

Children and Young People's Mental Health Joint Strategic Needs Assessment

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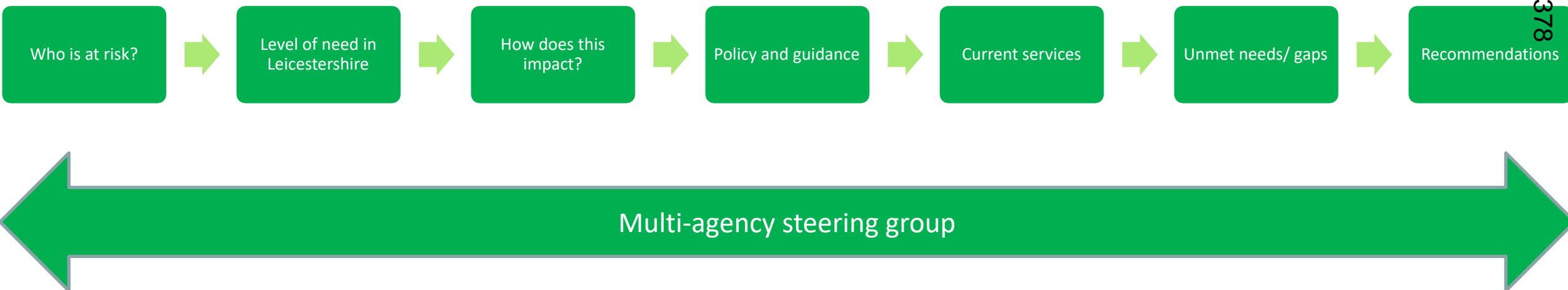
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- Mental health in children and young people in Leicestershire
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 - Addressing risk factors
 - Providing additional support to risk groups
 - Connecting, understanding, and enabling services
 - Supporting transition from children's to adult's services
 - Areas requiring further investigation
- Next steps and questions

Stakeholders

- Active Together
- Healthwatch
- Integrated Care Board
- Kooth
- Leicestershire County Council
 - Business Intelligence
 - Children and Families Wellbeing service
 - Education effectiveness
 - Inclusion service
 - Public health
 - Social care
 - Youth Justice service
- Leicestershire Partnership NHS Trust
 - Children and Adolescent Mental Health Services
 - Healthy Together
 - Mental Health Support Teams
 - Primary mental health teams
 - Transition team
 - Youth Advisory Board
- Police
- University Hospitals of Leicester NHS Trust
- Voluntary Action Leicestershire

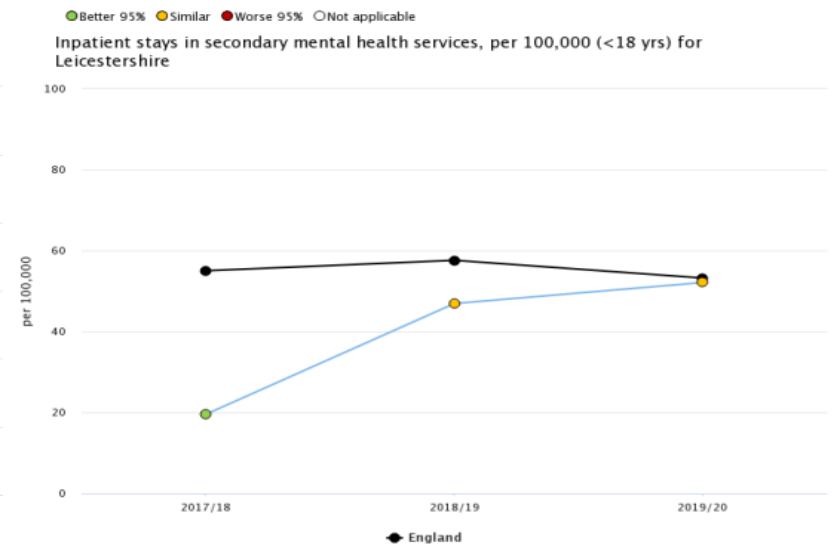
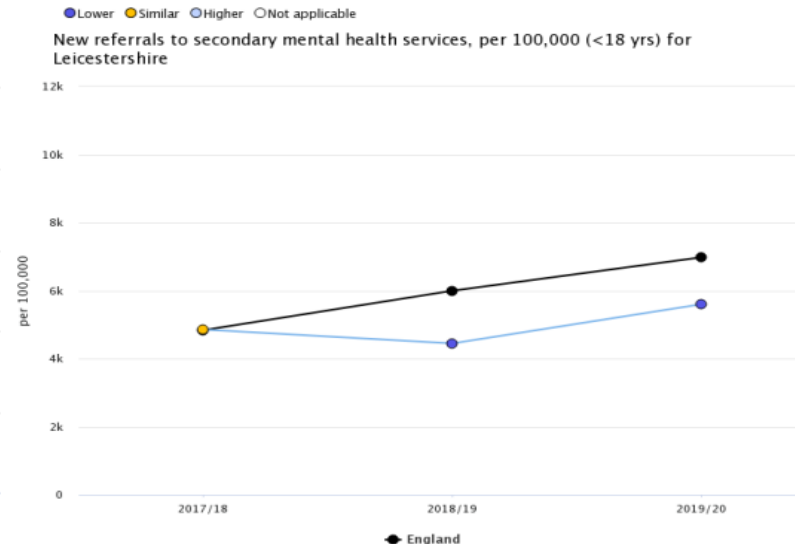
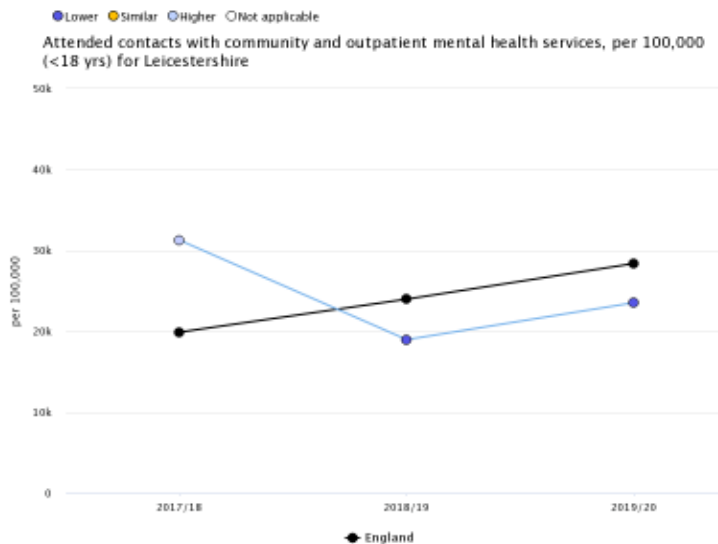
Method



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Mental health in children and young people in Leicestershire

- 18% of 7–16-year-olds and 22% of 17–24-year-olds had a probable mental health disorder (Mental Health of Children and Young People in England survey, 2022)
- Applied to Leicestershire this equates to almost 30,000 children and young people
- Community and outpatient attendances, new referrals to secondary mental health services and inpatient have all increased between 2017/18 and 2019/20



Protective Factors

- **High self-esteem:** approximately one-third of children and young people reported having high self-esteem, this was lower in girls than in boys
- **Sport and physical activity:** only half of 5–11-year-olds and one-third of 12–17-year-olds did the recommended amount of physical activity.
- **Trusted adult:** half of primary school children and one-third of those in secondary school reported having someone they felt they could talk to.

Recommendations

Supporting
children
and young
people to
thrive

1. Support and build on the use of the Solihull Approach for professionals working with young children, to enhance the understanding of attachment and how to support it
2. Explore the use of the Five to Thrive model across the local authority, LPT, schools and early year settings to support the development and maintenance of healthy relationships.
3. Consider implementing training in social and emotional child development across all professionals who work with children and young people, as per national guidance
4. Continue to support the use of the Ages & Stages Questionnaire: ASQ SE (which includes Social and Emotional Development) at the 2-year check to undertake an emotional and mental wellbeing check of the child and provide appropriate support based on the need identified including signposting and referral to other services, as per the previous JSNA. Work with the ASQ data collected to better understand development at a population level and connect with other commissioned services that support child development.
5. Explore the evidence-base for supporting children and young people's self-esteem and consider implementing such a programme to aid self-esteem in children and young people across Leicestershire
6. Continue to work with Active Together Partnership to promote sport and physical activity across the county, including promoting the use of the Moving Medicine to integrate physical activity conversations into clinical care.
7. Consider targeted physical activity programmes in specific areas (e.g., those with other risk factors such as high deprivation)
8. Consider a targeted physical activity programme for children and young people with long term conditions, including those mental health conditions

Risk Factors

- **Deprivation:** there are 7 LSOAs in the lowest decile nationally. Overall, 8.9% of children and young people under 16 years live in absolute low-income families, which equates to almost 18,000 individuals.
- **Physical health problems:** there are 21.7% (almost 30,000) children aged 0-17 who have a long-term condition recorded on their GP records.
- **Special Educational Needs and/or Disabilities:** 15.5% (almost 16,000) school children have a Statement, Education, Health and Care Plan or Special Educational Needs support. The proportion of these that are specifically for a social, emotional or mental health need has almost doubled since 2015.
- **Children Missing Education and those Electively Home Educated:** both groups have been increased rapidly over the last few years with children missing education increasing over 3-fold and those electively home educated increasing by almost 50%.
- **Bullying and cyberbullying:** almost one-third of year 4-6 and year 8-10 reported feeling afraid to attend school sometimes due to bullying. In relation to cyberbullying, almost half of year 6 reported that someone had been mean to them online; one-third of year 9 students reported having been threatened, insulted or harassed online. Tackling bullying (including homophobic, biphobic and transphobic bullying) has been highlighted as a key priority nationally.
- **Prejudice:** approximately 7% of primary school children reported being bullied because of their colour, ethnicity, religion/ beliefs, or the way that they speak. This could potentially represent a sizeable proportion of children and young people in ethnic minority groups in Leicestershire and requires further investigation to better understand which groups are affected.

Recommendations

Addressing Risk Factors

9. Identify additional key professional groups that may work with children and young people and their families who are exposed to risk factors (e.g., debt advisors, housing officers, recovery workers, youth workers etc)
10. Consider providing training and resources to those identified in recommendation 10 around mental health to aid understanding about what can be done to provide help and support for those who need it.
11. Continue the implementation of Trauma-Informed Practice (TIP) across the range of professionals who work children and young people.
12. Explore evidence-based programmes to address bullying and cyberbullying, including addressing prejudice such as homophobic, biphobic and transphobic bullying (as per national guidance) and discrimination based on ethnicity, religion or beliefs.
13. Consider working with schools and the anti-bullying team to better understand bullying due to prejudice and which groups are most affected.

Risk Groups

	Approximate number of children in Leicestershire
Children in care (both those who are the responsibility of Leicestershire and those who are the responsibility of another local authority but are placed in Leicestershire).	700 and 400 respectively in March 2023
Children in need and those on a child protection plan	On child protection plans: 500 in 2020/21
Children and young people whose parents have substance misuse or mental health difficulties, or are imprisoned	-
LGBT+ children and young people	-
Military families	360 in 2022
Those experiencing homelessness	-
Those exposed to child criminal exploitation	200 in 2021/22
Those exposed to child sexual exploitation	200 in 2021/22
Those exposed to domestic violence	-
Unaccompanied Asylum-Seeking Children (UASC)	50 in 2022
Young carers	3477 aged 5 to 24 years in 2021

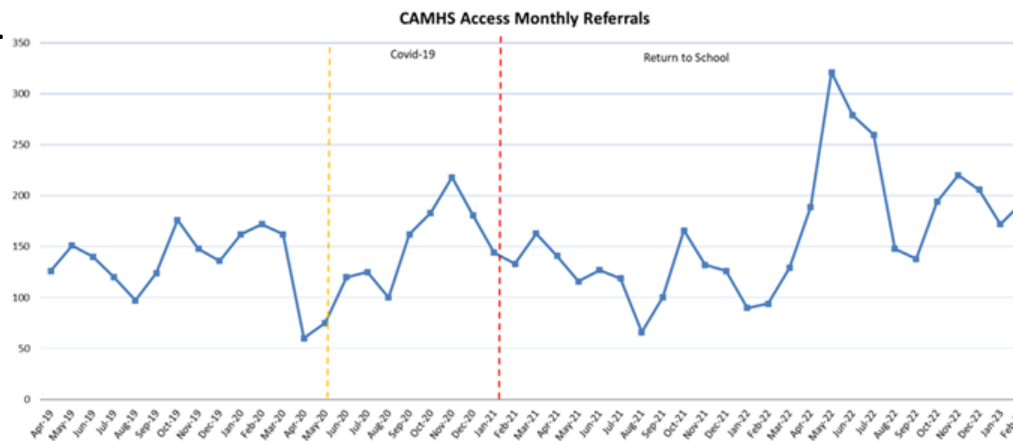
Recommendations

Providing additional support to risk groups

14. Consider including additional groups for prioritised mental health service access (e.g., the Young People's Team), such as children and young people exposed to criminal or sexual exploitation, domestic violence, parental substance misuse, mental health problems or imprisonment, military families and young carers
15. Ensure that service directories and referrals pathways for mental health services are available for Looked After Children who are living outside Leicestershire so that professionals, young people and carers understand what services are available and how to access them
16. Ensure that service directories and referrals pathways for mental health services are available for Looked After Children living in Leicestershire but Looked After by another local authority so that professionals, young people and carers understand what services are available and how to access them
17. Build on partnerships with adult services (e.g., mental health, turning point, domestic violence services) to enable good quality, routine data collection around children and young people affected and ensure that referral pathways are clear and easy to navigate
18. Explore the risks of mental health difficulties in children who identify as LGBT+ and work with mental health services and the VCSE sector to identify specific additional support needs
19. Support the implementation of the Whole Family Relationships service which aims to support families that experience conflict in the home.
20. Explore the specific needs of UASC and how the current offer (including from the VCSE sector) supports this need and what additional support might be required
21. Explore the completion rate of the Strength and Difficulties Questionnaires in Looked After Children; consider further investigation of barriers to completion and use this to inform future practice.
22. Consider explicitly including groups identified as higher risk in local strategies and plans

Services

- Inpatient rates are high compared to comparators and when compared to community, outpatient and secondary care referrals. A significant proportion of admissions are in children and young people with a diagnosed neurodevelopmental disorder.
- In 2022/23, there was a large increase in the number of children and young people referred via CAMHS Access, with routine referrals comprising over 80%.



- There are large waiting lists for neurodevelopmental assessments (approximately 2900 children and young people in April 2023) and treatment clinics
- The number of referrals to the eating disorders team have increased by approximately two-thirds since 2018/19, with urgent referrals increasing four-fold. Whilst the proportion of urgent referrals seen within a week has dramatically improved over this time period, the proportion of routine referrals seen within four weeks has significantly reduced and only about one-third were seen within this timeframe. First Steps was commissioned as a pilot in April 2022 to provide additional support for this changing pattern; this has been extended until the end of 2023 whilst a full pathway review is conducted.

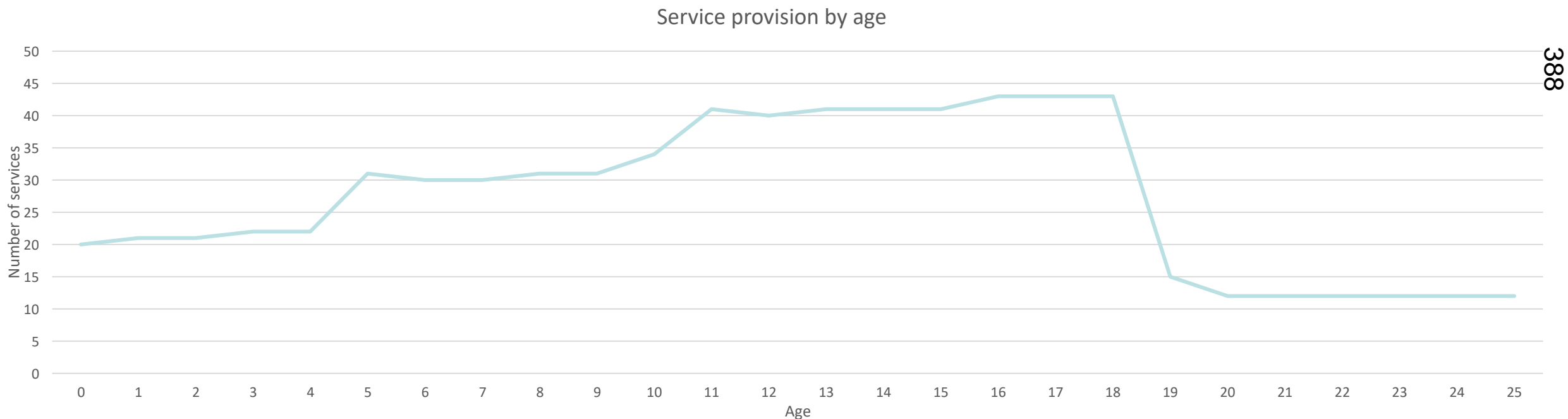
Recommendations

Connecting,
understanding,
and enabling
services

23. Support the development of the service directory and ensure that it is accessible and identifies services available for a wide range of professionals and disseminate it widely. Ensure that an individual is responsible for keeping this up to date
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24. Support the development of a service directory that is available to children and young people and their families that details what services are available via self-referral.
25. Develop and maintain relationships with VCSE organisations to support use of evidence-based practice, enable potential future collaboration/ partnership working and better understand broader service provision across Leicestershire, including any gaps, to identify future opportunities.
26. Support the continued roll-out of Mental Health Support Teams across the County. Collaborate across organisations to ensure that higher risk schools/ areas are identified and prioritised for implementation
27. Support schools to access DfE training grants for senior mental health leads
28. Monitor the First Steps pilot and how this impacts referrals and time taken to be seen
29. Support the ongoing use of the Dynamic Support Pathway to identify concerns early for those with autism and/ or learning disability and prevent further deterioration and escalation
30. Support the neurodevelopmental business case to ensure appropriate services are available and escalations reduced for this cohort
31. Develop and strengthen links with the VCSE sector to support children and young people with neurodevelopmental conditions.
32. Continue to work with autism, neurodevelopmental, and learning disabilities colleagues to encourage a needs-led rather than diagnosis-led system.
33. Explore options to provide supportive, friendly and inclusive environments for those with autism, neurodevelopmental conditions and learning disabilities, for example, using the green light toolkit for mental health services or the NHS England sensory friendly resource pack.

Transition to Adult Services

Professionals discuss the importance and difficulties around transition from children to adult services. For the majority of children and young people most services cater for individuals up to 18 years old, when they are transitioned to adult services. Care navigators help to coordinate transition between children’s and adults services, however, evaluation of this service would help to understand where more could be done.



Recommendations

Supporting transition from children's to adult's services

34. Support the use of care navigators to support the transition of young people's care from children to adult service
35. Ensure that this is evaluated to understand strengths and weaknesses and identify any additional actions that may be required
36. Consider the feasibility, advantages, and disadvantages of extending the age of transition up to 25

Areas requiring further investigation

- **Anxiety:** anecdotally, professionals report that the prevalence of anxiety symptoms has increased significantly since the beginning of the pandemic and is one of the predominant mental health difficulties that they encounter. There is no local data available to investigate this further.
- **Cannabis use:** anecdotally, professionals report that there appears to be a rise in the use of cannabis to manage mental health difficulties rather than engaging with mental health services. There is no local data available to investigate this further.
- Other protective and risk factors with limited local data:
 - Good education
 - Someone from the family being in work
 - Positive relationships with parents
 - Social/ community inclusion
 - Parental imprisonment

Recommendations

Areas
requiring
further
investigation

37. Anxiety has been identified by professionals as a growing concern in children and young people in Leicestershire, however, there is currently no data available. Consider investigating how anxiety is impacting children and young people, and how it is changing in Leicestershire.
38. Consider investigating the trend in use of cannabis to manage mental health difficulties as described by local professionals. Consider including the use of CBD products within this scope.
39. Consider collecting data on additional protective factors such as having a good education, someone from the family being in work, having a positive relationship with parents, and social/ community inclusion and risk factors such as parental imprisonment.

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Next steps and questions