Self-Harm.** This will include the continued implementation and monitoring and data review from the established self-harm register, the introduction of information packs and postcard scheme at GWH, the implementation of CCG quality premium and the reintroduction of information sharing between A&E and school nurses. This will be led by service providers, commissioners and public health. An assessment of the requirement for a hospital liaison provision to include a “Responsible Clinician” role at GWH should be undertaken.
- 9. Improve data collection and monitoring information.** A minimum data set for TaMHS needs to be developed, led by TaMHS and Commissioners based on the national minimum dataset as part of transformation plans.
- 10. Strengthen Information sharing and referral pathways** between many services including: GPs and TaMHS, TaMHS and CAMHS, GWH and school nurses, TaMHS/CAMHS and school nurses, adult and children’s mental health services to mention but a few.
- 11. Tackle stigma and raise awareness in children and young people.** Service Providers, Commissioners, Public Health and Children and Young People should work together to raise the profile of Mental Health Services, mental health conditions and resilience.
- 12. Improve the transition from CAMHS to adult mental health services.** Work building on the self-assessment regarding transition from CAMHS to AMHS needs to be developed to ensure the needs of those between 16 and 25 years are met by CAMHS and Adult services in-line with best practice guidance highlighted in this needs assessment. This should include reviewing the transition and access to adult Early Intervention Services for those leaving CAMHS services at 18. This work will be led by Public Health, Commissioners and service providers.

Where to find more information

The full Children and Young People’s Mental Health and Wellbeing JSNA provides much more information on the issues covered by this bulletin (including full references). It can be found on Swindon’s JSNA website:

www.swindonjsna.co.uk

The website includes a range of other documents about health and wellbeing in Swindon. If you have any queries (or would like to contribute to needs assessment activities in Swindon) please contact: jsna@swindon.gov.uk.

This JSNA was led by Frances Mayes (Senior Public Health Manager) with support from other members of the Swindon Public Health and Commissioning Teams. The author would like to thank all the stakeholders who contributed to and gave their time to help inform this needs assessment. Particular thanks to: STEP and the children and young people and their parents and carers, who took part in the consultation.

This bulletin will be reviewed in 2018