

One  Devon

Children and Young People's Emotional Wellbeing and Mental Health Services

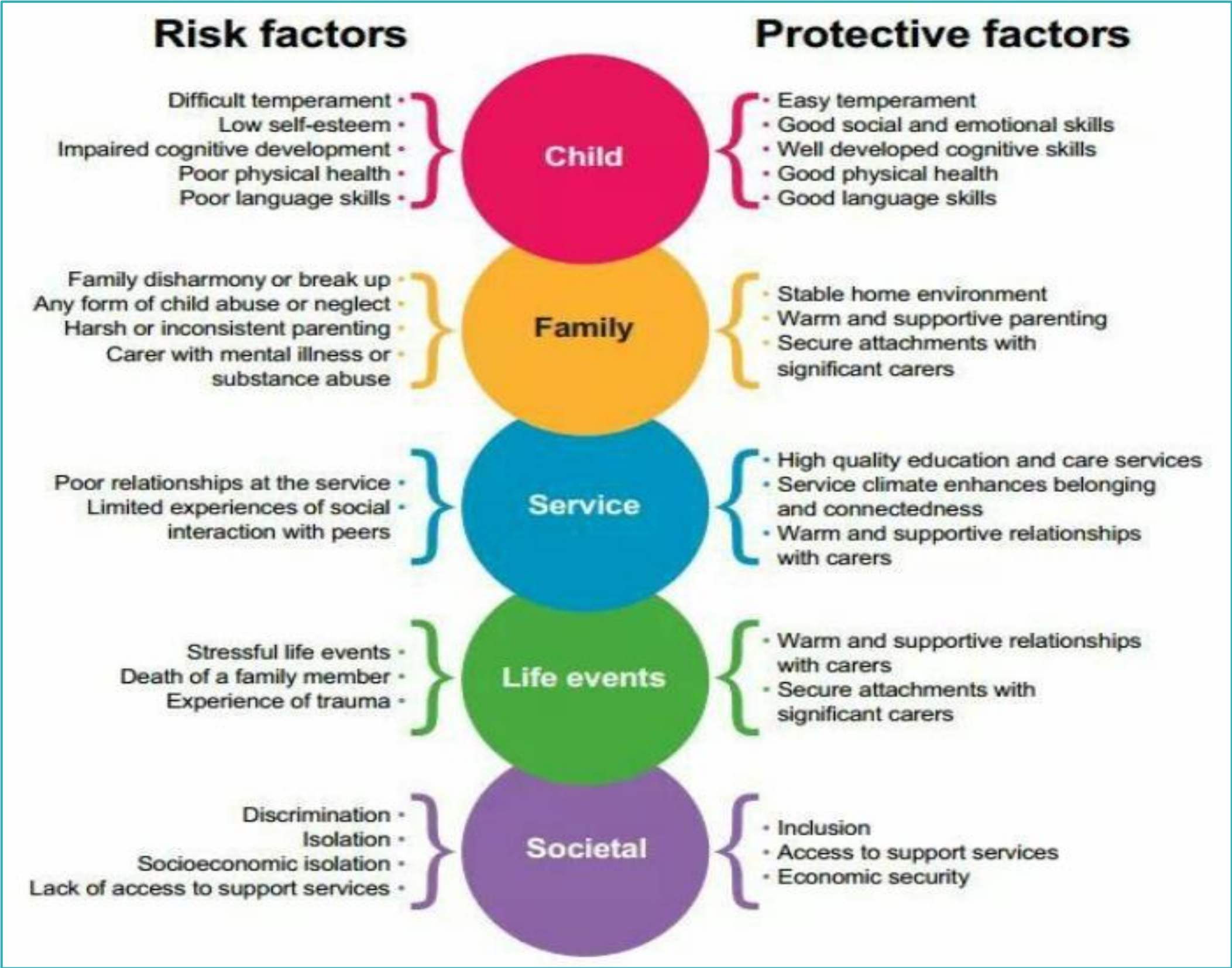
November 2023

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Understanding children & young people’s mental health

- 82% will experience difficult emotional states in their day to day lives or in response to difficult life events
- Most recover well with support from friends and family
- CYP with less resilience or environmental support may need help to recover, from professionals such as teachers, social workers, counsellors, public health nurses, voluntary sector practitioners
- 18% have diagnosable conditions for whom mental health treatment from a trained specialist would be indicated



Demographics

Nationally, 18.0% of 7–16-year-olds have a probable mental health problem and a further 10.8% have a possible mental health problem
In the order of 41,000 children and young people in Devon have a probable mental illness, and, a further 25,000 to have a possible mental illness.

NHS Digital report that the **South West had the 2nd highest regional rate of CYP mental health need** nationally.

NHS Devon, has a number of factors which indicate that the probable incidence of mental health problems in children and young people is greater here than in other areas of the South West. Including:

- **Children and young people in NHS Devon tend to have higher levels of Special Educational Needs (SEN) including Social Emotional Mental Health needs (SEMH);**
 - Devon has the highest level of SEN needs in the region
 - **Plymouth, Devon and Torbay have the highest levels of SEMH need in region** and are in the 2nd, 6th and 7th highest levels nationally
- **Children and young people in some areas of NHS Devon are more likely to be known to social care services.**
 - In the South-West, **Torbay** and Plymouth have:
 - **the highest rates of referral to social care services**
 - **the greatest proportion of children in need**
 - **the greatest proportion of ‘Looked After Children’** (Torbay is 6th highest nationally)
- **Children and young people in some parts of NHS Devon are more likely to live in low-income family and deprivation.** The level of disadvantage experienced by CYP across ICS Devon varies significantly. Torbay and Plymouth have:
 - **15% of children are affected by income deprivation^[1] and the IMD is also the highest for these areas in the South-West** (PHE FingerTips).

CYP mental health prevalence

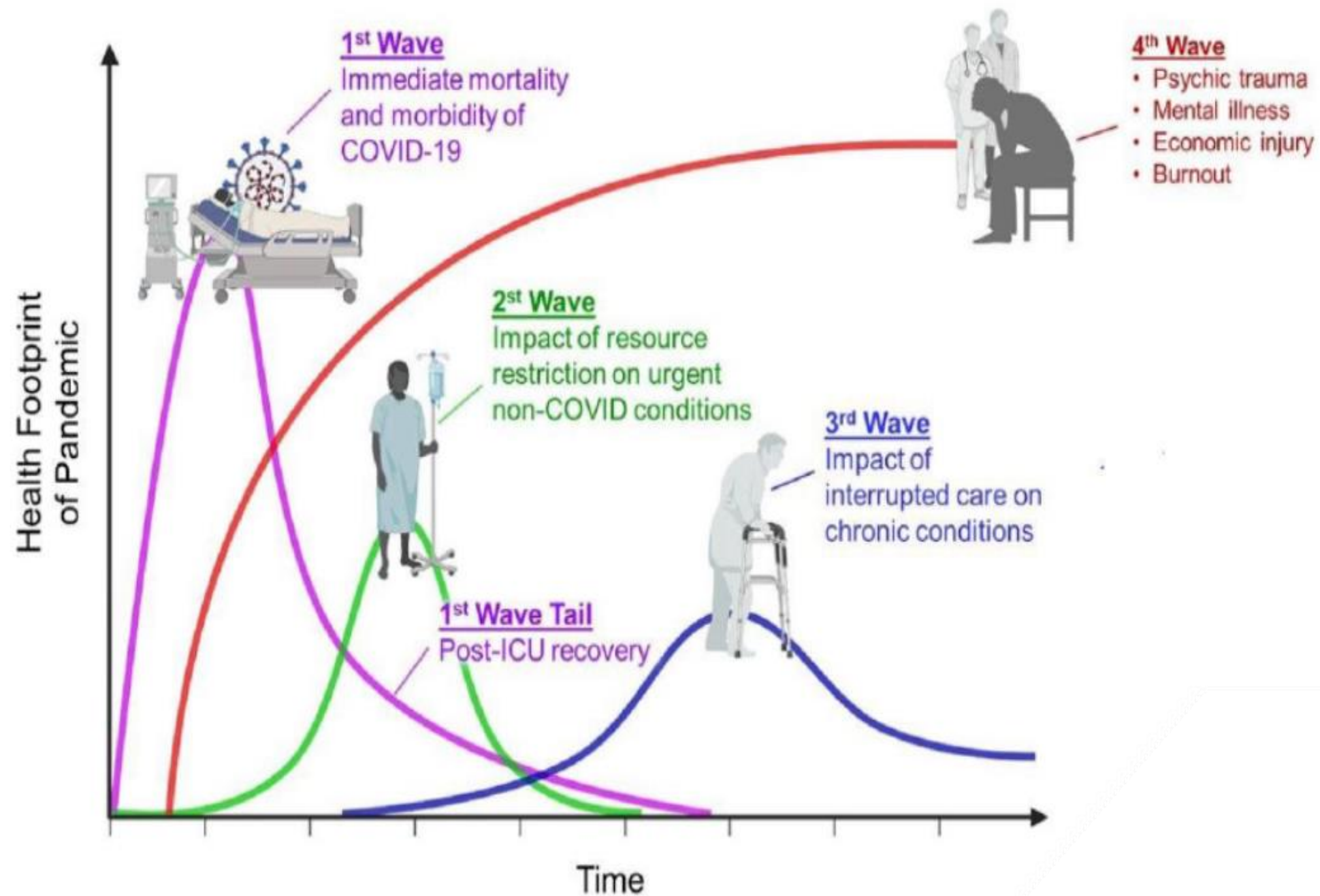
- 50% of mental illness (excluding dementia) is diagnosed by 14 years, 75% is diagnosed by 24 years

Prevalence of any mental disorder in children and young people in England by age and sex, 2022				
	Boys	Girls	All	
7 to 10 year olds	19.7%	10.5%	15.2%	Slight decrease since 2021, boys continue to show a higher prevalence
11 to 16 year olds	18.8%	22%	20.4%	Slight increase since 2021, girls continue to show higher prevalence
17 to 19 year olds	10.2%	33.1%	25.7%	The rise in prevalence in this age is significant (up from 17.4%) in both genders, up from 10.3% in young men and 24.8% in young women since 2021, and more than double the rate in 2017 (10.1%)
20 to 22 year olds	10.2%	28.3%	18.7%	Slight increase since 2021, driven by increase in young women (up from 22.6%)
All 7 to 16 year olds	19.2%	16.7%	18%	Minimal change in this group since 2021, but up from 12.1% in 2017

Source:

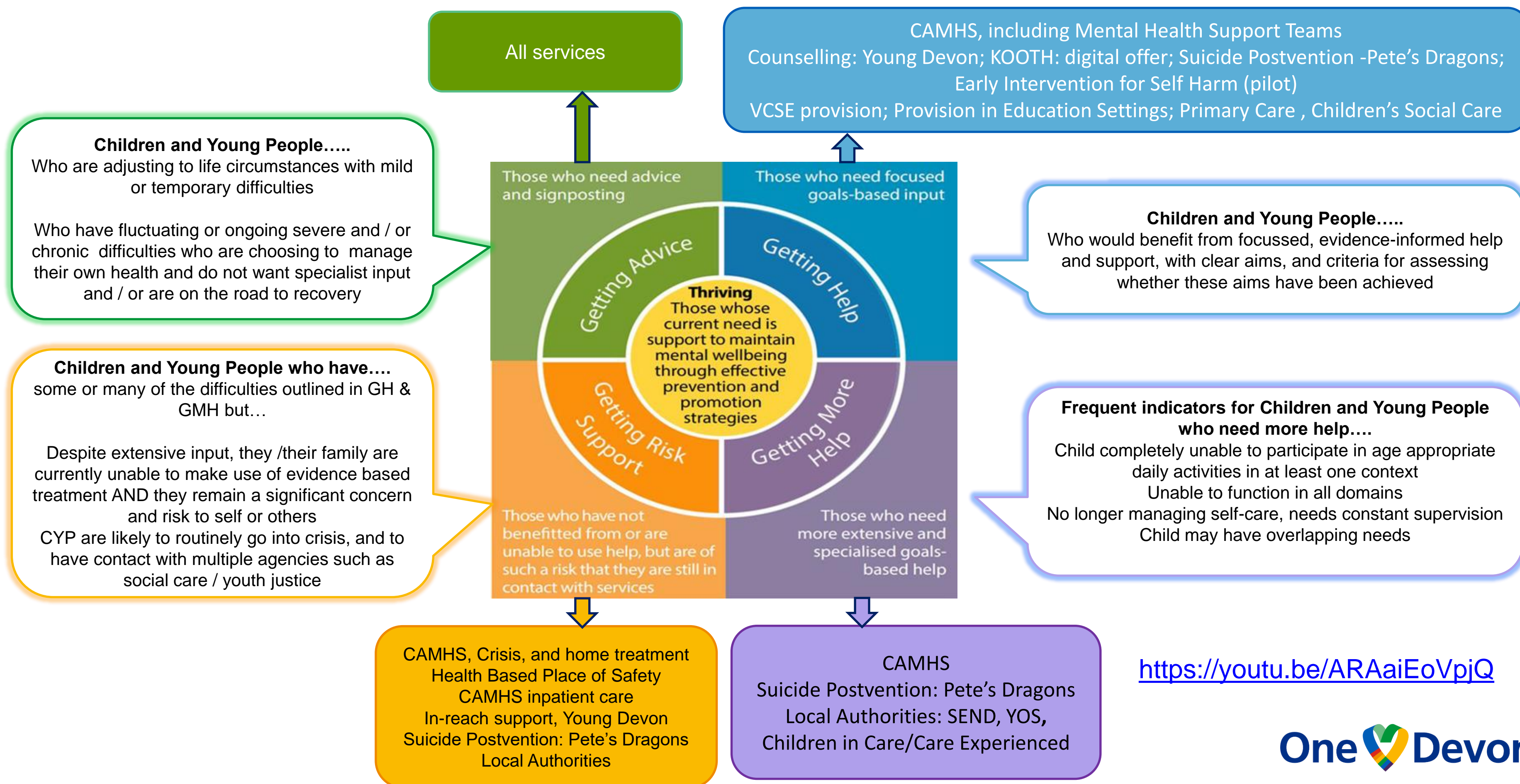
Impact of COVID: What are we expecting?

Experts and Evidence: learning from epidemics and pandemics



- This represents the total health impact of COVID19
- The impact of the pandemic on mental health will extend beyond the direct impact of the pandemic
- Total mental health need will also be influenced by factors like social isolation and, potentially economic depression
- ‘Children will be living in the ‘long shadow’ of the pandemic for the next two decades...’
- The long-term, ‘devastating impact’ the pandemic had on children’s mental and physical health was compounded by policies that had left millions of families struggling to survive even prior to February 2020.’ *Anne Longfield England’s Children’s Commissioners evidence into COVID Inquiry*

CYP Mental health is everyone's business: need and local provision



Principles of THRIVE framework

- Provides set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families. In Devon, the framework is being applied to the Cfhd integrated physical and mental health service.
- The Framework is needs-led. This means that health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways
- The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings:

Needs-Led

Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need (at any one point, what the plan is and everyone's role within that plan). Fundamental to this is a common understanding of the definitions of needs-based groupings across the local system

Outcomes-informed

Clarity and transparency from outset about children and young people's goals, measurement of progress movement and action plans, with explicit discussions if goals are not achieved. • Discuss the limits and ending of interventions. • Differentiate treatment and risk management. • Consider full range of options including self or community approaches.

Accessibility

Timely advice, help and risk support available

Partnership Working

Effective cross-sector working, with shared responsibility, accountability, and mutual respect based on the five needs-based groupings

Reducing Stigma

Ensuring mental health and wellbeing is everyone's business including all target groups

Common Language

Common conceptual framework (five needs-based groupings: Thriving, Getting Advice, Getting Help, Getting More Help, Getting Risk Support) shared across all target groups

Shared Decision Making

Voice of children, young people and families is central. Shared decision-making processes are core to the selection of the needs-based groupings for a given child or young person

Proactive Prevention and Promotion

Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build on their own strengths including safety planning where relevant.

THRIVE based provision

- Working across sectors and with the community and voluntary sector needed to ensure full spectrum of skills and support
- Understanding where CYP feel most comfortable getting support is essential;
 - 53% in health services e.g. GP, clinic or hospital
 - 37% education setting
 - 35% online
 - 34% on the phone
 - Older CYP: feel most comfortable accessing support in health settings
 - Younger CYP who are more likely to report feeling comfortable in an education setting

Children and young people's mental health workforce strategy 2019 (pre pandemic)

National Context: funding

- Between 2006/7 and 2012/13 the proportion of NHS spend on CYP MH fell. In 2012/13, NHS expenditure was 6% of the total spend on mental health (*Future In Mind 2015*).
- In 2020, on average, the NHS spends £92 for every child and £225 for every adult. This equates to circa one third of spend. While noting that a higher incidence of ill health among adults drives some of these higher costs, it does not explain such a wide divergence (*State of Children's Mental Health 2020*)
- Across the South West region, in 21/22, 7% of the total NHS mental health spend was spent on CYP MH: £95 per capita (*NHSE Benchmarking 2022*)
- Total public spend on CYPs has fallen by 10% since 2010/11; with spend on prevention and early intervention reduced further as increased proportion spent on acute care (*State of Children's Mental Health 2020*)
- In 2018, 50% of England's entire Children's Services budget was spent on 73,000 Children in Care; leaving remaining 50% for remaining 11.7m CYPs (*State of Children's Mental Health 2020*)
- The return on investment is formulaically higher for 0-25 year olds than adults because the time horizon for reward is longer (*Future in Mind 2015*). Childhood and adolescence is time in which there is a degree of plasticity in the brain which means it is a window in which treatment can be effective, preventing the need for long term use of adult mental health services

Local context

- Short term funding and contractual arrangements impacts upon sustainability of services
- Financial challenged position across system - Health, Education and Local Authorities - need to ensure that collectively decisions and aligned impact are understood
- As observed in other financially challenged systems, 'must dos' become the drivers with limited capacity for prevention and early intervention
- Long Term Plan commitment: Children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending: there is a need to consider how this can be achieved, in the context of the financially challenged environment and increased demand and acuity across the whole of the mental health system and wider system.

CFHD transformation and service improvement

- Changing from a set of individual healthcare specialties across Therapies, Nursing and CAMHS to a model of integrated mental health and physical health; service is currently in mobilisation stage

What will be different?.....

- New service will have integrated , multi-disciplinary, needs-based, with evidence-informed pathways, designed by clinical leaders, as follows:
 - Speech , language and Communication
 - Physical and Sensory
 - Children’s Community Nursing
 - Specialist Learning Disability
 - Eating Disorders
 - Neurodiversity
 - Mood, Emotions and Relationships
 - Addressing Adverse Childhood Experiences (ACE) (including CYP in care)
 - Early Child Development
 - Urgent Care
 - Mental Health in Schools Teams
- Single Point of Access, daily clinical triage and screening appointments, multi-disciplinary assessments – to enable clinical decision making earlier in the pathway
- Patient journey structured according to the Thrive Framework
- Care coordinated across clinical pathways so that children with multiple needs have their care and treatment coordinated by a ‘health team around the child’
- New website developed by multi-award winning designers, with library of self help resources, service information, referral forms, access criteria
- Neurodiversity pathway with therapies and mental health clinicians so that children with mental health conditions alongside their neurodivergence receive their treatment from one team

Specialist Community CAMHS - Torbay

Range of mental health need	Cfhd Provision
Acute mental health needs	Crisis assessment, including Mental Health Act assessment, intervention, support, assertive outreach and home treatment
Moderate to severe / enduring mental health needs	Evidence- based, outcomes informed mental health assessment and treatment
Mild to moderate mental health needs	Mental Health in Schools Teams providing evidence-based group and individual interventions for CYP and parents/carers; consultation to staff; whole school approaches to supporting good emotional health
Vulnerable children Including Child in Need, on Child Protection Plans, in care	Collaborative working with Children's Social Care including: Joint assessments Specialist mental health consultations Evidence Based Nurturing Attachments Training Fostering Relationships Programme Reflective Practice Groups Specialist foster carer support groups Case discussion groups Attendance at panels / meetings

Clinical Workforce

Torbay locality team: 25 wte

County-wide teams. Pro-rata Torbay:

21 wte Mental Health Support Teams

11 wte Eating Disorders

15 wte Urgent Care (extended hours, crisis, home treatment, assertive outreach)

Multi-disciplinary teams, comprising:

Psychiatry

Clinical Psychology

Family & Systemic Psychotherapy

Child & Adolescent Psychotherapy

Mental Health Nursing

Occupational Therapy

Social Work

Mental Health Practitioners

Assistant Psychology

Community Wellbeing Practitioners

Education Mental Health Practitioners

Determining the right service for a child / young person

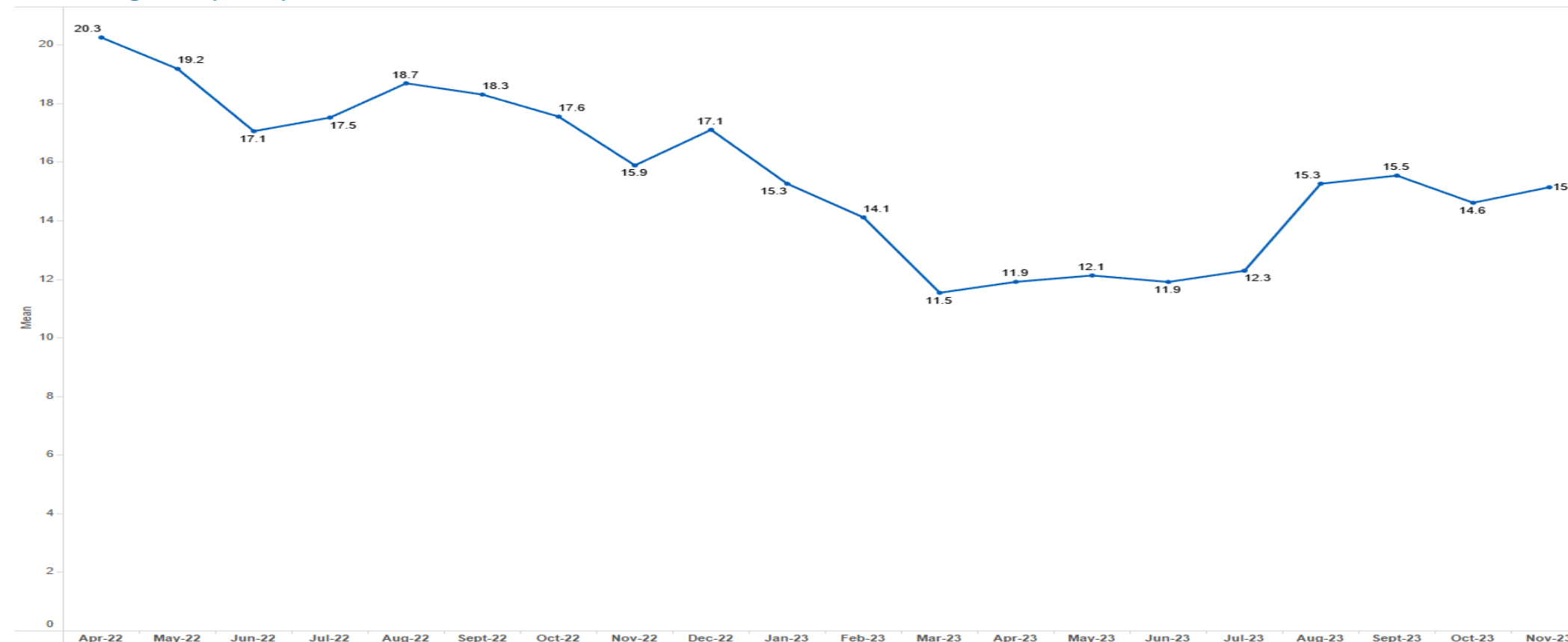
When children / young people are referred to CAMHS, decisions about how best to meet the child's needs are determined by considering the following:

- Mental health symptoms
- The duration of the difficulties
- Complexity and protective factors ; The complexity factors for children / young people in care, is weighted in recognition of their vulnerability
- Impact on functioning.

Torbay CAMHS: data provided by cfhd

- 1,116 children and young people accessed CAMHS in 2022/23
- 2022/23 1,145 referrals were received, 644 of which were accepted for an assessment (54% acceptance rate). Children not requiring specialist mental health treatment, are given evidence based advice and / or signposted to appropriate services
- The trend in waiting times is downward; there has been an increase since August, in line with an increase in referrals. Work is ongoing to reduce waiting times further
- During 2023/24 the average number of children waiting to be seen each month is 89, 55% of whom wait for 18 weeks or over to be seen

Mean Waiting Times (Weeks)



SEND:

- Children and young people with SEND needs are seen in all Cfhd services
- The timeliness and QA of Cfhd contributions to EHCPs is subject to improvement work. Performance is improving: 67% in Oct returned within 6 weeks. New SEND post established

NHS Long Term Plan Priorities

Improving CYP access to mental health provision

Additional funding made available nationally to support the expansion of access to mental health care, in the following areas:

Access to mental health support

- NHS Long Term Plan: to increase number of CYP accessing service
- For 2023/24, nationally set access target for Devon ICB: 15 754 of under 18s receiving at least one contact from an NHS funded service
- As of September 2023, local data indicates that Devon ICB is on track for delivery of national target

Access to Eating Disorder services

- Since the pandemic, eating disorder and disordered eating presentations have increased in numbers, acuity and complexity.
- National waiting standard: 95% of urgent referrals to be in receipt of treatment within 7 days and 4 weeks for routine referrals. Local performance data shows target met for urgent referrals; with routine referrals at 75%

Access in a mental health crisis

- National ambition to ensure CYP have access to support in a mental health crisis
- 24/7 crisis advice line
- Mental health crisis assessments and brief response: 9am – 10pm 7 days a week
- Intensive Home treatment: 9am – 10pm 7 days a week
- Crisis text line in development: for those with Hearing Impairment is available.

Improving CYP access to mental health provision

Mental Health in Schools Service (MHST)

Funding has been made available in waves. Nationally allocated with local decision re location. In Torbay there are 21 staff, covering 20 schools and 15,000 school. Torbay has two MHSTs: First team operational September 2020; Second team: September 2022

Coverage: 77% coverage of eligible CYPs in Torbay

Accepted referrals:

447 ; supported a further 382 digital interventions;
Total referrals across the pathway: 939

7 secondary schools

12 Primary Schools

Paignton Academy
Brixham College
Torquay Boys Grammar
Mayfield School (Specialist)
The Spires College
St Cuthbert Mayne School
Torquay Academy
South Devon College

Kings Ash Academy
Curledge Street Academy
All Saints Babbacombe C of E Primary School
Shiphay Learning Academy
Torre C of E Academy
Watcombe Primary School
St Marychurch C of E Primary School
Furzeham Primary School
Sherwell Valley Primary School
Wolborough CoE Primary School
Roselands Primary School
Oldway Primary School

1 Specialist School

Number of parent/carer workshops:	22 workshops – 410 parents
Number of education staff workshops/training:	322 workshops – 1066 education staff
Number of consultations:	242- consultations
Number CYP workshops:	270 workshops- 4071 CYP
Number of CYP accessing 1-1 interventions:	939 young people

Improving CYP access to mental health provision

Mental Health in Schools Service (MHST)

Child and young person focused support:

- 1-1 CBT interventions- 9 individual options
- Group interventions
- Decider skills groups
- Understanding and managing low mood workshop
- Exam stress workshop
- Resilience and dealing with change workshop
- Sleep hygiene workshop
- Participation and engagement (Mental Health Ambassador training) + refresher/top-up
- Understanding and managing anxiety workshop
- Transition workshop
- 10 a day workshop
- Assemblies
- Stands at sports days
- Bullying workshop- in development
- Body confidence workshop
- Drop in sessions
- Digital offer of Lumi Nova (primary) SilverCloud (secondary)

The offer

Parents/Carers support:

- Understanding children's mental health
- Supporting transitions
- Understanding and managing anxiety workshop
- Parents evening stand/ transition stand / open evening
- 10 a day workshop
- Supporting your child through exam stress
- 1-1 and group parent-led interventions
- Introducing MHST workshop
- Coffee mornings

Education staff support:

- Staff awareness of mental health workshop
- Introduction to our service
- Time to reflect supervision space
- Consultations
- Spotting burnout and stress reduction workshop
- General Staff Wellbeing and 10 a day workshop
- Promoting a mentally health environment
- Exam stress support workshop

Improving CYP access to mental health provision: MHST

Thank you so much for this term. It is our first full term working with you and I am so happy with how it is going so far. Really positive steps made with young people and families. Thank you for the consultations and the opportunity to ask your opinion on mental health issues. I think it is important that you know how much we value you already.

I have to say you are so caring, professional, thoughtful and amazing at your job. We have been so impressed with the way you go about everything. We feel very blessed that you are helping our son. You are a natural at what you do and I know you have and will continue to have a massive positive effect on the lives of so many young people. Brilliant, well done and thank you.

We are so very grateful to her and feel that her amazing dedication should be recognized. I think our journey with my daughter's mental health would have been very different had we not had X fighting for us and generally being someone, we could rely upon at a very difficult time.

I just wanted to say a massive thank you for everything you have done to help me, it's changed the way I live my life.

Service User feedback

It was so nice to have someone who was there for me and understood what I was going through.

I just wanted to pop you an email to say thank you so much for all of your help and support for our children, families and staff at X this term. We really do appreciate your support, flexibility, caring nature and adaptability when meeting the children's (and our) needs.

Thank you for all of your help over these past few months, I really appreciate the support you have given, I wouldn't have been able to get as far as we have without your help, it has been a real pleasure to work with you & can't thank you enough 😊

Huge thank you, I received your letter today and I am amazed at how quickly you have got to know X, you are obviously extremely good at your job, CBT intervention is exactly what X needs and as a parent I am extremely grateful.

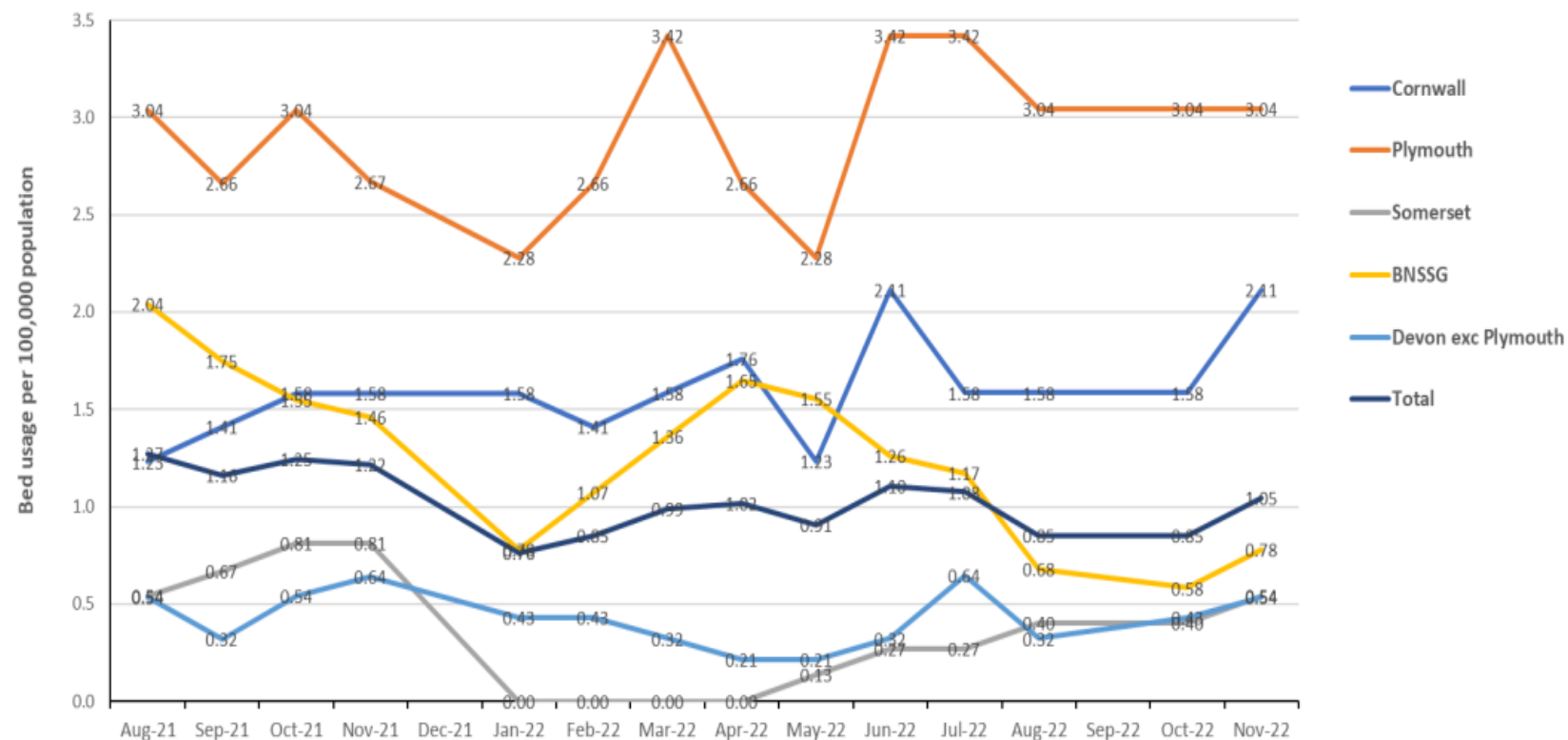
You've really supported us during a tough time and you've made a huge difference in X's life.

Children/young people with acute mental health needs

This cohort of young people include those who present with self-destructive behaviours, suicidality, and acute mental health conditions e.g. early onset Psychosis, acute Obsessive-Compulsive Disorder or Eating Disorders. For some, these acute mental health conditions can be made more complex by the existence of a neuro-diverse condition

- Range of interventions available - emergency or rapid response assessment, care, crisis support, risk management, home treatment and intensive psychological or pharmacological intervention
- Evidence indicates that young people's outcomes are better when they remain in their communities. Service supports through the crisis, aims to prevent inpatient admission, helps to stabilise young people and provide treatment
- 14.3% of CAMHS inpatients are from the Torbay LA area.
- Devon has a very successful track record of young people's high risk mental health needs being managed close to home:

South West region comparison



Early Intervention for Self Harm

- Pilot in The Spires: delivered by the Children's Society
- Practitioners work within and as part of school setting
- Evidence indicating that the severity and frequency of self harming behaviours is reducing
- Further evaluation being undertaken with University of Exeter.

Feedback from the young people..

“DBT helped me learn how to control myself a bit more. I never used to have any self-control really. I was a bit all over the place and DBT has helped me find myself a bit and it's helped me learn who I am a bit more. I can't find the words. It's just helped me to learn how to gain control with myself rather than let myself go wild.”

“Recently, I've been having a few fights with my friends, and I would usually just lash out and get really emotional and angry but, instead, this time, I sat down with my friend and we had a proper talk about it. And, yes, I was emotional, because I'll be still a bit angry and I pointed that out. So, I was like, ‘You've really annoyed me, you hurt me, and you've broken my trust’. But before I would've just lashed out. But now I've learned how to rein it in, be calm and still put my point across and still be emotional, but do it in the wiser way.”

“I feel more comfortable now. I feel like I'm in a better place than I was. Even if I do have my ups and downs, but everyone has their ups and downs, no one has every perfect day. No one has only stupidly bad days. There are always going to be at least in-betweens.”

In reach pilot

- Youth workers located in the community
- Work with young people who have presented to District General Hospitals with high levels of emotional distress who also have neurodiverse needs
- 90 CYPs have been supported across Devon ICS footprint in the last 12 months
- Flexible use of personal budgets has supported self-management

The early impact of the In Reach service is positive and transformational for some young people. The service seems to be effectively supporting children and young people, with indications that it is meeting outcomes such as supporting improvements of young peoples' psychological pathways and their social interactions, increases in the activities they take part in and engaging in healthier lifestyles.

University of Marjon: evaluation 2023

Case studies: personal budget feedback.

YP really enjoyed making pancakes. Seeing him smile a few times is great as normally he can be so tired and zoned out that this doesn't happen.

I showed Jayden how to do each step and then he copied me as we made two batches. He ended up making pancakes for both of us, even flipping them. It was clear to see his confidence grow as he went through the process.

He also realised a pancake didn't need to be a perfect circle after he tried to tip the frying pan to spread out the mixture. When I told him, it doesn't matter, he visibly relaxed as it gave him permission to not worry about trying to meet a certain standard.

YP then washed up and I dried. We put the leftover in the fridge so he could make pancakes later. I also asked whether he could do pancakes on his own in the week and replied yes. He said, *'they tasted like a 7 which is pretty meaningful as my KFC is a 10!'*

This opportunity was great for YP and Youth Worker to explore his relationship with food. He does love making and eating food, but it is apparent that the eating bit is not the issue, it's preparing healthy options and working out what to do. We spoke about jacket potatoes so we will continue to use the rest of the budget to try new food ideas.

Current issues

- Continued increase in number of referrals for diagnostic assessments; demand is at an all time high
- High numbers of children waiting across community ASD and Community Paediatrics within the Devon system. At present, the system is not resourced to manage the demand for neurodiversity diagnostic assessments.
- There is a gap in early needs-based support and this drives referrals for diagnosis
- Complexity of needs mean that assessment process is longer: in Torbay 60% are considered complex when compared to rest of Devon 30% complex.

Transformation: what is changing and why?

- **Families tell us they need an integrated assessment pathway, so they don't have to navigate between services**
We're developing an 'Integrated Neurodevelopmental Assessment Pathway Proposed Practice Framework' - written and agreed and presented to the Parent Expert Reference Group
- **Parents say they have to battle to get an assessment:** We're trialling the streamlined Request for Assessment Paperwork – co-produced with service users.
- **Parents tell us they need more support whilst waiting for an assessment:**
 - New 'Navigation Key Worker' roles developed but it is proving challenging to recruit
 - Library of resources (websites and contact details for local, regional and national support for families and autism) ready to be published and promoted.

Neurodiversity cont.

- Torbay SEND Graduated Response toolkit for Neurodiversity developed and launched which provides a useful source of information for people working in schools as well as families.
- First Steps project between TSDFT and Parental Minds offering peer support for those waiting for a Community Paediatrician appointment. A Child Development App has also been developed providing information for families.
- Needs assessment and workforce mapping has been completed for speech, language and communication needs which will be used to inform addressing the gaps in early provision
- Initial discussion between commissioners, providers and parent representatives to look at developing an Autism Parent Programme.
- Autism in Schools project commenced in September 2023 offering secondary school senior leaders Autism Education Trust accredited training modules.
- Expert Reference Group of parents established form across Devon Torbay and Plymouth.

Autism Spectrum Condition and mental health

Current services are organised so that children are seen by one team when they undergo a diagnostic assessment for ASD and another (CAMHS) when they access treatment for a mental health condition. Children with ASD currently receive treatment from CAMHS only when they have a treatable mental health condition. We acknowledge that having separate services is unhelpful to children and their families.

In the new cfhd service model, mental health and therapies professionals will work as one team so that if children have a mental health needs they can receive their interventions from one team. The new pathway will provide:

Diagnostic assessments for:

- Autism
- ADHD with co-morbid complex mental health condition/s
- Tic Disorders and Tourette's with co-morbid complex mental health condition/s

Co-morbid sensory, physiological and speech and language conditions may be assessed as a part of the MDT assessment for the above.

Treatment for:

- Evidence-informed treatment for ADHD following diagnosis e.g. behaviour intervention group and / or pharmacological treatment
- Evidence-informed treatment for severe/ complex mental health condition/s comorbid with neurodiversity, where the C/YP's presentation is such that the intervention needs to be provided by a neurodiversity specialist
- Pharmacological treatment for ADHD, including shared care arrangements with GPs

Getting it Right First Time (GIRFT)

- Getting It Right First Time (GIRFT) is a national programme designed to improve the treatment and care of patients through in-depth, clinically led reviews of services, using benchmarking, and presenting a data-driven evidence base to support change
- GIRFT to explore variations across support understanding of outcomes or 'difference' made by mental health services to CYPs.
- This is across the entire provision of mental health funded services.
- Output anticipated end of March 2024.

Summary

- Prevalence and acuity of CYP mental health is increasing, significantly since the pandemic. Numerous risk factors adversely impacting on children's mental health
- Nationally funding for CYP mental health is 8% of the total mental health spend
- As observed in other financially challenged systems, 'must dos' become the drivers with limited capacity for prevention and early intervention
- Increasing numbers of CYP accessing emotional wellbeing /mental health services
- Examples of innovation and good practise across Torbay

Key Messages

- Children's emotional wellbeing and mental health is everyone's business
- System response is required to maximise resources, responsiveness and effectiveness
- More work to be done to increase efficiency to make optimal use of resources to reduce waiting times, which are too long
- Targeted investment in early intervention (MHST), eating disorders and crisis
- cfhd's new service model will address many current issues facing families in accessing care and treatment, by integrating care for children with multiple and complex needs