EMOTIONAL RESILIENCE OF YOUNG PEOPLE – FUTURE IN MIND

PURPOSE

1. To brief Board Members on current issues in relation to young people’s mental health with a particular focus on self harm and emotional resilience.

2. To inform Board Members of how we are currently addressing these issues and of our future proposals for improving young peoples’ emotional well being across the partnership.

RECOMMENDATIONS

3. That Board Members consider and comment on the action plan agreed to understand and improve young people’s overall emotional resilience and to minimise and address the occurrence of self harm.

PUBLIC/EXEMPT: Public

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BACKGROUND

4. On 1 December 2014 the Children’s Trust Board considered Quarter 2 performance and were updated on the health-related behaviour and perception survey (SHEU survey) 2014. Headline results were reported, which showed an increase in low self-esteem amongst young people. In response to this (and further Board discussion), a ‘deep dive’ item on ‘mental health, self harm and self esteem issues, including the mental health of Looked After Children’ was added to the forward plan.

HEADLINES

5. The Schools Health Education Unit (SHEU) in conjunction with the Public Health team conduct a health related behaviour and perception survey within schools every two years. This is a national longitudinal study which enables comparisons and analyses of developing and ongoing trends, and which facilitates intervention programmes to be monitored and evaluated.

6. Data drawn from the SHEU survey reflects a downward trend of emotional health amongst children and young people in Central Bedfordshire. Locally a comparison of Central Bedfordshire data with the SHEU wider survey showed that pupils in Central Bedfordshire had lower self esteem scores compared to the wider sample:
• Year 6: 35% Central Bedfordshire vs. 42% SHEU
• Year 8 32% Central Bedfordshire vs. 38% SHEU
• Year 10: 28% Central Bedfordshire vs. 40% SHEU


**CURRENT ACTIVITY – FUTURE IN MIND**

8. In September 2014, the Government established the Children and Young People’s Mental Health Taskforce. This brought together experts on children and young people’s mental health including children and young people themselves, with leaders from key national and local organisations across health, social care, youth justice and education sectors. The aim of the Taskforce was to identify what needs to be done to improve children and young people’s mental health and wellbeing, with a particular focus on making it easier to access help and support, and to improve how children and young people’s mental health services are organised, commissioned and provided.

9. The Taskforce Report *Future in Mind* was published in March 2015 and identified that the current system has unintentionally created barriers between services and can result in children and young people falling between gaps, and experiencing poor transition between services. It highlighted some key issues including that there is:

• Not enough information is available about what services do, how many young people they see, what it costs and what the results are. This information (data) is needed to make improvements.

• There are increases in referrals and waiting times, with services reporting that the problems are becoming more difficult and severe.

• When young people hit crisis point their access to out of hour’s services is different depending on where they live.

• Some children and young people find it especially difficult to access services they feel are suitable, even when they definitely need support.

10. NHS England are allocating financial resources to Clinical Commissioning Group’s nationally to support local partners to work collaboratively to develop a system wide approach which will promote, protect and improve children and young people’s mental health and wellbeing. Bedfordshire Clinical Commissioning Group (BCCCG) has received notification of the allocated financial resource available (£795,000) to transform local mental health services across Central Bedfordshire and Bedford Borough. This allocation will be recurrent for five years subject to approval of local transformational plans.
11. In response to this in August 2015, Bedfordshire Clinical Commissioning Group in collaboration with the mental health provider and partners met to develop local plans to transform mental health services across the area.

12. From this event, plans have been developed and objectives identified for the purpose of securing and sustaining improvements in children and young people’s mental health outcomes in five particular areas including:

- Eating Disorders
- Perinatal care
- Children and Young Peoples IAPT
- Early intervention / Crisis services
- Prevention/ early intervention.

13. Within the Future in Mind guidance, it is strongly emphasised that schools are key partners to supporting young people to access mental health services. In recognition of this Bedfordshire Clinical Commissioning Group alongside local schools submitted a Joint Schools’ Project bid to NHS England in August 2015. The pilot project is intended to improve:

   a. access to psychological therapies for pupils,
   b. pathways between CAMHS and educational settings, and
   c. educational staffs’ awareness of mental health issues in young people including their ability to identify issues at an early stage and provide low level interventions to pupils.

ADDITIONAL ACTIVITIES

14. CAMHS continue to provide presentations to schools and agencies working with children and young people throughout Bedfordshire promoting mental health awareness to staff working with children and young people.

15. CAMHS also provide ongoing presentations to pupils within Bedfordshire schools promoting positive mental health.

16. In August 2015, CAMHS enrolled four members of staff on its Children and Young People and Increasing Access to Psychological Therapies (IAPT) training, to deliver training to other providers.

17. A well being service is provided by school nurses through their drop in service in middle and upper schools. School nurses are also trained to deliver tier 1 and tier 2 support interventions within schools.

18. The Public Health Team in partnership with Central Bedfordshire Council, schools and the teaching school have established a Personal, Social, Health, Education and Pastoral Care network to share information and to facilitate networking events across the partnership.
19. East London Foundation Trust (ELFT) CHUMS and Public Health in Central Bedfordshire have worked collaboratively to develop a follow up emotional well-being survey which is due to be rolled out in schools in the second half of the Autumn term to determine the reasons for low emotional well being in young people. It is anticipated that this will help us to understand the causes and extent of the issue but also give us some insight into the things which help children and young people to cope. The results of this survey will be available in April 2016.

20. Post-discharge support to children and young people who have self-harmed (particularly where there is a history of repeated self-harm), are given a three month period to contact the CAMHS service directly if they feel additional support is required or if they experience a relapse in their mental health.

21. To ensure robust screening measures are in place for managing crisis cases, CAMHS are currently reviewing their process for managing all new referrals into the teams. The new screening measures proposed are further intended to manage the risk presented by:

- increasing the level of screening of cases through the implementation of a daily triage
- gathering additional information from relevant sources at the time of the assessment (including the voice of the child) to support the clinician to assess the level of urgency and prioritisation required.

22. Processes are in place to provide a same day response to any urgent cases presenting to the local acute hospitals across Bedfordshire and Luton. This ensures young people presenting in severe mental health crisis receive a same day response. One to one support is also available to those presenting in acute settings with physical needs if it is further assessed that they may present a risk of harm to either themselves or others on the ward.

NEXT STEPS

23. It is expected that the transformation plans will be agreed and submitted to NHS England in October 2015 thereby allowing us to secure additional financial resources to implement these plans.