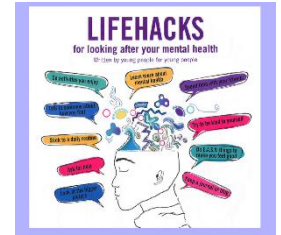


## Mental Health of Children and Young People

Mental health services for children and young people are crucial for the long-term management of mental health in the adult community. By identifying young people in the early stages of emotional and mental distress, and putting in place preventative measures, support and treatment packages, the chances of a full and lasting recovery are maximised. This in turn reduces the burden on services through transition to adulthood and creates lifelong benefits for the young person, their family and for statutory health and social services.



Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child.

The Child and Maternity Health Observatory [Child Health Profile for Somerset](#) indicated that hospital admission rates for 0-17 year olds due to mental health conditions are not significantly different from that of England as a whole; hospital admissions as a result of self-harm, however, are significantly higher (see [self-harm](#) page including Director Of Public Health Annual Report 2018 – Self-Harm).

In October 2014, Public Health England launched a new [Children and Young People's Mental Health and Wellbeing Profiling Tool](#). It collates and analyses a wide range of publicly available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It provides commissioners, service providers, clinicians, services users and their families with the means to benchmark their area against similar populations and gain intelligence about what works.

Somerset compares favourably with national and regional norms on many indicators. However, in addition to self-harm hospital admissions (see above), the county is higher than the national and South West benchmarks for:-

- Hospital admissions for substance misuse (age 15-24)
- Hospital admissions for unintentional and deliberate injuries (under 15s and 15-24s)

## Impact of Mental Ill Health in and shortly after Pregnancy

In March 2016, the Child and Maternity Health Observatory launched reports on [Mental health in pregnancy, the postnatal period and babies and toddlers](#), featuring a range of indicators covering mothers, mums-to-be and very young children with mental or emotional health problems. The reports also contain a wealth of useful references and a glossary of relevant terms, and can be exported as a Word document. The report for Somerset local authority can be [read here](#). For more information, see our [Perinatal and Infant Mental Health page](#).

## Commissioning in Somerset

- Local authority services are commissioned through Children's Social Care
- Specialist (Tier 3) community services are commissioned by the NHS Clinical Commissioning Group.

- In addition, in-patient care and specialist health residential placements are *now* commissioned by the NHS National Commissioning Board (Specialist Commissioning).

## **Positive Mental Health - Joint Strategy for Somerset 2014-19**

A new joint strategy was published in December 2014, and is available [here](#).

This strategy highlights the importance of children, young people and families in achieving positive mental health for Somerset. A dedicated work stream is already taking forward improvements in the pathway for children and young people with mental health problems, which includes commissioning developments across all tiers of provision and in services commissioned by both health and social care. The Emotional and Mental Health of Children and Young People Plan for Somerset specifically addresses issues of promotion and prevention.

In respect of children and young people, it covers themes such as:

- Perinatal mental health
- Family life and the role of universal services for children
- Early help and support
- Specialist mental health services
- Gaps and pressures

The strategy also identifies five actions to support the emotional health of children and young people:-

- Involve young people and their families in the co-design, co-production and co-delivery of services to support their health and wellbeing
- Make sure that everyone in the children and young people's workforce is well informed about emotional and mental health
- invest in parenting programmes which are low cost, high value interventions which can be developed and delivered in a flexible and inclusive way
- Protect children, young people and families from risks such as exposure to bullying, violence, discrimination and from the effects of harmful drinking and substance misuse
- Invest in interventions for behaviour and for conduct disorder which have been identified as a 'best buy for mental health' with potential savings from each case through early intervention estimated at £150,000 for severe conduct problems and £75,000 for moderate conduct problems

The most recent Mental Health Needs Assessment, published in 2011, is available [here](#); a summary of [Children and Young People's Emotional Health and Wellbeing](#) data was published in 2015.

## **Mental Health Disorders – National Prevalence Data**

Mental Health of Children and Young People 2017 - Major surveys of the mental health of children and young people in England were carried out in 1999, 2004, and 2017 by the National Centre for Social Research, the Office for National Statistics and YouthInMind.

One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017

Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by five to 19 year olds in 2017 (8.1%)

Rates of mental disorders increased with age. 5.5% of two to four year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds. Caution is needed, however, when comparing rates between age groups due to differences in data collection. For example, teacher reports were available only for 5 to 16 year olds. Please refer to the Survey Design and Methods Report for full details

Data from this survey series reveal a slight increase over time in the prevalence of mental disorder in 5 to 15 year olds (the age-group covered on all surveys in this series), rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017

Emotional disorders have become more common in five to 15 year-olds – going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017. All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999

## **Somerset**

Prevalence data from national survey, when seen in the context of the Somerset population, estimates that three out of 30 children will have a diagnosable mental health condition. This is reflected in our own incidence rates of 9,900 with a diagnosable condition against a population of 110,000 children and young people. Yet beneath this number of children sits at least another seven who will experience emotional difficulties that would be classified as mild to moderate and, if not supported, could progress into a mental health condition.

## **Specialist Child and Adolescent Mental Health (CAMHS)**

Somerset Partnership NHS Foundation Trust is commissioned to deliver the Specialist CAMHS service in Somerset with three multidisciplinary teams in Taunton, Wells and Yeovil and a countywide outreach team. Together they offer an assessment and treatment service for young people experiencing moderate to severe mental health difficulties. Referrals to the Single Point of Access (SPA) for CAMHS can be made by a wide range of agencies and professionals. The service welcomes referrals by letter, use of the CAMHS referral form, by telephone or Early Help Assessment (EHA) form. Launched in 2017 the SPA is used by schools and CYP practitioners seeking advice, reassurance, sign-posting or request for support.

## **Mental Health at School or College**

The 2018 [Somerset Children and Young People Survey](#) (SCYPS) involved asking almost 10,000 young people between eight and 17 years questions on a range of health and wellbeing issues. These included a number of questions on self-esteem, coping with worries, etc. Findings included:

- 30% of primary pupils and 35% of secondary pupils had a high self-esteem score (15 or more).
- 77% of primary pupils and 78% of secondary pupils responded that they worry about at least one of the issues listed 'quite a lot' or 'a lot'.
- 80% of primary pupils responded that they at least 'sometimes' listen to music when a problem worries them. 93% said they talk to an adult about the problem and 63% keep busy.

- 86% of secondary pupils responded that they at least 'sometimes' get help from trusted adults (e.g. parents/carers, other relatives, teachers etc.) when they are struggling/feel bad or stressed/have a problem that worries them; 86% said they get help from friends.
- 44% of secondary pupils responded that when something goes wrong, they 'usually' or 'always' learn from it for next time, while 26% said they get upset and feel bad for ages.
- Poor emotional wellbeing among Year 10 pupils was found more often among vulnerable groups and was generally associated with other unsafe or health-risky behaviours.
- 32% of secondary pupils had a low measure of resilience (0 – 19).
- 44% of secondary pupils responded that when something goes wrong, they 'usually' or 'always' learn from it for next time, while 26% said they get upset and feel bad for ages.
- 50% of secondary pupils responded that, if at first, they don't succeed, they 'usually' or 'always' keep on trying until they do, while 39% ask for help and 17% give up.

## School-Based Support

- Depending on the setting, schools will access a range of school-based universal to early intervention support including Parent and Family Support Advisors (PFSAs), school nursing, Educational Psychology, Emotional Literacy Support Assistants, school counsellors, Emotional Wellbeing Workers, Kooth (online counselling), pastoral leads and VCS such as Young Somerset.
- Schools also have access to support and training through Public Health that provides [The Somerset Wellbeing Framework](#) to assist schools to adopt a 'whole school approach' to mental health and wellbeing. This is enabled through an extensive training offer including: **LIFEbeat Relationships, Sex and Health Education CPD**, Emotion Coaching, Mental Health First Aid, bitesize mental health workshops themed around anxiety, self-harm, bereavement and eating disorders.
- In July 2019, a collaborative of local organisations including CCG, Local Authority Education and Public Health, Somerset Partnership Trust and Young Somerset, made a successful bid for NHS England and DfE funding to develop two **Mental Health Support Teams**. This work is in response to the Government's Green Paper (2017) to improve mental health outcomes for children and young people. The teams will provide support to schools to develop a whole system approach to mental health and will offer 1:1 and group support for children and young people identified with mild to moderate mental health needs.



Children and Young People's Mental Health – Local Transformation Plans. NHS England funding since 2015 has also enabled the developments of:

- **SHARE** – Schools Health and Resilience Education Team - SHARE is the universal offer to schools for supporting young people's emotional wellbeing and mental health. Since September 2017 the Schools Health and Resilience Education Project (SHARE) has been working in Somerset's secondary and middle schools developing interventions such as Emotion Coaching training, Wellbeing Champions and parent forums.
- Self-Injury Project - **Dedicated support, training and policy development for schools** including a [Self-Injury Project Guide \(SIPP\)](#).
- **Kooth** - Online Counselling and Wellbeing information website. Staffed by fully trained and qualified counsellors and available until 10pm each night, 365 days per year, it provides a much needed out of hours service for advice and support.

## Key Local Issues and Priorities

In our examination of local need, including engagement activities with young people and families, we have identified key issues and factors that affect children and young people's capacity to be emotionally well, resilient, and in times of greater need, able to access the right information and support.

**Data Sources: CAMHS Participation Groups 2019/ Children and Young People Survey 2018/ LIFEbeat Camp 2019/LGBT Coming Out Survey 2018/Staff Survey 2018**

- We understand that advice and support have to be joined up, visible and understood by young people and everyone that works with or cares for them regardless of where they live, household income or level of vulnerability. We know that many emotional issues can be tackled and supported at an early stage in settings like schools and places where children and young people feel safe. But we recognise that staff in these settings need to feel secure in their abilities, have knowledge of where to access good resources and know how to look after themselves so that they can support young people.

**Data sources: Children and Young People Survey 2018/Body Positivity Focus Groups 2019/ Somerset County Council Engagement Team 2019/Local NHS hospital admissions 2019**

- We know that building and sustaining good relationships at home, in school and with friends is a key protective factor and that school and family offer the greatest sources of support to children and young people. We know that in most cases young people just need someone to listen to them and take them seriously and that the more they feel connected, seen and valued, the quicker they will recover a positive sense of wellbeing. We understand the range of different reasons children and young people seek support; most commonly anxiety/stress, depression, self-harm, family relationships, confidence/self-worth and suicidal thoughts. We know that girls are more likely to unintentionally self-injure than boys.

**Data sources: 2BU LGBTQ+ Coming Out Survey/ Children and Young people Survey/ Youth Parliament/Young Somerset/Somerset County Council permanent and fixed term exclusion data**

- We know that some children and young people experience higher rates of emotional and mental health issues that can be linked to disadvantage, adversity, gender, sexuality and living in challenging circumstances. We know that social and emotional mental health is linked to a rise in high needs funding and that prevalence in exclusion data peaks around transition so there is a need to provide support and prevent poor mental health at an earlier age.

**Data Sources: School Staff Survey/ Somerset Association of Secondary Heads Executive (SASH)/ Somerset Education Partnership (SEP)**

- We know that schools want to do more to support children and young people's mental health but lack time, capacity and confidence. We know that schools would like a more community-based offer that links into their whole school approach. We know that they appreciate support navigating resources and interventions and value input from Educational Psychology and Public Health in the guidance and training they offer.

For more details of mental health and wellbeing support and interventions for schools go to: [www.cypsomersethealth.org](http://www.cypsomersethealth.org)