

Emotional well being and mental health strategy for children and young people 2014 -2016



The stakeholders working in partnership include:

Service User forums • Cambridgeshire & Peterborough Clinical Commissioning Group • Local Commissioning Groups
• Cambridgeshire County Council including Public Health • Peterborough City Council • Voluntary and Community
Sector Organisations • Health Providers • Schools

INTRODUCTION

This document outlines the strategic priorities for promoting and improving the emotional wellbeing and mental health for children and young people (C&YP) in Cambridgeshire and Peterborough between 2014 and 2016 within current resource. It adopts a broad definition of Children's and Adolescent Mental Health, recognising that having good mental health contributes to the overall emotional health and wellbeing for children and young people. Good mental health is important in helping to strengthen families, improve educational attainment and enable social engagement and participation.

The strategy provides a collective vision for Cambridgeshire and Peterborough (including Borderline counties) to support the leadership and direction required to address the emotional and mental health needs of its children and young people's population over the next two years within an environment of reduced funding and resources. This strategy responds to the Health & Wellbeing Board Strategies for both Cambridgeshire and Peterborough and will inform planning and commissioning of system-wide mental health services and offer guidance of good practice. The strategy is for all children and young people and their families in Cambridgeshire and Peterborough, from conception to their 18th birthday or their 25th year if disabled or have complex needs. Our Strategy recognises the importance of supporting and equipping parents and families, where appropriate, to support their children and young people with mental health and wellbeing needs.

It has been contributed to by all stakeholders with an interest in promoting, improving and supporting the emotional wellbeing and mental health of children and young people. It takes into account the views of children and young people, their families and carers and builds on the good practice already provided locally.

The stakeholders working in partnership include:

- Service User forums
- Cambridgeshire & Peterborough Clinical Commissioning Group
- Local Commissioning Groups
- Cambridgeshire County Council including Public Health
- Peterborough City Council and Borderline partners
- Voluntary and Community Sector Organisations
- Health Providers
- Schools and colleges

The benefits of working in partnership and involving different organisations increases the likelihood of the strategy's success; the blend of statutory and voluntary sectors working together creates synergy while each organisation moves towards the shared goals and purpose.

This strategy has been developed during a time of unprecedented change and significant financial challenge within the education, health and social care systems. Our picture of local need highlights emotional and mental health as an area of high priority and there is a need for a more integrated and collective approach. The strategy seeks to build capacity of provision and expertise across the workforce in order to address

identified need in a timely and appropriate manner. It aims to demonstrate that the emotional wellbeing and mental health of children, young people and their families is everybody's business and through working together will result in a more efficient use of resources; to provide the right intervention at the right time, to the right people.

The establishment of a Strategic Emotional and Mental Health group will oversee the delivery and implementation of the strategy. Members will include partners from both the Statutory and Voluntary Community Sector, schools and health providers while mechanisms will be put in place to ensure engagement with children, young people and families. This strategic board will report to the Children's Trust board and the CCG.

The strategy has been out to consultation and has received responses in each of the areas (Cambridgeshire and Peterborough) from a variety of organisations, parents and young people. These responses have been incorporated into the revisions of the document.

OUR VISION

The emotional wellbeing and mental health for children and young people is a key priority across Cambridgeshire and Peterborough. All children and young people are entitled to access learning opportunities to develop knowledge, understanding and the skills necessary to have good self-esteem, develop resilience and build positive relationships.

Our vision is that services for children, young people, parents, carers and families work together effectively from the earliest opportunity to deliver the right service to the right person in the right place at the right time.

Services provided should be based on our evidence of what works, should be high quality and accessible, irrespective of the level of need or who is delivering the service. Children and young people should be involved in the development and delivery of their services.

Cambridgeshire and Peterborough are committed to making this happen for our children and young people.

Our vision for Cambridgeshire and Peterborough is closely aligned with the national strategy 'No Health without Mental Health' (2011) which sets out the following key aims for all partners in the children's sector.

- Promote emotional wellbeing and mental health for all children and young people
- Work with and support families improve the life outcomes for children and young people with emotional wellbeing and mental health needs;
- Strengthen prevention and early identification of need by improving knowledge and skills of the workforce;
- Operate as part of a life course care pathway which adopts a 'whole family approach' and improve mental health through pregnancy, infancy, childhood, adolescence and parenthood;
- Deliver a balance of evidence-based prevention, early intervention and treatment services through a stepped care model;
- Provide services that are easily accessible non stigmatising and user led;
- Be underpinned by aligned/joint commissioning of value for money services and rigorous performance monitoring;
- Provide a level of protection and prevention to children and young people where there are safeguarding implications;
- Provide appropriate support, interventions and a positive outcome for the most vulnerable and their families; for example, children and young people subject to a child protection plan, in care or leaving care, young carers, youth offending, with a disability or complex needs;
- Improve physical health throughout life for children and young people with emotional wellbeing and mental health needs;
- Ensure that children, young people and their families have a positive experience of the support and care being provided;
- Promoting consistent and sustainable support by providing one main point of contact to build trust and strengthening the lead professional role and protocols following guidelines in relation to information sharing and confidentiality;
- Reduce avoidable harm suffered by children and young people; and
- Reduce the stigma and discrimination experienced by children, young people and their families.

EXECUTIVE SUMMARY

Nationally around 1 in 10 children and young people aged 5-16 suffer from a diagnosable mental health disorder. Meeting the mental health needs of children and young people must be amongst the key priorities for the public sector and that the scale of their needs is far greater than could be met by any one agency acting alone.

Cambridgeshire and Peterborough both have growing child populations and there is evidence locally that needs are increasing and that young people in vulnerable groups or living in deprived areas are experiencing worse outcomes.

Children, young people and families have told us that they want ***the help they receive to be better coordinated, to be available when they need it and to be easier to access within community settings***. They have also asked us to close the gaps in services in different parts of the county or for different types of need.

These are significant challenges and this strategy sets out how we will respond together. It builds on the strengths we have amongst existing services and partnership arrangements but aims to be clear about where we need to go further. Supporting ***mental health is everyone's business*** and this principle is at the heart of this strategy. We want to build knowledge and skills across the public sector of how to help people with their mental health and set out the roles all organisations can play, working together.

This strategy includes a focus on ***widening, coordinating and enhancing the range of early intervention mental health support available***. Specialist mental health services will rightly focus on those people with the most complex needs but across the system we are committed to provide support at all levels of mental health need. This will include ***making the most of the potential and expertise within the voluntary and community sector***, coordinating their support as a complement to statutory services and making integrated commissioning decisions about the use of our resources.

The specific areas for action we have identified are;

- 1. Mental health support will be everyone's business, all partners will understand the role they can play and support will be co-ordinated, integrated, evidence based and cost effective.**
- 2. Our commissioning of mental health services will be outcome-focused, maximising the capacity of statutory and voluntary sector organizations.**
- 3. There will be clear pathways of care across agencies, with the right level of expertise and a shared professional knowledge**
- 4. Services will be available for all levels of need, maximising the opportunities for early intervention and prevention, whilst also providing for those with severe and enduring mental health problems**
- 5. We will ensure children and young people's mental health needs are identified early and support is easy to access and prevents problems getting worse**
- 6. Standardised principles of practice will be adopted across all organisations**

WHAT IS THE IDENTIFIED NEED?

Key National Statistics:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class at any one time (1)
- Between 1 in every 12 and 1 in 15 children and young people up to the age of 25yrs deliberately self-harm (2) and around 25,000 are admitted to hospital every year due to the severity of their injuries.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Estimates vary, but research suggests that 20% of children have a mental health problem in any given year, and about 10% at any one time. (Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding The Lifetime impacts, Mental Health Foundation, 2005)
- Rates of mental health problems among children increase as they reach adolescence. Disorders affect 10.4% of boys aged 5-10, rising to 12.8% of boys aged 11-15, and 5.9% of girls aged 5-10, rising to 9.65% of girls aged 11-15. (Mental Disorder More Common In Boys, National Statistics Online, 2004)

Sources of data

There are a number of sources available in determining the levels of needs of children and young people in Cambridgeshire and Peterborough relating to emotional wellbeing and mental health. The key documents are the 'Joint Strategic Needs Assessments' for Cambridgeshire and Peterborough. A Joint Strategic Needs Assessment (JSNA) is the means by which CCGs and local authorities describe the future health, care and wellbeing needs of the local populations and to identify the strategic direction of service delivery to meet those needs.

This section sets out the key identified needs contained in the Cambridgeshire JSNA and Peterborough needs assessment, as well as national statistics that can be drawn on in order to identify likely levels of local need. A full summary of the findings of the two documents is contained in Annex B, and the Cambridgeshire findings are also available from www.cambridgeshirejsna.org.uk. It also reflects the findings of the Health Related Behaviour Survey, conducted every two years with Year 8 (13/14 year olds) and Year 10 pupils (14/15 year olds) in Cambridgeshire secondary schools.

SOURCES

1. Green, H., McGinnity, A., Meltzer, H., et al. (2005). Mental health of children and young people in Great Britain 2004. London: Palgrave.
2. Mental Health Foundation (2006). Truth hurts: report of the National Inquiry into self-harm among young people. London: Mental Health Foundation
3. Fox, C. & Hawton, K. (2004). Deliberate self-harm in adolescence. London: Jessica Kingsley Publishers.
4. Kim-Cohen, J., Caspi, A., Moffitt, TE., et al (2003): Prior juvenile diagnoses in adults with mental disorder. Archives of general psychiatry, Vol 60, pp.709-717

Population and prevalence

Cambridgeshire and Peterborough have growing child populations. There are approximately 136,000 children and young people under the age of 19 living in Cambridgeshire; this number is expected to rise by 3.9% by 2016, and by 10.3%, by 2021. In Peterborough there are approximately 48,400 children and young people under the age of 19; this number is expected to rise to 54,521 by 2021.

Overall, Cambridgeshire children and young people have a generally better level of wellbeing than the England average; although there are parts of the county where children and young people experience worse outcomes. Fenland is ranked 251 out of 354 local authorities. In Peterborough there are relatively high levels of deprivation. Around 1 in 4 children in Peterborough live in poverty and this figure is expected to rise. National prevalence data suggests that in Cambridgeshire and Peterborough there are approximately 17,865 children and young people up to the age of 16 with mental health problems - 13,000 in Cambridgeshire and 4,865 in Peterborough. These will be distributed across different age groups as follows:

Age group	Cambridgeshire*	Peterborough	Total
Under 5	5,000	2,185	7,185
5 – 16	8,000	2,680	10,680
Total 0 - 16	13,000	4,865	17,865

* note that the Cambridgeshire JSNA also included young people aged 16 – 17, removed here. There were a total of 1,275, bringing the total number of children and young people with mental health problems in Cambridgeshire up to 14,275

These are likely to be broken down into the following categories of disorder:

Disorder type	Cambridgeshire	Peterborough	Total
Emotional disorder	3,100	1,030	4,130
Conduct disorder	4,800	1,605	6,405
Hyperkinetic disorder	1,200	425	1,625
Less common disorder (e.g. autistic spectrum disorder)	1,100	380	1,480

This prevalence is greater than the capacity of current services; and there is evidence of unmet need. Between 2010/11 and 2011/12, the rate of children and young people admitted to hospital for self-harm in Cambridgeshire under the age of 18 increased. However, national rates have substantially decreased over the same period, with Cambridgeshire well above the national average. In 2012/13 there were 474 people aged 10 to 24 year old admitted to hospital as a result of self-harm. The rate per 100,000 population was 396.2 in Cambridgeshire compared to 346.3 nationally.

Vulnerable groups

There are higher levels of mental health disorders among the following groups of children and young people in Cambridgeshire: those with learning disabilities, looked-after children, leaving care, children in need, young carers, young offenders, refugees, teenage parents, substance misusers or those who have experienced abuse. Local and national data highlights the need to ensure that services cater for these vulnerable groups of children and young people and aim to prevent long-term health inequalities.

Groupings of indicators (clusters) make mental health disorders more prevalent in parts of Fenland and Cambridge City. These indicators tend to mirror broad patterns of child poverty and household deprivation. North Fenland, Huntingdon North and North East Cambridge have the greatest levels of relative deprivation.

Waterlees in Fenland and Abbey in Cambridge City, have the highest levels of child poverty within the county, with over half of all children living in means- tested, benefit-reliant families. Average prevalence levels are therefore an underestimation of need in those areas, where risk levels are likely to be two to three times higher amongst some disorders (e.g. conduct disorder).

Number of people requiring services

A 1996 study by Kurtz provided a methodology for estimating the number of children and young people up to the age of 17 experiencing mental health problems appropriate for a response from mental health services at tiers 1, 2, 3 and 4 (Kurtz, 1996). The Cambridgeshire JSNA and Peterborough Needs assessment have used this methodology to estimate the number of people who are likely to require CAMHS services. Please note that the Cambridgeshire figures are for 2010, whilst the Peterborough figures are based on 2012 population.

Tier	Cambridgeshire (2010)	Peterborough (2012)	Total
Tier 1	18,981	6,750	25,731
Tier 2	8,858	3,150	12,008
Tier 3	2,341	835	3,176
Tier 4	95	35	130
Total	30,275	10,770	41,045

Overall level of need

The Cambridgeshire JSNA (2013) found that NHS and Local Authority commissioned Tier 2 and above service capacity would have to double or treble in size to meet estimated levels of prevalence. Therefore there is currently a considerable unmet need, but it is not clear if this is comparatively more or less than elsewhere in the country.

This estimate does not take into account services provided by the voluntary sector and at Tier 1, which includes GP, health visitor, school nursing and other universal provisions. It is also based on an artificial split between estimates of need at the different Tiers, which takes no account of how effectively the whole system works to support children and young people.

Current NHS and Local Authority commissioned Tier 2 services are working over capacity and are largely focused on those aged 15/16 years and above. This means that opportunities to intervene early in the progression of some disorders may be missed. There is increasing evidence to suggest that the ideal age to impact on a child's development and improve social and emotional capability is from age 0-3 years.

Priority needs

The Cambridgeshire JSNA identified the following priority needs:

- Service planning should take account of future demographics.
- Services need to cater for and monitor the number of children and young people in vulnerable groups who access mental health services.
- Service planning should take into account higher levels of prevalence in the most deprived wards.
- Prevention should focus on building resilience in children and young people.
- Improving the mental health of parents is key to improving the mental health of children and young people. For maximum impact, this should be focused on children aged 0-3 in particular.
- There should be more service focus on children and young people under the age of 15-16 years.
- CPFT activity should urgently be increased.
- Preparation of young people for transition to adult services should be the focus of future work for CAMH services.
- More mental health services should be available in local venues.

The Health Related Behaviour Survey highlights the need to prioritise and make the emotional health and wellbeing young people a high priority. There has been a marked change in the degree and nature of the issues young people worry about (careers presenting as a major worry in 2012). There is also cause for concern over how satisfied many young people feel with their lives, the number of adults they can trust, and their self-esteem.

WHAT HAVE OUR SERVICE USERS TOLD US?

Parents/Carers:

Feedback as gathered from parents and carers October 2011 to January 2013 highlighted the areas below as key for service improvement.

Signposting / advice:

- All services to offer information on how to access services and their eligibility criteria
- Professionals to signpost to those services that can meet mental health needs presented
- A single information point that is available during times and in ways that make it accessible for families

Information about the disability / condition:

- An available helpline; not just leaflets
- Courses and workshops for parents on specific conditions

Access to services

- A single point of access
- Timely access
- School based support
- Increased choice of venues (local community or other familiar environments)
- Shorter waiting lists
- Information on services that reduce fear of stigma
- Recognition and planning if identified gaps in services e.g. Autistic Spectrum Disorders

Service delivery

- A comprehensive CAMHS
- More early interventions
- More partnership working between schools and mental health services
- Continuity of staff is important
- An improved Young person/worker relationship based on choice and participation
- Parent to have access to child's plan
- Age appropriate settings
- Smooth transition and holistic delivery between young people's services
- Smooth transition to adults services
- Respect for parental views - listen to parent who knows child best
- When treatment is complete, a follow up with referrer should apply

Children and Young People:

In Peterborough, consultation with young people reveals that mental health is a priority amongst young people. They identified bullying as a concern (including bullying by adults and cyber bullying).

Interestingly, young people who already received some form of targeted services want to know more about mental health and where they fit into the spectrum. There was a consensus that you need a label to explain the behaviour and make sense of it and you might get more help if you've got a label. It appears common for young people to 'self-diagnose' by comparing themselves to others who have got a diagnosis. When asked about their attitudes to seeking help for mental health or emotional wellbeing issues many felt it was "attention seeking...[means you're] stupid/weak...uncool...not worth it...you get on with it". Many had worries about confidentiality or had negative preconceptions about mental health services. They also suggested non-English speaking families don't always understand what mental health is. Somewhat ironically, young people also felt mental health problems to be a sign of family problems but considered this to be a stigma which may prevent them seeking help.

In Cambridgeshire in 2013, a group of Year 10 pupils (15/16 year olds) were consulted on the results of the 2012 Health Related Behaviour Survey relating to questions about their mental and emotional wellbeing which they had completed while in Year 8 (13/14 Year olds). This resulted in the young people identifying some key messages for adults on how they can in their professional roles, support the promotion of young people's mental and emotional wellbeing. In addition, children and young people already accessing our mental health services were also consulted about their experience of receiving professional support. Overall feedback from children and young people said:

How should Mental Health professionals be?

- Friendly, someone who is easy to talk
- Caring, co-operative, supportive, confident, be able to make you feel good about yourself
- Kind, understanding and not judgmental
- Friendly not scary
- Friendly, approachable, trustworthy
- Informal, not like "an authority figure"

Professionals should help young people by:

- Having the time /opportunities to do the things we enjoy
- Learning to express our feelings positively and how to cope with our feelings and emotions
- Developing secure and positive relationships
- Finding the right person (for each young person who needs it) to talk to and get support from and recognise that we are all different – one size doesn't fit all - and please make it free
- Knowing where to go to for support and make it easier for us to access it
- Being confident that counselling etc. is confidential and that you will not break our trust (we know that you have to share information when you consider us at risk)

- Understanding better some of the conditions that can affect us (anxiety, depression, self harm) and all adults so we can find / be offered the right support
- And our parents / carers, teachers and other adults understanding and discussing together our mental and emotional wellbeing and provide sessions on self / body image
- Discussing in ECM lessons / PSHE how we feel now and how we are coping as well as about managing our futures
- Building our self confidence by praising us when we deserve it and not judging us when we need help
- Helping our teachers and parents / carers understand the pressure we feel to achieve and help them to talk to us about how it affects us
- With careers guidance and providing us with work experience but not too early please
- Managing our anxiety around school work and exams by making expectations as clear and consistent as possible and by listening to our concerns
- Shaping our goals and help us to keep going if we don't at first succeed through providing us with learning opportunities, experiences, support and empathy
- Being more accepting of ourselves through work on body / self-image and recognising that many of us have various things we would like to change about ourselves / our lives
- Building trust and have at least one person /champion in our lives
- By looking at the things we believe are in place in our schools and surrounding areas that promote our mental and emotional wellbeing and working with us on the things that could be improved / developed
- Knowing what changes are possible / have been made / are not possible and why as a result of you hearing from us about our mental and emotional wellbeing needs.

What should the services be like?

- Warm and inviting not like a hospital as that makes it seem you're ill when maybe you just want to talk
- The service should be offered in places such as school where you can drop in and make appointments, doctors surgeries,
- More spread across the region rather than only in the town centres because it can be a struggle to travel to town and its expensive
- A service could be just a supportive phone-call, there should be a number you can phone to talk, especially if you get nervous in front of others
- Web based and self-help options
- Should preferably be open afternoons

WHAT WILL WE DO TO ACHIEVE OUR VISION?

In response to the information gathered from service users, the JSNA analysis, multi-agency discussions and various events on the subject, the below priority areas have been identified as key in beginning to address the issues around mental health for our children, young people and their families. We need to ensure that within our existing resources we can develop an integrated response to need, demonstrate our effectiveness and respond to what children, young people and families have said. Our priority areas include:

Mental health support will be everyone's business, all partners will understand the role they can play and support will be co-ordinated, integrated, evidence based and cost effective.

- We will focus on upskilling the workforce, particularly in universal services, to ensure staff have the skills and knowledge to ensure a uniform capacity and capability across the service.
- This includes the provision of a stepped-care, de-stigmatising, evidence based service starting with timely interventions in the community for young people with mild to moderate mental health difficulties through to an easy to access service for young people with moderate to severe difficulties.
- We will align commissioning across partner agencies to ensure efficient and effective use of resources to achieve the best outcomes and impact for children and young people, reducing inequalities and delivering value for money.
- We will coordinate provision of mental health services for children and young people across CAMHS, local authorities, primary care, other health providers and the voluntary sector to encourage efficient use of resources and to ensure that services are easily navigated by those who use them and build on the work of the children's area partnership and local partnerships.
- We will ensure timely and adequate support from childhood to adulthood with services centered around the child and their family, and developing consultative services. These should include supervision, joint assessments and advice to support professionals across services.
- Quality assure provision so that professionals are well qualified and appropriate governance arrangements are in place.

Our commissioning of mental health services will be outcome-focused, maximising the capacity of statutory and voluntary sector organisations

- All partners are committed to the widely recognised commissioning and planning cycle of Understand, Plan, Do and Review, through an open, transparent and visible process. Through this, we will:
- Apply a needs-led commissioning approach, which takes account of future demographics and higher levels of prevalence in the most deprived wards.
- Inform outcome-based service specifications and performance indicators.
- Recognise the collective investment (resource envelope), look for value for money and identify opportunities and areas for joint commissioning.

- Sustain an on-going dialogue with providers to identify gaps in services, evidence of good outcomes, financial pressures and develop ways to manage against increased participation and demand.
- Monitor and evaluate impact.
- We agree evidence-based interventions and outcome measures so that we can gather reliable data to benchmark the services that are being delivered locally to ensure the services are effective, of good quality and are safe. Outcome measures will be based on knowing if we are achieving the aims described in section 2.
- Ensure feedback from children young people and families, through focus groups, consultation events and surveys

Services will be available for all levels of need, maximising the opportunities for early intervention and prevention, whilst also providing for those with severe and enduring mental health problems

- Deliver on the Healthy Child Programme pathway (0-19yrs) and targeting new parents, parents with mental health needs and specifying the perinatal provision, parents of children with early onset behavioural problems and emerging mental health needs. It is important that we support parents with mental health needs to prevent any safeguarding issues from occurring while ensuring attachment between mother and child is nurtured.
- Enable access to emotional wellbeing and mental health information, materials and written guidelines (websites, leaflets, helpline, apps, school drop-ins)
- Raise awareness and campaigning e.g. around self-harm and eating disorders
- Self-help and early advice focusing on building resilience in children and young people
- Work with partners to reduce risk factors around poverty taking into account higher levels of prevalence in the most deprived wards.
- Inform and influence other strategies in Cambridgeshire and Peterborough including the Poverty strategy, Accelerating achievement strategy, Health and Wellbeing Board strategy and the Special Education Needs and Disability strategy.
- Provide training and support for staff in universal settings around mental health, behaviour and emotional wellbeing that acknowledges the part they can play in this strategy, and builds the right capacity and capability in the system and ensures we avoid too many piecemeal interventions or too many pathways
- Support organisations who can provide positive social activities for CYP to increase interaction and take focus from the internet.
- Promote the impact and encourage engagement with positive social activities.
- Supporting schools in identifying ways to reduce and managed stress and stressful situations experienced by students.
- This strategy and its improvement plan will respond to priorities 1 and 2 of the EWB strategy.

We will ensure children and young people's mental health needs are identified early and support is easy to access and prevents problems getting worse

- Develop services for children under the age of 15 and focusing on primary school age and the transition to secondary school
- Develop a greater Single Point of Access with partners from the statutory and voluntary sector offering extending capacity to screen mental health needs and appropriately signpost
- Offer consultation and expert advice to professionals
- Offer wider support to families and carers
- Ensure support and mental health services can be made available in local venues
- Train and support non mental health professionals on early identification of mental health needs and advise on interventions for example to school staff, school nurses
- Identify the increased risks for children and young people under the care of parents/carers with mental health issues, substance misuse and domestic abuse and enable access to parent support services
- Identify the increased risks of vulnerable children and young people such as Youth Offending and Children in Care and enable swift access to appropriate support
- Services in locality teams (Cambridgeshire) will provide support for identified low level mental health issues affecting children and parents with support through expert advice, consultation and training from specialist mental health provision

Standardised principles of practice will be adopted across all organisations

- There will be clear pathways of care across agencies, with the right level of expertise and a shared professional knowledge
- We will ensure service users are involved in the commissioning, planning and delivery of services, including reviewing and developing services using ongoing participation with service users and ensuring they are part of the ongoing review which will influence the type of support they receive and enable us to review and improve and develop services.
- There will be routine outcome measures and evidence based interventions.
- We will ensure access to required training and supervision across the workforce
- We will utilise existing knowledge and expertise in the wider workforce to maximise capacity
- We will deliver integrated pathways including Common Assessment Framework (CAF) and the Team Around the Family process
- We will ensure robust governance arrangements ensuring clear lines of accountability
- We will measure this using a health related behavioural survey.
- Services will be delivered in non-stigmatising community settings such as schools, colleges, children's centres and meet 'You're welcome' quality criteria

There will be clear pathways of care across agencies, with the right level of expertise

- We will identify ways we can build capacity through, expert consultation and training, which includes a staged intervention model in order to avoid duplication or create gaps in provision.
- There is an expectation that professionals will hold the relevant qualifications, be accredited in their field, be registered by professional bodies, and for functions within an appropriate clinical governance structure to safeguard service quality and safety.
- Ensure specialist provision is part of the integrated working approaches and agreements.
- Specialist provision does not necessarily need to be met by the statutory bodies only
- Specialist expertise and knowledge should be used to inform, develop and deliver training, supervision and interventions supporting children and young people in a variety of settings e.g. schools
- Ensure specialist interventions are appropriate to presented need and inform prevention and early intervention especially on conditions such as eating disorders
- Develop therapeutic family interventions where child or parent has significant mental health problems (Tier 3 / edge of care)
- Ensure CYP are supported when they transition into adult services, that planning for their care is done in a timely way, and that appropriate services are in place to support them thereafter.
- Commission an evidence-based Family Therapy resource to work holistically with families where children are significantly affected by parental mental health disorders or where family functioning is reduced by a child with significant mental health problems. This is ideally provided by a mix of suitably trained social care, education, adult and child mental health professionals.
- Specialist interventions are appropriate to presented need including Special Educational Needs and Disability as these will be presented in the Local Offer and delivered as specified in the individual Education, health and care plan.
- Supporting the work of Together for Families programme by promoting the Think Family approach and embedding the Lead Professional role
- Work with our specialist provision to build skills and capacity in the wider children's and families workforce. We will do this by: -
 - a) Establishing a training programme which clarifies level of training for the different levels of need increase knowledge and skills in:-
 - Early identification of mental health and emotional wellbeing problems
 - Managing emotions and increasing emotional literacy of children and young people
 - Differences between mental health, social and emotional issues as causes of behavioural problems
 - Behaviour management strategies for professionals
 - Signposting and care pathways

- b) Offer advice and consultation to professionals and developing protocols between services or programmes, clarifying roles and responsibilities.
- c) Building on the Single Point of Access model and working with partners such Voluntary and Community Sector services to screen and appropriately sign post
- d) Developing a supervision framework to support members of the workforce such as CAMHS champions work with children, young people and their families with mental health problems

For people that need more support, our services will ensure a timely multi agency response to the needs of vulnerable children, young people and their families

This includes:

- a) Children in Care & Care Leavers
 - b) Young people who need to transfer to adult services
 - c) Children of parents with mental health needs, where the children themselves have mental health needs
 - d) Children and young people with learning disabilities, complex needs and special educational needs
 - e) Children with neuro-developmental problems
 - f) Young offenders
 - g) Teenage parents
 - h) Children with physical illness
 - i) Lesbian, Gay, Bisexual and Transgender (LGBT) young people
 - j) Children who have experienced adverse life events, including emotional trauma from accidents, deaths and abusive experiences.
 - k) Children who have been the victims of crime or who are close to someone who has been the victim of a crime, often witnessing the events.
- We will make sure services and support are in place for parents with mental health problems
 - Ensure compliance with Children's and Families Act (2014) in developing and delivering on the Education, Health and Care Plan and the Local Offer for families of children and young people with Special Education Needs and Disabilities
 - Develop clear and inclusive individual transitional plans for children and young people moving from children services to adult services
 - Ensure there is transparent and inclusive planning for children and young people who transition between the community and in-patient settings
 - Develop, implement and monitor multi-agency pathways and partnership protocols relating to vulnerable groups such as ASD, those with challenging emotional and behavioural needs, Children in Care, Youth Offending
 - Offer a range of evidence-based specialised parenting education/family support for where children presenting with Neuro-developmental and/or severe behavioural problems. Specifically to provide:-
 - Parenting education before assessment for ADHD/ASD/LD

- Social care and disability assessment/application support at point of diagnosis (where applicable)
- Parenting and family support based on behavioural interventions, sleep solutions and autism
- Following up on any appointment to which there was no attendance, and considering other options such as a community-based visit or changing the time of the appointment.
- Ensure psychological support for Children in Care and those leaving Care by offering evidence based interventions

HOW WILL WE KNOW WE HAVE BEEN SUCCESSFUL?

A set of key performance indicators are being developed to monitor our collective progress against the strategy and will be mapped against our specific areas for action. Early drafts of the indicators which might be used are provided below.

1. Our commissioning of mental health services will be outcome-focused, maximising the capacity of statutory and voluntary sector organisations

Currently measured

- **% of returned referrals within less than 3 months of discharge** - To highlight where service users are discharged without the necessary support or tools to remain independent.
- **Referral to assessment time** - Service users should expect practical help and other support to arrive in a timely fashion following referral.
- **Referral to treatment or offer of service time** – as above
- **Equality of intervention provided** – This should include care plans, supporting transitions and impact.
- **Improvement in emotional well-being and mental health** - Good mental health is important in helping to strengthen families, improve educational attainment and enable social engagement and participation.
- **Service users increased attendance in education, employment and training** - Build an evidence base highlighting the impact of improved emotional health and well-being.
- **Service users' engagement and satisfaction with the service they received** - Ensure that children, young people and their families have a positive experience of the support and care being provided.

2. Mental health support will be everyone's business, all partners will understand the role they can play and support will be co-ordinated, integrated, evidence based and cost effective.

3. There will be clear pathways of care across agencies, with the right level of expertise and a shared professional knowledge.

To work toward

- **Clear pathways** - There will be clear pathways of care across agencies, with the right level of expertise and a shared professional knowledge.
 - **Parents with an identified need accessing an appropriate service** - Operate a whole family approach.
 - **Value for money** - Ensure services are cost effective.
 - **Who signposted the service user into the service** - Helps evaluate the value of different services and highlights where services are working closely with GPs etc.
 - **The percentage of service users who feel supported at point of transition** - Service users should feel supported at point of transition, including between child and adult services.
4. Services will be available for all levels of need, maximising the opportunities for early intervention and prevention, whilst also providing for those with severe and enduring mental health problems.
 5. We will ensure children and young people's mental health needs are identified early and support is easy to access and prevents problems getting worse.

Currently Measured

- **Key Demographics, e.g. gender, age, ethnicity and geography** - Ensures services are reaching all areas in the community
- **Presenting Issues identified** – Provides key information on service users accessing help/support.

To work toward

- **Reduce vulnerability and increase prevention** - Reduce avoidable harm suffered by children and young people and reduce the stigma and discrimination experienced by children, young people and their families.
 - **Map provision offered in the community**
6. Standardised principles of practice will be adopted across all organisations.

To work toward

- **Identify workforce training needs and build capacity in a variety of settings** - Strengthen prevention and early identification of need by improving knowledge and skills of the workforce. This is ideally provided by a mix of suitably trained social care, education, adult and child mental health professionals
- **Participation** - Service user engagement in design, development and evaluation.
- **Routine outcome measures** - Measuring impact, session by session or from beginning to end.
- **Evidence based practice**

Governance arrangements

An overarching strategic group will be established to oversee and monitor the delivery and implementation of this strategy and will be accountable and report to Cambridgeshire and Peterborough CCG and the Cambridgeshire Children's Trust and Peterborough Children's and Families Commissioning Board.

Cambridgeshire and Peterborough will develop area specific action plans which will have separate workstreams. These workstreams will be accountable and report to the strategic group. An evaluation of progress will be undertaken to inform future commissioning intentions and planning.

The detail of the strategy will be developed and included in an action plan to demonstrate how we will act for each objective in the timeframe given.

CONSULTATION

This draft strategy was shared and consulted upon by relevant stakeholders and partnerships between January and March 2014.

We welcomed views and reflected them in the strategy on the following questions:

- Do you think the key actions in this strategy are the right ones? (if not, what should they be?)
- Do you think this strategy will improve mental health services in Cambridgeshire? (if not, why or what would?)
- Does this strategy take into account the views expressed by service users?
- Are the areas described for performance monitoring inclusive enough? If not, what other areas should be included?

ANNEX A NATIONAL AND LOCAL CONTEXT

“By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does.” No Health Without Mental Health: A cross-government strategy (2011)

National

The Mental Health Strategy: no health without mental health (DH 2011)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf is for all ages and reinforces the overall principle that mental health is everyone’s business and individuals, families, employers, educators and communities all need to play their part. There is recognition that good mental health and resilience are fundamental to physical health, relationships, education, training, work and achieving potential.

Key areas for action included:

- Reduce stigma and discrimination
- Ensure a good start in life
- Identify and intervene early
- Equity in access including the most disadvantaged and excluded
- High quality care/treatment in the least restrictive settings including home and alternative residential/care settings e.g. for crisis outreach
- Appropriate and effective transition between services without age based, professional or organisational barriers and attitudes getting in the way

Talking therapies: a four year plan of action (DH 2011)

<https://www.iapt.nhs.uk/silo/files/talking-therapies-a-four-year-plan-of-action.pdf> sets out the principles of good practice to enable improved access to a range of psychological support for children and young people with depression, anxiety and conduct disorders.

Public Health White paper Healthy Lives, Healthy People (DH 2010)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf makes considerable reference to ‘starting well’ and ‘developing well’ further prioritising the early identification and prevention principle.

A new approach to child poverty: Tackling the causes of disadvantage and transforming families’ lives (DWP & DfE 2011)

<https://www.medwaycan.co.uk/documents/a-new-approach-to-child-poverty-tackling-the-causes-of-disadvantage-and-transforming-families-lives-1303129762.pdf> sets out proposals to tackle child poverty from 2011-2014 and provides a framework through which it intends to eradicate child poverty by 2020.

Children’s and Families Bill (2013)

<https://www.education.gov.uk/a00221161/children-families-bill> takes forward the reform to replace statements of Special Educational Needs and learning difficulty assessments with a new birth to 25 Education, Health and Care Plan. The Bill particularly requires local authorities and health authorities to work together therefore improving joint commissioning arrangements and cooperation. It also requires the publishing of a ‘local offer’ of SEND support services that must be developed and

reviewed by children, young people and their families. The Bill will also make significant changes to the legislation regarding Young Carers. The Bill will establish the right to an assessment of needs for support for all young carers under the age of 18. It will make it clear to local authorities that they must carry out an assessment of a young carer's needs for support on request or on the appearance of need. There is a strong correlation between Young Caring, children's mental ill health and parental mental ill health.

Local

Health and Well Being Board Strategy

The Cambridgeshire's Health and Wellbeing Board strategy (2012-2017) strategy has six priorities with Priority 1 focusing on ensuring a positive start to life for children, young people and their families. It includes one action around strengthening our multi-agency approach to identifying children who are in poverty, who have physical or learning disabilities or mental health needs, or whose parents are experiencing physical or mental health problems. It is proposed that the Children's Trust is the delivery mechanism for Priority 1 of the Health and Wellbeing Strategy, Peterborough Health and Wellbeing Board has produced its draft strategy 2012-15 for consultation, providing strategic direction for all agencies in the city around health and wellbeing priorities. It includes two actions around children and young people's mental health; to commission universal and specialist early intervention mental health services for children and young people and to commission services that deliver high quality ante and post natal care, early years and healthy childhood services

Children's Trust Priorities

The Cambridgeshire Children's Trust Board have agreed their priorities for 2014-16 and a plan is being produced. The priorities are:

- Narrowing the gap – addressing the impact of poverty and welfare reforms on health outcomes and educational attainment
- Improving children's mental health (and considering the impact of parental mental health)
- Addressing drug and alcohol abuse within the family environment

The CYP Emotional Well Being and Mental Health Strategy will be included in the Children's Trust Plan for 2014-16 and regular reports reporting progress will be presented to the Children's Trust Board.

Peterborough

- The Children & Families Commissioning Board (CFCB) sets out the vision for children, young people and families in Peterborough. It draws together the analysis of need, resources, strategic service development and commissioning priorities and outcomes; setting the framework for joint working arrangements. The work for this is captured in an Early Intervention and Prevention Strategy and action plan.

Priorities for CFCB

- To meet children, young people and families needs at the earliest stage to prevent them from entrenching or escalating and requiring support from more specialist services.

- To build resilience, competence and confidence in parents to give them the skills to enable them to provide positive parenting to their children.
- To build resilience and confidence in children and young people to give them the skills to make informed choices, reducing negative influences on their development and increasing their engagement in positive activities.
- To narrow the gap in health, wellbeing and educational outcomes between the majority of children and young people and those who are more vulnerable to poor outcomes.
- To develop a common understanding of prevention and early intervention across all children's and family services and establish this as a way of working for all agencies – whether they are commissioned or directly delivered.

LSCB

In December 2013 the Cambridgeshire LSCB has identified the need for a multiagency protocol in response to the increased number of children and young people who self harm.

Following the death of two young siblings at the hands of their mother and her subsequent suicide in 2007, a Serious Case Review in 2008 found maternal mental illness had played a key role along with failures in local services.

Peterborough Safeguarding Children Board

The CFCB is accountable to the PSCB for ensuring that the shared duty to safeguard and protect children is a priority within all joint working arrangements. The CFCB is responsible to the Improvement Board for ensuring that the required improvements to child protection and safeguarding across the broader children's services are delivered where necessary and relevant by the joint working arrangements.

Each individual agency is responsible and accountable to the PSCB for ensuring that the duty to safeguard and protect children is embedded in all plans, strategies and services both provided and commissioned.

Joint Strategic Needs Assessment and Health Related Behavioural Survey

The way that children are parented, their diet and exercise, their school and education, experimentation with drink, drugs and other substances, along with many other factors, will all affect a child's mental wellbeing or mental ill-health.

The Health Related Behaviour Survey conducted every two years with Year 8 (13/14 year olds) and Year 10 pupils (14 /15 year olds) in Cambridgeshire secondary schools (8,400 pupils in 2012) highlights the need to prioritise and make the emotional health and wellbeing young people a high priority. There has been a marked change in the degree and nature of the issues young people worry about (careers presenting as a major worry in 2012). There is also cause for concern over how satisfied many young people feel with their lives, the number of adults they can trust, and their self esteem.

The Joint Strategic Needs Assessment (JSNA) in Cambridgeshire notes that there are a large number of risk factors that increase the vulnerability of children and adolescents experiencing mental health problems. These include deprivation, poor educational and employment opportunities, enduring poor physical health, peer and family relationships, witnessing domestic violence, and having a parent who misuses substances or suffers from mental ill-health. Children who have been physically and sexually abused are at particular risk. Asylum seeker and refugee children have consistently been shown to have higher levels of mental health problems, including post-traumatic stress, anxiety and depression

The JSNA identifies the following Priority Needs

- Service planning should take account of future demographics.
- Services need to cater for and monitor the number of children and young people in vulnerable groups who access mental health services.
- Service planning should take into account higher levels of prevalence in the most deprived wards.
- Prevention should focus on building resilience in children and young people.
- Improving the mental health of parents is key to improving the mental health of children and young people or maximum impact, this should be focused on children aged 0-3 in particular.
- There should be more service focus on children and young people under the age of 15-16 years.
- Preparation of young people for transition to adult services should be the focus of future work for CAMH services.
- More mental health services should be available in local venues

Cambridgeshire and Peterborough Strategies for Children and Young People with Special Educational Needs and Disability ²identify three priorities:

1. Improve outcomes for children and young people with SEND and their families
2. Collaboration with children and young people with SEND and their families
3. Ensure quality of provision and services in line with legislation requirements and the Education, Health and Care Plan

² <http://camweb2/Document%20Library/CYPS/stratcomm/SENDStrategy.pdf>
<http://camweb2/Document%20Library/CYPS/stratcomm/SENDStrategy.pdf>

ANNEX B: Full Needs Assessment

Key National Statistics ³

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class at any one time (1)
- Between 1 in every 12 and 1 in 15 children and young people up to the age of 25yrs deliberately self-harm (2) and around 25,000 are admitted to hospital every year due to the severity of their injuries.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Estimates vary, but research suggests that 20% of children have a mental health problem in any given year, and about 10% at any one time. (Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding The Lifetime impacts, Mental Health Foundation, 2005)
- Rates of mental health problems among children increase as they reach adolescence. Disorders affect 10.4% of boys aged 5-10, rising to 12.8% of boys aged 11-15, and 5.9% of girls aged 5-10, rising to 9.65% of girls aged 11-15. (Mental Disorder More Common In Boys, National Statistics Online, 2004)

Cambridgeshire Joint Strategic Needs Assessment (JSNA) 2013 key findings:

The following is taken from a JSNA on the Mental Health of Children and Young people which was undertaken in 2013. www.cambridgeshirejsna.org.uk. The source referenced was Mental Health of children and young people in Great Britain, 2004, National Statistics and mid 2011 population estimates, ONS.

It is estimated that there are around 136,000 children and young people under the age of 19, living in Cambridgeshire. Overall, the population of children in Cambridgeshire is due to rise by 3.9% by 2016, and by 10.3%, by 2021.

³SOURCES

5. Green, H., McGinnity, A., Meltzer, H., et al. (2005). Mental health of children and young people in Great Britain 2004. London: Palgrave.
6. Mental Health Foundation (2006). Truth hurts: report of the National Inquiry into self-harm among young people. London: Mental Health Foundation
7. Fox, C. & Hawton, K. (2004). Deliberate self-harm in adolescence. London: Jessica Kingsley Publishers.
8. Kim-Cohen, J., Caspi, A., Moffitt, TE., et al (2003): Prior juvenile diagnoses in adults with mental disorder. Archives of general psychiatry, Vol 60, pp.709-717

Prevalence

Applying national prevalence data to the local population shows that there are approximately 5,000 children under the age of 5 with mental health problems, 8,000 between the ages of 5-16 and 1,275 16-17 year olds. This prevalence of Child and Adolescent Mental Health is greater than existing services can meet representing a significant challenge for service commissioners. In particular self-harm is increasing and reports of bullying are rising. Conduct Disorder is still the most common diagnosis, with the majority found in boys. Emotional Disorder (anxiety) is the next most common condition, the majority of which is found in girls. Of the children in Cambridgeshire aged 5-16 years:

- 3,100 could have an emotional disorder.
- 4,800 could have a Conduct Disorder.
- 1,200 could have a Hyperkinetic Disorder. Including ADHD
- 1,100 have a less common disorder, including 740 with Autistic Spectrum Disorder.

Since 2010/11, the number of children and young people admitted to hospital for self-harm has increased. However, national rates have substantially decreased over the same period, with Cambridgeshire well above the national average.

Groupings of indicators (low household income, lone parent families, social rented accommodation, and receipt of disability benefits) make mental health disorders more prevalent and this is evident for parts of Fenland and Cambridge City. These indicators tend to mirror broad patterns of child poverty and household deprivation. North Fenland, Huntingdon North and North East Cambridge have the greatest levels of relative deprivation. Average prevalence levels are therefore an underestimation of need in those areas, where risk levels are likely to be two to three times higher amongst some disorders (e.g. conduct disorder).

All children with a mental health disorder (compared to those without a mental health disorder) were more likely to have:

- 'Fair or bad' health – highest in emotional disorders.
- Have another mental disorder.
- Some or marked difficulty with reading, maths and spelling – highest in hyperkinetic disorders.
- Behind in intellectual development – highest in hyperkinetic disorders.
- Special educational needs – highest in hyperkinetic disorder.
- Absent from school – highest in emotional disorders (there was no difference for hyperkinetic disorders).
- A parent that was considered to have an indicative emotional disorder – highest in emotional disorders and conduct disorders.
- Live in 'unhealthy' functioning families – highest in conduct disorders.
- Two or more stressful life events – highest in emotional disorders.
- Less ability to empathise with others – highest in hyperkinetic disorder.
- Relationship problems with friends – highest in hyperkinetic disorder.
- Low social support – highest in conduct and hyperkinetic disorder.
- Low participation in groups, clubs or organisations.

- Higher levels of smoking, drinking and drug use – highest in conduct disorders. (Department for Communities and Local Government, Child Well-Being Index 2009)

Based on 2009 work, the wellbeing measures available, suggest that overall, Cambridgeshire children and young people have generally better wellbeing than the England average. However, when this is broken down by area, Fenland ranked 251 out of 354 local authorities, with number one as the best performing. Emma to clarify reference

Vulnerable groups

There are higher levels of mental health disorders among some vulnerable groups in Cambridgeshire. These groups include children and young people with learning disabilities, looked-after children, children in need, young carers, LGBT, young offenders, refugees, teenage parents, substance misusers, and those who have experienced abuse. We need to ensure that services cater for these vulnerable groups of children and young people and so aim to prevent long-term health inequalities.

- Based on the Office of National Statistics (ONS) 2005 estimate of 24.3% prevalence, there are an estimated 670 physically disabled children and young people in Cambridgeshire with mental health disorders. Children and young people with learning disabilities are more likely to develop mental health problems than other children and young people. There is a 40% prevalence of diagnosable mental disorder with the learning disabled population of children, young people and adults. For children and young people with severe learning difficulties the incidence rate is 3-4 times higher than in the general population. For more detail on Physical and Learning Disabilities please see the Physical and Learning Disability through the Life Course JSNA.
- At March 2012, there were 470 Looked-After Children in Cambridgeshire, with the highest numbers in March, Chatteris, Wisbech and Cambridge South. Almost 75% of children were looked-after due to abuse/neglect.⁴ If 45% of these suffer from a mental health disorder that is approximately 212 looked after children in Cambridgeshire with a mental disorder at any one time.
- Children in Need and those on the Child Protection Register are also more likely to suffer from mental disorders. Physical and sexual abuse/violence can affect a child's mental health. Studies have found that half of psychiatric inpatients have histories of physical and/or sexual abuse and incidence of personality disorders were five times higher in people who had been abused

⁴ Children and Young People Services, Cambridgeshire County Council

- In December 2012, there were 177 children on the Child Protection Register, with the highest number in Wisbech, Cambridge North and Cambridge South. Over three-quarters of children were subject to a Child Protection register due to

neglect/abuse and are estimated to be 2-3 times more at risk of suffering from mental disorder compared to other children.

- The recent Health Related Behaviour Survey, for Cambridgeshire (2012),⁵ found that young carers, who represented about 5% (452) of their sample (9,065), worried more, had lower self-esteem and had experienced more bullying than other children and young people. The report does not say if these differences are significant.
- Young offenders are at high risk of suffering mental health problems with 40% having a diagnosable disorder. In Cambridgeshire, young people are referred to the Clinical Psychologist within the Youth Offending Service (YOS) team by YOS Officers and Specialist Workers. Referrals can be made after a client meeting the assessment threshold or if there are particular concerns. The total number of referrals made to the Clinical Psychologist between July 2011 and June 2012, was 119, higher than the number made in the previous 12 months (77). The levels of need of those referred indicate the vulnerability of this particular group of young people. Of the 66 new referrals that were received between January 2012 and June 2012, 53 (80%) were male and 13 (20%) were female, aged between 11 and 17 years. Two thirds of those referred had had prior contact with mental health services, and in the previous six months the figure was three-quarters. Of those referred between January and June 2012, 14% had had a previous diagnosis of mental health disorder, 41% had a history of self-harm and 27% had a history of a suicide attempt. Young people known to YOS are often difficult to engage and 5 different themes were identified when exploring views of young people in respect of overcoming resistance. These are the expectations and perception of young people, relationship and alliance with worker, accessibility and outreach, clinical effectiveness, family and holistic involvement.
- Lesbian, gay, bisexual and transgender young people are at higher risk of mental health disorders, including suicidal ideation, substance misuse and deliberate self-harm. The recent schools survey, in Cambridgeshire identified 172 young people in the LGBT group, who worried more about bullying, experienced more shouting at home and had lower self-esteem scores
- Teenage mothers are three times the rate of post natal depression compared to older mothers, therefore approximately 22 teenage parents will suffer from post natal depression a year (30% compared to 10%). Fenland has the highest teenage conception and maternity rates in the county, as well as a low percentage of conceptions leading to abortion

5 The Health Related Behaviour Survey 2012. A report for Young Carers. The schools health education unit.

- Overall, when compared to the rest of the East of England, Cambridgeshire has a relatively low, but not significantly low, rate of young people aged 15 years and under, in treatment for drug and alcohol problems. Around two thirds of young people in drug treatment use cannabis as their primary drug.
- Cambridgeshire has a higher percentage of male young people in drug or alcohol treatment compared to the East of England. Statistically, Cambridgeshire has a

significantly higher rate of young people with hospital stays due to alcohol, compared to the rest of the East of England

- Parental mental health has a critical impact on children's mental health. There are an estimated 22,700 children and young people living with at least one parent with mental illness, in Cambridgeshire. Between one and two thirds of these children and young people are likely to develop mental health problems themselves (approximately 7,500-15,000 children). Maternal mental health, particularly in the first 18 months of life, has a major impact on a child's long-term mental health. In 2011, the prevalence estimated figure for women with chronic post-natal depression was 754, in the county.
- It is also estimated that 5,400 children and young people are living with a problem drinker with concurrent mental health problems, and 3,300 living with a drug user with concurrent mental health problems. A further 1,300 live with a parent with all three conditions (Based on 'Children and young People's emotional health and wellbeing needs assessment: Merseyside, Liverpool Public Health Observatory report series no. 90, October 2012'. Estimates for under 17's are based on Manning et al,2009 and applied population estimates 2011
- There are also between 27-40% young carers currently in contact with support services who care for someone in their family, with a mental health problem

Peterborough Joint Strategic Needs Assessment (JSNA) 2013 key findings:

Demography

Peterborough is a city with a growing child population. Information from the latest census shows the 0-19 population has increased by 12.6% between 2001 and 2011 to a total of 48,200. Growth is concentrated amongst the 0-4 cohort whose numbers have increased by over 25%. Linked to this, birth rates have increased by 47.3% between 2002 and 2010.

The city is increasingly diverse. Whilst the general population has seen a slight increase in ethnic minorities ⁶, increased diversity seems most prevalent among the 0-19 population. Over 42% of pupils in Peterborough Primary schools are currently from an ethnic minority background (an increase of 8.5% in the last 4 years). Pupils of a White European background have seen the largest increase (from 4.9% in 2008 to 10.3% in 2012) followed by pupils of Asian Pakistani origin (from 13.0% to 14.3%).

Increasing diversity has led to an increase in the number of children with English as an additional language (EAL). Over 34% of Peterborough primary pupils have English as an additional language (a 9% increase in the last 4 years). The top five most common languages of Peterborough school age children in 2012 after English are Panjabi (7.3%), Urdu (4.2%), Polish (3.2%) and Lithuanian (2.2%)⁷.

⁶ In 2001, 85.6% of the population in Peterborough were estimated to be White British, compared to 80.0% in the 2009 estimates. The next most common ethnicities are Asian/Asian British (8.7% in 2009) and White Other (3.6% in 2009) – PMI Team Children's Services, Peterborough City Council

⁷ School Census data from Jan 2012, PMI team,

Peterborough has significantly higher than average rates of child mortality and low birth weight babies. A lower percentage of students achieve 5 A*-C GCSEs with English and Maths than both the statistical neighbour and the England averages. Peterborough has above average number of pupils with Special Educational Needs (SEN) and 0-17s in receipt of Disability Living Allowance. Rates of teenage pregnancy are above the national average and Peterborough is rated third highest out of ten comparator authorities for NEET young people (not in education, employment or training).

Peterborough is also a city with relatively high levels of deprivation. Around 1 in 4 children in Peterborough live in poverty and this figure looks likely to rise given the impending welfare reforms. The proportion of children entitled to free school meals is above the national and one in four children live in households dependent upon means tested benefits. Parts of the city have seen an increase in their deprivation ranking, suggesting some parts of the local community are becoming increasingly affected by economic, social and health deprivation.

The prevalence rates estimated here (based on national ONS data) are likely to be 2-3 times higher in the most deprived areas. Future CAMH services will need to be responsive to the demands of a growing and increasingly diverse child population.

Pre-school children

There are relatively little data about prevalence rates for mental health disorders in pre-school age children. The Report of the Children and Young People's Health Outcomes Forum (Department of Health, 2012, p.32) "recommends a new survey to support measurement of outcomes for children with mental health problems. In particular, we recommend a survey on a three-yearly basis to look at prevalence of mental health problems in children and young people. This could build on the work of the survey, 'Mental health of children and young people in Great Britain, 2004'." A literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive, found that the average prevalence rate of any mental health disorder was 19.6% (Egger, H et al, 2006). Applying this average prevalence rate to the estimated population within the area, gives a figure of 2,185 children aged 2 to 5 years inclusive living in Peterborough who have a mental health disorder.

School-age children

Prevalence estimates for mental health disorders in children aged 5 to 16 years have been estimated in a report by Green et al (2004). Prevalence rates are based on the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria – the disorder causing distress to the child or having a considerable impact on the child's day to day life. Prevalence varies by age and sex, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%).

Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems. Using these rates, the table below shows the estimated prevalence of mental health disorder by age group and sex in Peterborough. Note that the numbers in the age groups 5-10 years and 11-16 years do not add up to those in the 5-16 year age group as the rates are different within each age group.

Estimated number of children with mental health disorders by age group

- Children aged 5-10 1090
- Children aged 11-16 1585
- Children aged 5 -16 2680

These prevalence rates of mental health disorders have been further broken down by prevalence of conduct, emotional, hyperkinetic and less common disorders (General Practice (GP) registered patient counts aggregated up to CCG level (CCG report); Office for National Statistics mid year population estimates for 2012 (local authority report)Green, H. et al, 2004). The following tables show the estimated number of children with conduct, emotional, hyperkinetic and less common disorders in Peterborough, by applying these prevalence rates (the numbers in this table do not add up to the numbers in the previous table because some children have more than one disorder).

Estimated numbers of children with conduct disorders by age group and sex (2012)

- Children aged 5 – 10 695
- Children aged 11 – 16 910

Estimated number of children with emotional disorders by age group and sex (2012)

- Children aged 5-10 340
- Children aged 11-16 690

Estimated number of children with hyperkinetic disorders by age group and sex (2012)

- Children aged 5-10 230
- Children aged 11-16 195

Estimated number of children with less common disorders by age group and sex (2012)

- Children aged 5 -10 185
- Children aged 11-16 195

The tables below show how many 16 to 19 year olds would be expected to have a neurotic disorder if these prevalence rates were applied to the population of Peterborough.

Estimated number of young people aged 16 to 19 with neurotic disorders (2012)

- Mixed anxiety and Depression disorder 795
- Generalised anxiety disorder 125
- Depressive episode 170
- All phobias 125
- Obsessive Compulsive Disorder 90
- Panic Attacks 55
- Any Neurotic disorder 1265

Source: General Practice (GP) registered patient counts aggregated up to CCG level (CCG report); Office for National Statistics mid year population estimates for 2012 (local authority report), Singleton, N. et al (2001).

Autistic Spectrum Disorder (ASD)

A study of 56,946 children in South East London by Baird et al (2006) estimated the prevalence of autism in children aged 9 to 10 years at 38.9 per 10,000 and that of other ASDs at 77.2 per 10,000, making the total prevalence of all ASDs 116.1 per 10,000.

The next table shows the numbers of children with autistic spectrum disorders if the prevalence rates found by Baird et al (2006) and by Baron-Cohen et al (2009) were applied to the population of Peterborough. Estimated number of children with autistic spectrum disorders (2012)

Source: General Practice (GP) registered patient counts aggregated up to CCG level (CCG report); Office for National Statistics mid year population estimates for 2012 (local authority report). Baird, G. et al (2006, Baron-Cohen, S. et al (2009).

Estimated need for services at each tier

Estimates of 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 have been provided by Kurtz (1996). A description of the services offered at each tier can be found in the notes section below. The following table shows these estimates for the population aged 17 and under in Peterborough. Estimated number of children / young people who may experience mental health problems appropriate to a response from CAMHS (2012)

Source: General Practice (GP) registered patient counts aggregated up to CCG level (CCG report); Office for National Statistics mid year population estimates for 2012 (local authority report). Kurtz, Z. (1996).