



**Children & Young
People's Emotional
Wellbeing & Mental
Health**

Burgess Hall, St Ives
Thurs 30th November 2017

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Young people 'not receiving mental health care they need'

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Mental health Children

CHANGE YOUR MIND 160 MPs demand Theresa May ring-fences mental health funding to mark World Mental Health Day

Andy Burnham, Harriet Harman and hundreds of other Members of Parliament have written to the Prime Minister to urge her to take action and deliver on her promises

Under-18s mental health care condemned as shockingly poor

England

Children The Observer

Letters: children receive worse mental health care than adults

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Claire Murdoch, Mental Health Director for NHS England said: "It is factually unarguable that after years of underinvestment, NHS funding for young people's mental health services is now going up - in the past year alone, the figures show young people's mental health spending has gone up by £100 million. This 15 per cent increase far outstrips the overall rise in mental health spending, which itself is now rising far faster than the overall NHS budget. Without a doubt, after years of drought, the NHS' mental health funding taps have now been turned on. So around the country, these critical services are beginning to expand and improve, with three quarters of young people now getting urgent eating disorder care within one week. But NHS England has also been explicit about the scale of unmet need, which recent improvements have inevitably only been able to begin to tackle. It's going to take years of concerted practical effort to solve these service gaps - even with new money - given the time it inescapably takes to train the extra child psychiatrists, therapists and nurses required."

health crisis

environment tech

ning 'not fit

Sport Weather iPlayer TV R

Science Health Family & Education

'Depression lost me my job': How mental health costs up to 300,000 jobs a year

News > Health

Mental health funding cut by millions in five regions despite NHS England call for £1 billion to be spent by 2021

CYP Emotional Wellbeing & Mental Health

– working with schools & colleges.

Overview

1. Setting the scene - why it matters: Recap
2. Policy overview - what NHS England is doing
3. DfE schools link pilot - strategic cross-system work
4. Case studies – so many great examples
 - PHSE
 - Birkenhead 6th Form BePART programme
 - Sheffield Healthy Minds framework
 - Y&H Humber – Schools CYPMH competency framework

Children & Young People's Mental Health

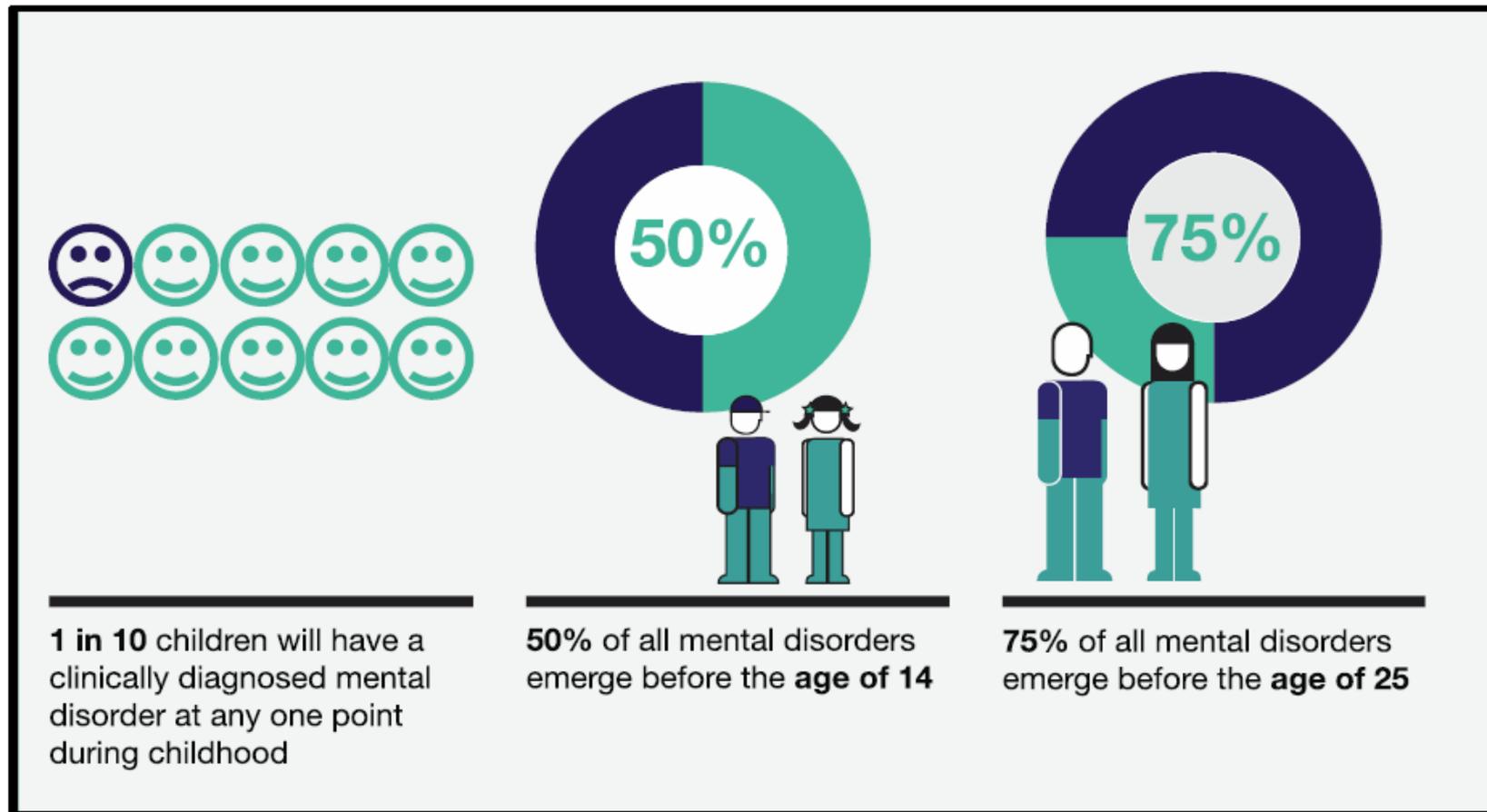
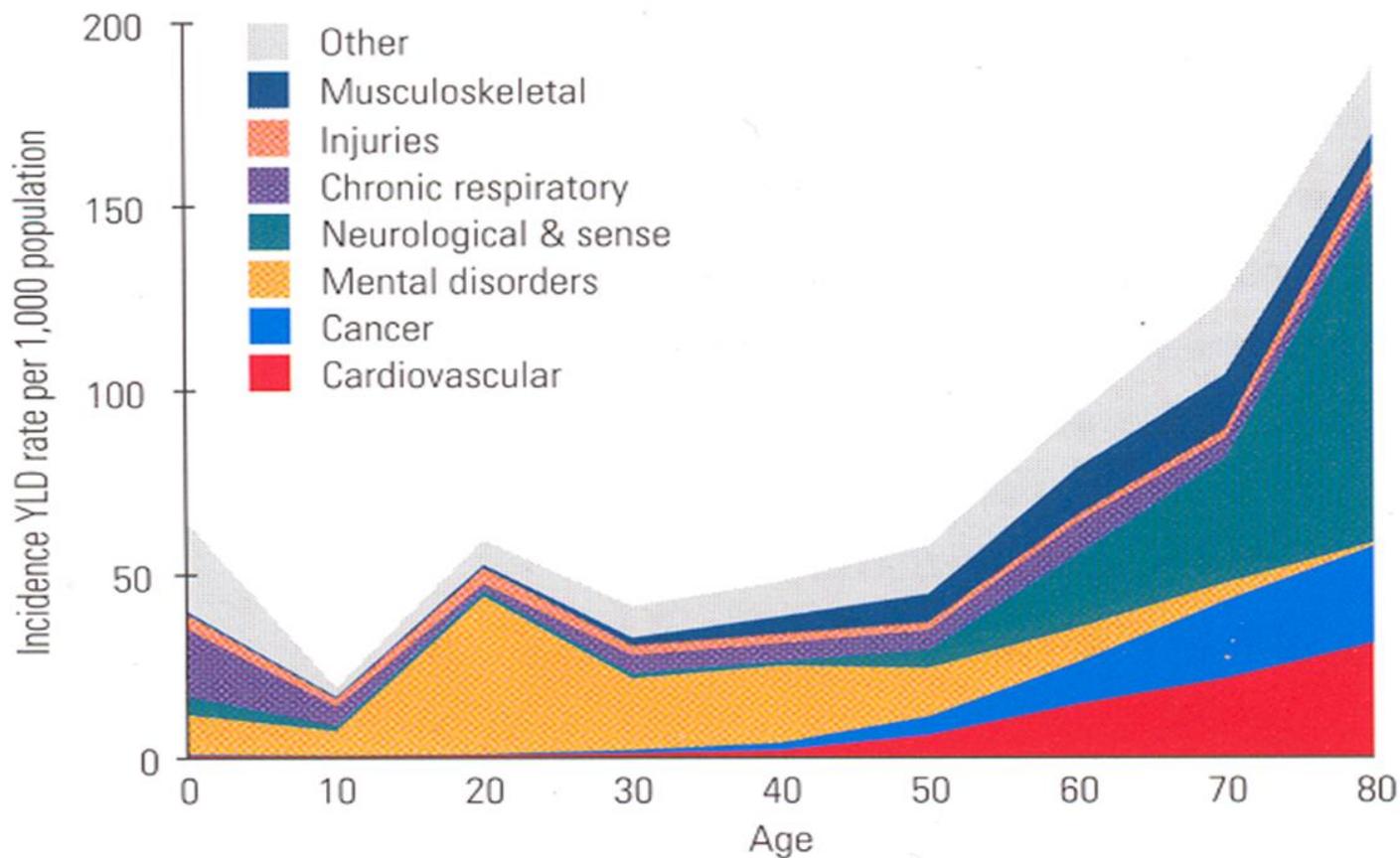


Figure cited in: **Measuring Mental Wellbeing in Children and Young People (PHE, 2015)**

Prevalence estimates are based on ONS 2004 Survey of Mental Health of Children and Young People in Great Britain. Estimates applied to 2014 mid year population children aged 5 – 16 years

Mental health problems are the greatest health problem faced by children and young people

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996



Why it matters - *children and young people's mental health and wellbeing*

- Mental health as physical health includes a diverse range of problems requiring a full range of services and interventions;
- The death rate for people with severe, prolonged mental illness is 4 times higher than for others;
 - people with psychoses will die at least 15–20yrs earlier
 - 20% of people with anorexia will die prematurely.
- Children & young people may also need help when they experience adverse life experiences – bereavement & loss, abuse & exploitation, enduring distress & trauma;
- CYP mental health difficulties may not have developed to be identified as a discrete psychiatric diagnostic category
- Some vulnerable groups of CYP have both higher rates of MH disorder *and* impaired access to services, (LAC, CLD, H&J etc)

Youth Mental Health: New Economic Evidence

- **Mental health related costs** for 12-15 yr olds average £1778 pa over only 3yr follow up. (NB health, social care and school-based costs only - did not include employment, welfare benefits or criminal justice)
- **Highest costs** for hyperkinetic disorders (£2,780 pa)
- **Education system** incurred 90% of assessed costs (£1,564 pa)
- **Youth justice system:** YP 8x more likely to have contact (with additional costs) over 18 month.
- **Benefits:** twice as likely to be claiming benefits (27% vs 14%)
- **Treatment gap:** less than half (45%) of 12-15/16-25yr olds were in contact with services related to their MH needs, 54% if severe mental illness. Treatment gap has been known about for two decades.
- **Lower rates of service contact** than any other age group

Economic case for change: FiM examples

- Children with **Conduct Disorder** are **10 times more costly** to the public sector **by** the age of **28** than any other child
- Overall **lifetime costs** associated with **moderate behavioural problem** amount to **£85,000 per child**
 - **Severe** behavioural problem: **£260,000** per child



Group Cognitive Behavioural Therapy (CBT) for depressed adolescents ³¹	
Aim	Group CBT for depressed adolescents aims to improve general functioning and prevent the risk of a major depressive episode from occurring. It is a series of group sessions lead by a therapist, involving exploring ideas related to the condition and how to handle it. There is a suggested duration of three months of weekly meetings.
Unit Cost	£229
Total lifetime benefit	£7,252
Lifetime benefit to taxpayers	£3,520
Lifetime benefit to participants	£3,455
Lifetime benefit to others	£277
Lifetime benefit-cost ratio (benefits/costs)	31.67

NHS England: Five Year Forward View for Mental Health into action

Clear, consistent policy direction for mental health and for the first time, an implementation plan (July 2016) sets out national objectives, expected trajectories and funding available for all priority areas within the FYFV-MH.



- CYP MH transformation supported by £1.4bn additional funding announced during 2014/15:
- £30m per year for eating disorders
- £1.25bn over 2015-2020 for wider transformation (including £15m per year for perinatal mental health)

NHS England: 2020 commitment

By 2020, there will be system-wide transformation of the local offer to children and young people underway, with Local Transformation Plans (LTPs) embedding *Future in Mind* principles and fully integrated into Sustainability & Transformation Plans (STPs):

At least 70,000 more CYP receiving swift and appropriate access to care each year

Completed national roll-out of CYP IAPT programme with **at least 3,400 more staff in existing services trained** to improve access to evidence based treatments

1,700 additional new staff to support improved access to evidence based treatments

Evidence based community eating disorder services for CYP across the country
95% of those in need of eating disorder services seen within 1 week for urgent cases & 4 weeks for routine cases.

Improved access to and use of inpatient care, having the right number and geographical distribution of beds to match local demand with capacity, and leading to an overall reduction in bed usage.

Improved crisis care for all ages, including investing in places of safety

National CYP MHS initiatives

- **Local Transformation Plans:** whole system plans refreshed yearly with the *inclusion of schools & colleges*.
- **Commissioner Development Programme:** Regional seminars *“building robust partnerships – education spotlight*
- **Children & Young People’s Improving Access to Psychological Therapies** (CYP-IAPT). Evidence-based interventions training including CYPF participation and self referral. (Note EEBTP module).
- **Children’s Wellbeing Practitioners:** (CWPs) providing low intensity support in primary care, and **schools & colleges**
- **Community Eating Disorders** teams
- **Urgent & Emergency CYP MH Care** - Crisis services
- **CYP MH Services and Schools Link Pilot:** testing models of *joint training and points of contact within schools and CYP MH services*. *Wave 2 – Autumn 2017*



Standard: 95% of those needing an eating disorder service

- start treatment within 1 wk for urgent cases &
- 4 weeks for non-urgent/routine cases.

How are we doing it?

- Access and waiting time standard introduced in 2016/17 and monitored via MHSDS and UNIFY data collection. **The eating disorder pathway is being extended to include episodes of care in day and inpatient settings with the involvement and oversight of the community eating disorder team**
- Multi-disciplinary community eating disorder teams are being set up across the country

Education & Training

- **Systemic family practice** curriculum for eating disorder
- **Whole team training** available for multi-disciplinary community eating disorder services/teams – being delivered 2017
- Modality specific **evidence based interventions** to be in line with updated eating disorder NICE guideline published in May 2017 – curriculum for CBT-ED in CYP IAPT

Results (Q2 of 2017-18)

- **71%** urgent cases seen with 1 wk (n=203/286)
- **82%** non-urgent cases seen within 4 wks (n= 1099/1333)
- **Substantial 45%** rise in CYP entering treatment (n= 1154 to 1619)

Evidence Based Treatment Pathway for Urgent & Emergency Mental Health Services for CYP

Children & young people experiencing a mental health crisis and their families should be able to access the right care, in the right place, at the right time.

“When I experience a mental health crisis I will have access to support from services no matter where I am, what time of day it is or which day of the week.”

- **A mental health crisis** is a situation which the child, young person, family member, carer or any other person believes requires an immediate response, assistance and/or care from a mental health service. This includes where there is a significant risk of harm to themselves or others
- **Services should provide effective and timely 24/7 urgent and emergency mental health care**
- **Parity of esteem:** CYP should receive an evidence-based package of care within **four hours** of being referred.

Phase 1 Vanguard evaluation - August 2017

Two CYP MH Crisis & Liaison Models (Co Durham and Teesside):

- **Prompt open access to dedicated, staffed team** offering supportive, individualised care with continuity of response
- **Response times:**
 - 60% of CYP referred were seen within 1 hour of referral being made
 - over 75% seen within 4 hours.
- **CYP and family experience:** very highly rated by CYP, families and stakeholders
- **Dedicated CYP crisis telephone support, advice and triage** improved access, response times and provides flexible/individualised support
- **CYP crises effectively managed in community settings** with less recourse to ambulance transport, A&E attendance and inpatient admission.
- **Substantial cost reductions** identified, (esp to paediatric inpatients)
- **Rates of crisis presentations** were similar and remained broadly stable over time.
- **CYP and families** contributed to shaping a clear service vision.

CYP Mental Health Services and Schools Link Pilot

AIM: Strengthen links between CYP Mental Health Services and Schools



- NHS England and DfE funded pilot during 2015-16
- Joint training programme between schools, CYPMHS and other agencies, voluntary sector etc

Objectives:

- How training and subsequent joint working between schools & CYPMHS can improve local knowledge and identification of mental health issues;
- Test the concept of a lead contact in schools and CYPMHS;
- Improve referrals to specialist (and other) services;

22 pilot sites across the country - **27 CCGs** and **255 schools**

Schools' Pilot Impact & Outcomes

Considerable success in achieving primary outcomes:

- Strong, statistically significant improvements in:
 - Knowledge and awareness of mental health issues
 - Understanding and awareness of referral routes
 - Confidence in supporting CYP with mental health issues
- Corresponding improvements among wider staff in whole school survey
- Improvements in frequency and quality of communication between schools and specialist community CYPMHS.
- Improvements in quality and consistency of referrals, *without a corresponding net increase in total referrals across the pilot.*
- Very promising early signs of changes to whole school policies, resources and staffing within pilot schools.



Emerging models tested

A	B	C
<p data-bbox="200 425 571 534">CYP MH Service named lead :</p> <p data-bbox="117 631 654 946">working in schools on a regular basis, delivering services and support directly to both staff and CYP.</p>	<p data-bbox="780 425 1151 534">CYP MH Service named lead :</p> <p data-bbox="722 631 1209 879">offering dedicated training and support time to school-based professionals.</p>	<p data-bbox="1360 425 1731 534">CYP MH Service named lead / duty team</p> <p data-bbox="1321 631 1769 739">with single point of access</p>

No single model emerged as being most effective at this stage - approaches tailored to local needs, circumstances, resources etc.

Key considerations: CYP MH Service capacity; levels of demand from schools, scaling up and sustainability.



PSHE and health behaviours

	Health and wellbeing covered well	Health and wellbeing covered poorly
Self-harmed	19.2%	30.3%
Smoked on 6 or more days in last 30 days	6.1%	8.4%
Drunk alcohol 6 or more times in last 30 days	5.5%	9.0%
Drunkenness 4 or more times in last 30 days	1.1%	3.0%
On a diet	17.5%	22%
Eat breakfast every day	59.7%	52.5%

Association between young people's health behaviours and their perception about the extent to which health and wellbeing was covered well in PSHE classes

Birkenhead 6th Form College

BePART Life Skills

- Developed by expert psychologists
- applying evidence based practices
- assist both academic and emotional well-being
- (Did not include on-site counselling / therapy.)

Six week programme:

- Challenging negative thoughts
- Sleep & diet
- Building resilience etc

Evaluation

- Liverpool John Moores Univ.
- Early findings: significant success in assisting student wellbeing

Schools & college staff care passionately about their students' wellbeing and need better guidance and support from us in their commitment.

- 6,000 Specialist community CYPMHS practitioners in England
- 700,000 FTE teachers and teaching assistants (plus colleges etc)

Sheffield Healthy Minds Framework

Framework purpose

- **Improve schools capacity** to contain EW & MH issues in school where possible, and
- Ensure CYP who need CAMHS **receive a better service.**
- Holistic model requires school to **work through the three levels.**

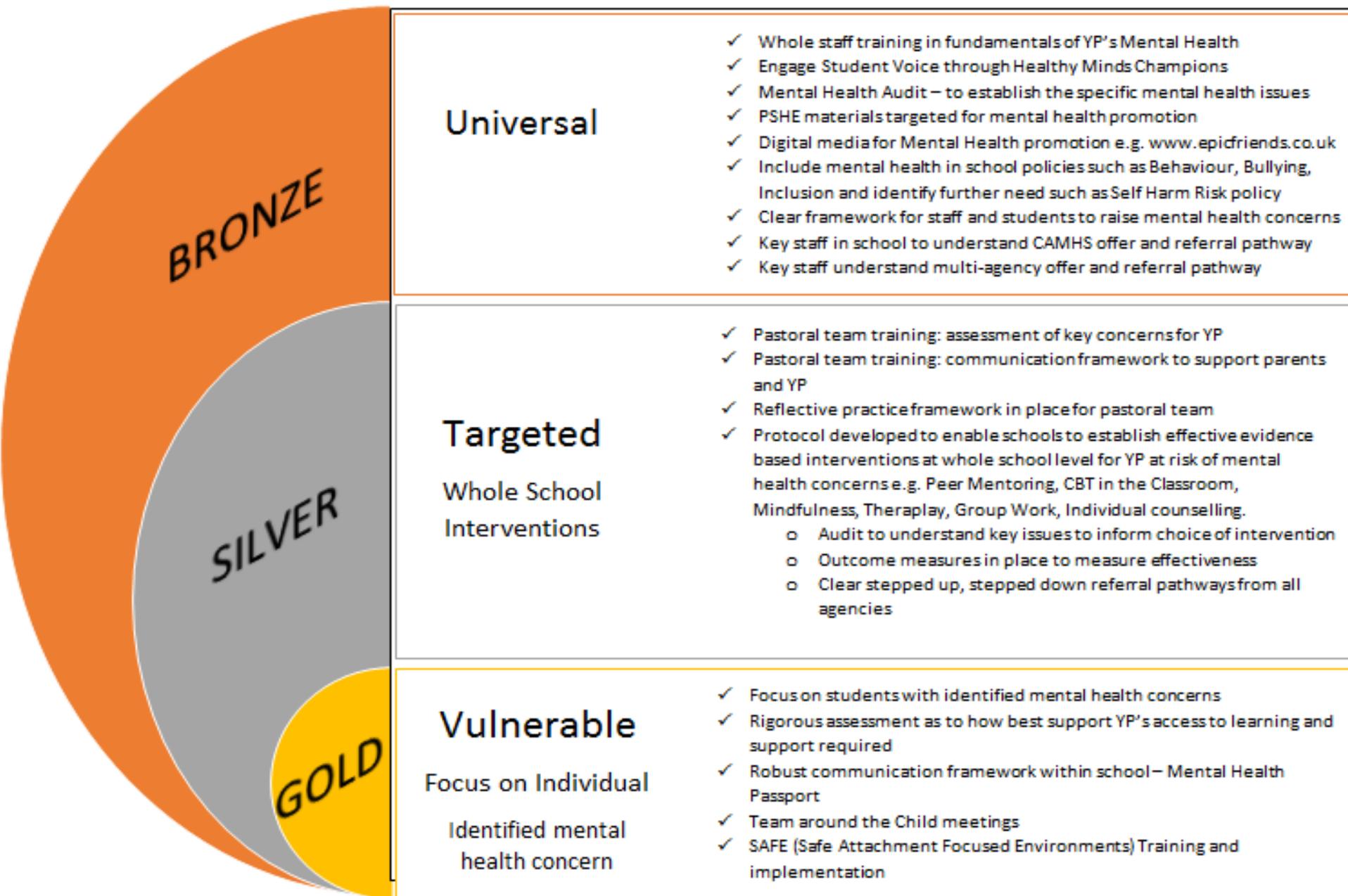
What students said

- Improve school culture (38%)
- Improve communication & listening skills (33%)
- Staff more pro-active (25%)
- (School counsellor <5%)

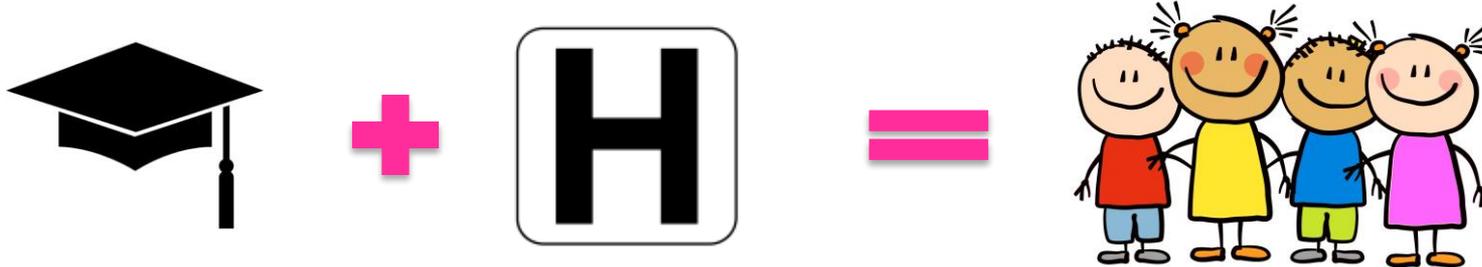
Three levels

- **Bronze (universal):** whole school training and identifying EWBMH needs in the school.
- **Silver (targeted):** supporting pastoral teams and meeting the needs of the school that have been identified at the bronze level
- **Gold (vulnerable):** provides direct CAMHS input alongside other services into the school for specific vulnerable children.

Healthy Minds Framework



Y&H CYP MH Clinical Network Schools Competency Framework

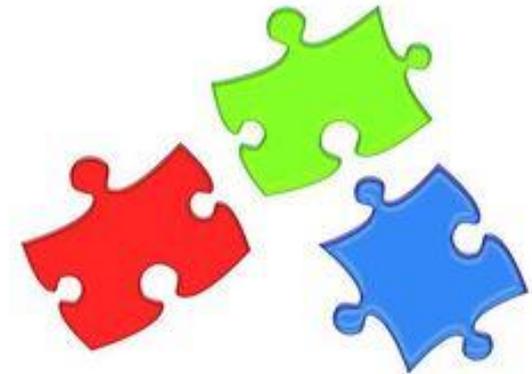


A framework of **workforce competencies** for education settings to enable staff to appropriately care for and support children and young people's mental health and emotional wellbeing in line with the workforce ambitions of *Future in Mind*.

School Competency Framework

Principles

- Evidence based – defined, achievable outcomes
- Address diverse needs of CYP
- Prevent use of ineffective interventions
- Make best use of the workforce
- Clearly define roles and responsibilities where CYP EW&MH is *everybody's business*
- Promote staff wellbeing



Framework's Components

- Three tiers of competencies
 - Core, enhanced & targeted tiers
 - Not just knowledge of CYP mental health
- Self-assessment tool
- Evidence based training/resources directory



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Schools Competency Framework

Staff Group Example - Secondary School

Group 1	Group 2	Group 3
Caretaker/facilities staff	Teaching assistant	Pastoral staff
Lunch time supervisor	Teacher	School nurse
Volunteers	Nurture staff	Safeguarding lead
Administrative staff	Attendance officer (EWO)	SENCO
School prefect	Learning mentor	First aider
Business manager	PCSO	HTLA
Governor	Safe schools police officers	Inclusion lead
Library staff	Head teacher	Mental Health Champion
Catering	ELSA	Specialist teachers for deaf & visually impaired

Further opportunities – Children & Young People’s Mental Health Green Paper

- Announced by the Prime Minister on 9th January 2017 as part of a suite of commitments to **improve and transform CYP mental health**
- The Green Paper is being developed between Department of Health and Department for Education with close involvement from NHS England and Public Health England.
- Recognises the importance of different settings, **not just the NHS.**
- CYP MH Services and Schools Link Pilot is informing the development of the Green Paper: **it is expected that schools and colleges will be a key focus**
- as well as addressing **better access** to NHS services and **role of digital & social media** in maintaining wellbeing

**Thank-you.
Questions ?**

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Resources



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MindEd is a free educational resource on children and young people's mental health for all adults.

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<http://positivepracticemhdirectory.org/>



For CED-CYP Case studies



www.NHSGo.uk

- Resource for all adults to increase awareness and understanding
- Includes free e-learning sessions for all those working with CYP (incl. ED sessions)

- **MindEd for Families**

<https://www.minded.org.uk/>

GIFT

Sign up for www.myapt.org.uk;
see video clips

<https://www.youtube.com/user/CernisLimited/videos>

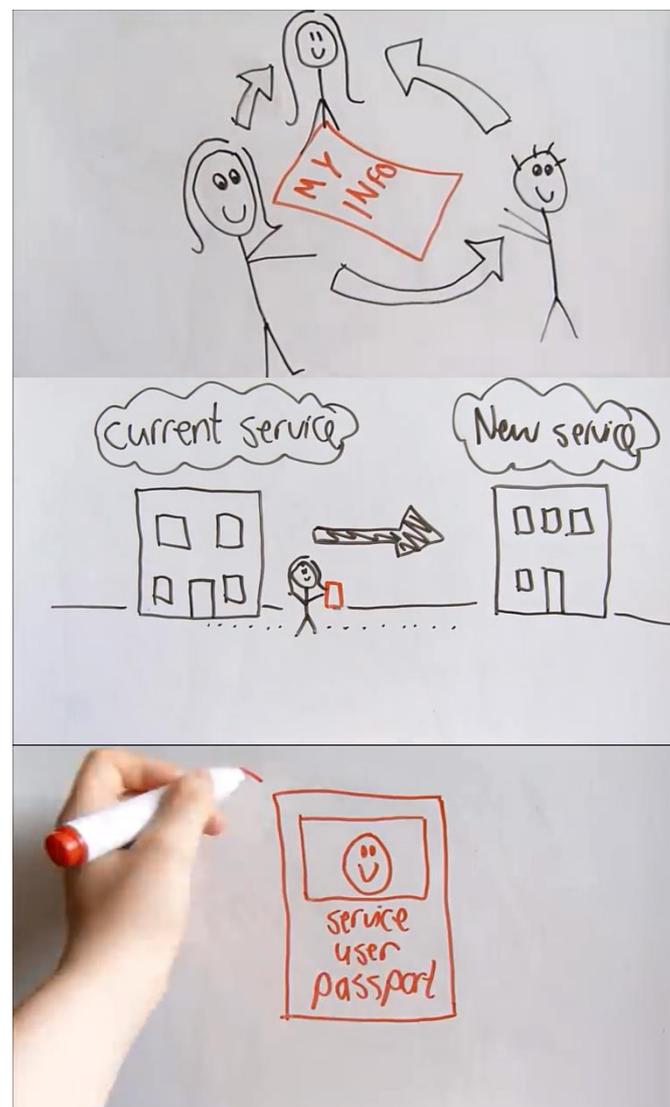
My Mental Health Services Passport

www.england.nhs.uk/mentalhealth/2015/10/15/passport-brief-yp-mh

Developed by young people and parents/carers with NHS England as part of the CYP IAPT programme

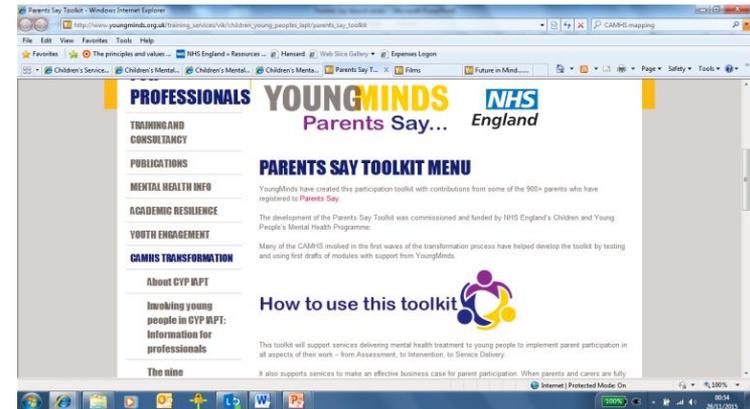
The aim of the passport is to help young people using services to **own and communicate their story** when moving between different services.

The passport provides a summary of young person's **time in a service**, for the information will be **owned by the young person**, and for it to be shared with any future services **if the young person wishes**



Parents Say...

- **New online resource** created for and with parents and carers to help improve mental health care for children and young people
- **Over 900 parents/carers identified 5 key areas:**
 - access, equality and diversity
 - communication
 - service leadership and delivery
 - methods of engagement
 - workforce development
- **Best practice case studies, videos, resource directory**



It explores ways in which you can improve communication with parents and carers at every stage of the treatment process.





Public Health
England

NHS
England

Protecting and improving the nation's health

**Tools to help schools understand
CYP MH & WB needs and how
best to plan to respond?**

Contact:

Claire Robson

Public Health England

claire.robson@phe.gov.uk

Promoting children and young people's emotional health and wellbeing

A whole school and college approach



Measuring and monitoring children and young people's mental wellbeing:

A toolkit for schools and colleges



Public Health
England

EBPU
Evidence Based
Practice Unit

A partnership of



In collaboration with
COMMON ROOM

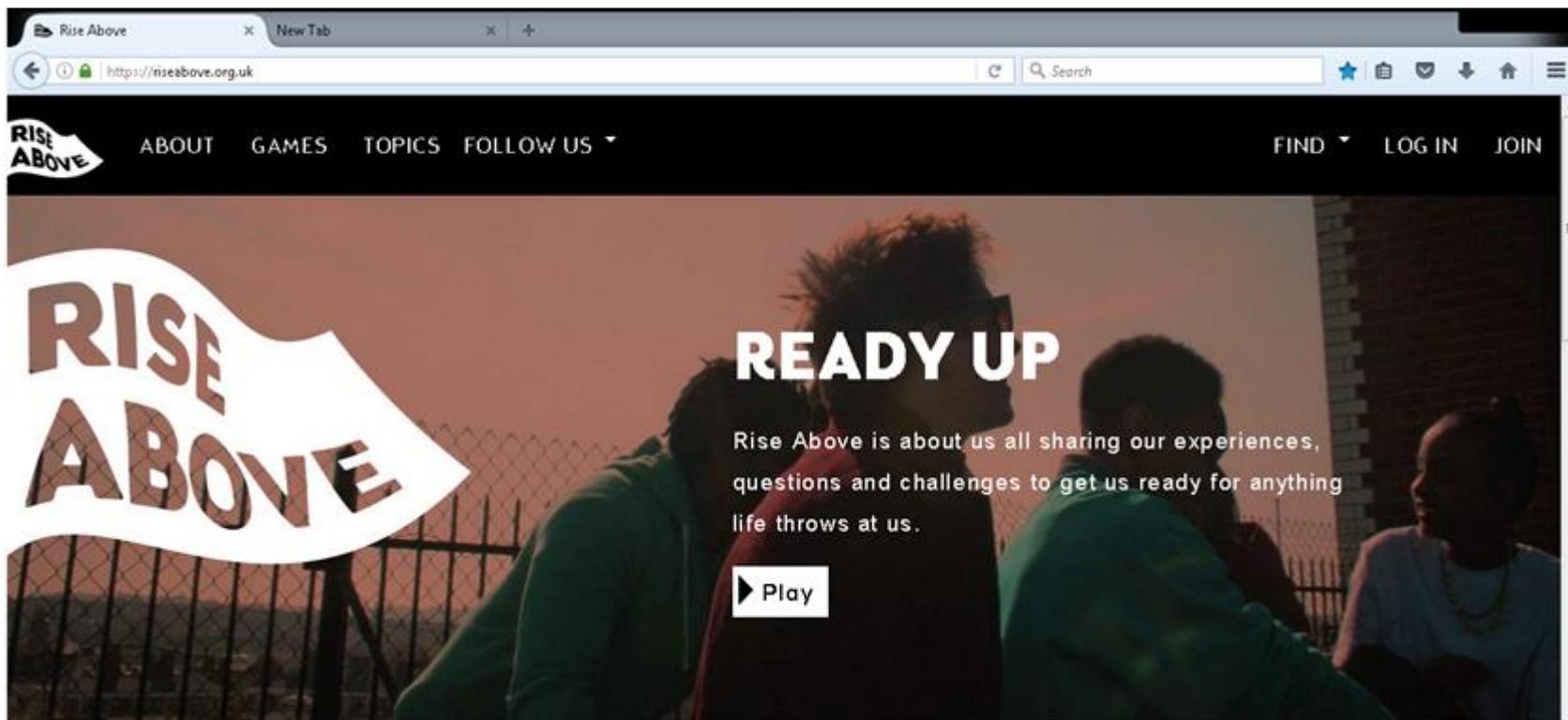


A public health approach
to promoting young people's resilience



Rise Above:

<http://riseabove.org.uk/>



Support from PHE – useful links

Promoting children and young people's emotional health and wellbeing: a whole school approach

<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

For: head teachers, college principals, school and college governing bodies and staff working in education settings, school nurses, local public health teams, academy chains, others with a role of promoting health and wellbeing of children and learners

Aim: to describe 8 principles, informed by evidence and practice, for promoting emotional health and wellbeing in schools and colleges

A public health approach to promoting young people's resilience

<http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf>

For: policy makers, commissioners, service planners and providers

Aim: Funded by PHE, and developed by the Association for Young People's Health with input from the Early Intervention Foundation. Provides a new focus on public health approaches to supporting young people's resilience. It highlights ways that services have successfully worked together, provides links to useful interventions and other resources, and draws on the perspectives of young people about what works well for them. The resource is an interactive PDF with embedded hyperlinks

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Support from PHE – useful links

Children & Young People’s mental health and wellbeing profiling tool

<http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>

Collects together in one place metrics from many sources covering risk, prevalence, health, social care and education to support commissioners and service planners across the pathway

Suicide prevention: developing a local action plan

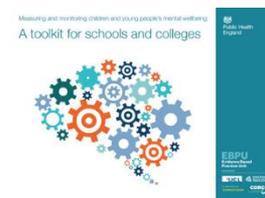
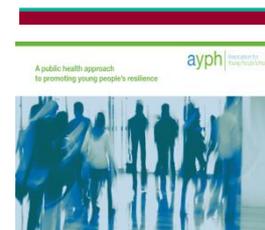
<https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>

Promoting positive wellbeing and emotional health of children and young people

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299268/Emotional Health and Wellbeing pathway Interactive FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299268/Emotional_Health_and_Wellbeing_pathway_Interactive_FINAL.pdf)

This pathway contains evidence based information on guidance for professionals from the school nursing and Child and Adolescent Mental Health Services/ mental health practitioners and promotes improved partnership working and enhanced early support

PHE Tools and Resources



- **Promoting children and young people's emotional health and wellbeing: a whole school approach** - <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>
- **A public health approach to promoting young people's resilience** - <http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf>
- **Measuring and monitoring children and young people's mental wellbeing: a toolkit for schools and colleges** - <http://www.annafreud.org/services-schools/mental-health-in-schools/schools-in-mind/resources-for-schools/mental-health-toolkit-for-schools/>
- **ChiMat Mental Health and Psychological Wellbeing service planning tools** - <http://www.chimat.org.uk/camhs>
- **Children & Young People's mental health and wellbeing profiling tool** - <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>
- **Measuring mental wellbeing in children and young people (published October 2015)** - [*Measuring Mental Wellbeing in Children and Young People*](#)
- **Mental health in pregnancy, the postnatal period and babies and toddlers: needs assessment report (December 2015)**
- **Comprehensive CAMHS integrated workforce planning tool**- <http://www.chimat.org.uk/camhstool>
- **Promoting positive wellbeing and emotional health of children and young people** - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299268/Emotional_Health_and_Wellbeing_pathway_Interactive_FINAL.pdf
- **Minded** - <https://www.minded.org.uk/>
- **National reading scheme to support young people's mental health** - <https://readingagency.org.uk/news/media/new-national-reading-scheme-to-support-young-peoples-mental-health.html>
- **JSNA support pack, Key data for planning effective young people's substance misuse interventions in 2016-17** - <http://www.nta.nhs.uk/uploads/jsnadatapackyoungpeople2016-17.pdf>
www.england.nhs.uk