



Children and Young People's Mental Health

Joint Strategic Needs Assessment 2018

Executive Summary

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Abbreviations

Abbreviation	Full form
ACE	Adverse Childhood Experience
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BFS	Brighter Futures Survey
CCG	Clinical Commissioning Group
CIPFA	Chartered Institute of Public Finance and Accountancy
CYP	Children and Young People
EWMHS	Emotional Wellbeing and Mental Health Service
NEET	Not in Employment Education or Training
NELFT	North East London Foundation Trust
ONS	Office for National Statistics
PHE	Public Health England
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities

A copy of the full version of this report will be available on the Thurrock Council website at: thurrock.gov.uk/public-health-reports

Summary of key findings and recommendations

Recommendation	Details
1. Focus on building strengths and reducing risks not just treating illness	<p>Mental ill health can be seen as developing as a result of an imbalance between positive (protective) factors and risk factors. Far too many children and young people (CYP) get to the point where they have an established mental health disorder which requires treatment.</p> <p>Much of the focus of national and regional policy is on treatment services but the growth in demand for treatment is unsustainable.</p> <p>Whilst it is vital for CYP with serious mental ill health to be treated quickly, an ever-greater focus on treatment will not solve the underlying problem. Focussing on prevention and promotion of mental wellbeing will not only prevent many young people from becoming unwell but will also reduce pressure on treatment services allowing those who do need specialist treatment to be access the support they need more quickly.</p>
2. Promote the protective factors which keep CYP mentally well	<p>We have identified key areas where there is an opportunity to strengthen protective factors using evidence-based interventions:</p> <ul style="list-style-type: none"> • Good social connections are vital for maintaining good mental health. We know that many CYP in Thurrock feel isolated. Mentoring schemes and the group intervention <i>LISA-T</i> have been found to be effective in strengthening social support networks. • Positive coping strategies are a key part of resilience. Interventions such as <i>Friends for Life</i> and the <i>Penn Resilience Programme</i> are effective in teaching CYP to cope, reducing anxiety and depression. • Physical activity has a very strong impact on mental as well as physical health. The evidence for effective ways to improve this in CYP is weak but a number of interventions show promising results including: <i>The Daily Mile</i>, <i>GreatFun2Run</i>, <i>Switch-Play</i>, and <i>ICAPS</i>. As the evidence is relatively weak, strong evaluation plans would be needed for any local implementation.

Key findings and recommendations

Recommendation	Details
3. Tackle the risk factors which can push people into mental ill health	<p>There is strong evidence that certain key risk factors put CYP at high risk of mental ill health. There is also evidence that some of these can be effectively tackled by local action. The two areas where we identified the greatest opportunities to tackle risk factors for poor mental health are:</p> <ul style="list-style-type: none"> • Bullying has a very strong impact on mental health, often lasting into adulthood. Thurrock pupils have told us that this is a problem for them. As well as strong policies, targeted prevention programmes have been found to be effective including <i>KiVa</i> and <i>The Good Behaviour Game</i>. • Body Image is a source dissatisfaction for many adolescents. It increases the risk of mental ill health, especially eating disorders. Targeted interventions such as <i>Happy Being Me</i> can be effective in allowing young people to develop positive body image.
4. Develop a new partnership model and create school-based wellbeing teams	<p>Due to the complex nature of CYP mental health, strong partnership working between agencies is vital. The current service landscape is complex and fragmented. A strong platform for partnership working between schools, colleges, the Council, the CCG, the community sector and provider organisations could help to create joined-up services.</p> <p>Multi-agency school-based teams have been trialled with some success in a number of areas. These can perform multiple functions including: delivering prevention interventions (as outlined above), providing training and support to school staff, acting as a link with treatment services. The primary focus of these teams should be on prevention not on supporting treatment services.</p>
5. Gather and share information on what is already being done	<p>Having a better understanding of what is already being done to address mental health issues will help to reduce overlap, identify gaps and share learning about what works. Further consultation with schools, colleges and community groups is needed to create a more comprehensive picture, helping to reduce overlap, identify gaps and share learning about what works.</p> <p>Developing a self-assessment tool with schools to allow them to review their current mental-health related activities could help to identify gaps and shape future interventions supported by school-based wellbeing teams.</p>
6. Improve mental health data and track progress by all schools participating in the Brighter Futures Survey	<p>Good data on mental health is vital for understanding the strengths and needs of young people in Thurrock. Our understanding is currently limited in areas such as eating disorders, sleep, and self-harm. The Brighter Futures Survey is a vital source of information and can be used to fill these gaps. For maximum benefit all schools should participate. This will also help to shape mental health strategies at school level and could direct the work done by multi-agency teams in future.</p>

Background

“For too long mental illness has been something of a hidden injustice in our country, shrouded in a completely unacceptable stigma and dangerously disregarded as a secondary issue to physical health. Yet left unaddressed, it destroys lives, it separates people from each other and deepens the divisions within our society. Changing this goes right to the heart of our humanity; to the heart of the kind of country we are, the values we share, the attitudes we hold and our determination to come together and support each other.”

Prime Minister Theresa May, 2017

Purpose and Scope

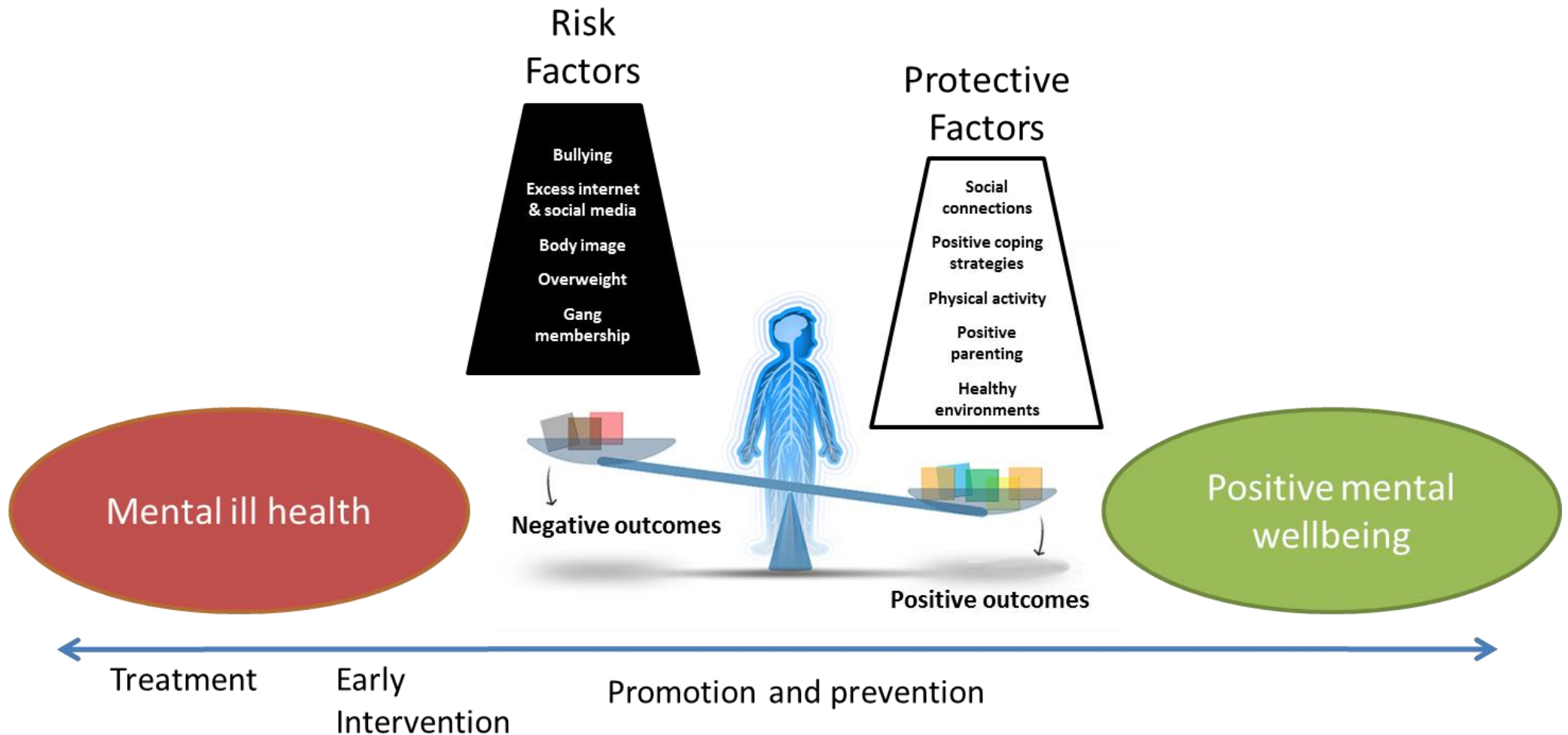
We know that the mental health of our children and young people is a major concern for young people, parents, teachers and other professionals. One in ten young people has some form of diagnosable mental health condition (DoH & DfE, 2017). Between a quarter and half of all adult mental health disorders could be averted with effective childhood interventions (COI, 2011). This needs assessment is intended to contribute to the goal of improving the mental health of children and young people in Thurrock.

This needs assessment is a response to growing concern among schools, colleges, community organisations and young people. It presents data and evidence on what we currently know about mental health in Thurrock. It is designed to help start a conversation about what we can do locally to tackle these issues.

Mental ill health can be seen as resulting from an imbalance of positive and risk factors (see **Figure 1** on page 5). Much of the focus of national and regional policy is on the treatment of those who have established mental health problems. Our focus has been on considering how we can stop mental illness from developing in the first place by building on existing strengths and minimising risks which tip young people away from mental wellbeing and towards mental ill health.



Figure 1. Tipping the balance towards positive mental wellbeing and away from mental ill health



* Graphic adapted from: Resilience Scale, Center on the Developing Child, Harvard University

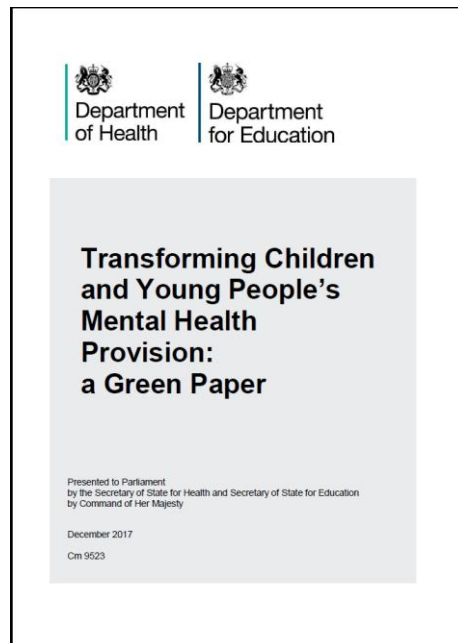
National and regional policy context

National Policy

A government Green Paper published in 2017, set out proposals including:

- A designated senior lead for mental health in every school;
- Mental health support teams linking schools to NHS treatment services providing links into treatment, training for teachers and interventions for pupils;
- Reducing the waiting time standards for treatment in NHS services from the current 12-weeks to 4-weeks.

Implementation to happen in trailblazer areas beginning in 2019 and all three elements to reach 20 – 25% of schools by 2022/23.



Regional Policy

The [Open Up, Reach Out 2015–2020](#) strategy sets out a programme of service transformation across Southend, Essex and Thurrock. In the first year, this led to the launch of a new integrated service (the Emotional Wellbeing and Mental Health Service (EWMHS)) operating across seven Clinical Commissioning Groups and three local authorities (including Thurrock CCG and Council). This change included a 25% increase in annual investment and an expansion of coverage: the previous service was working with around 3,200 children whereas there are now more than 6,000 being supported by EWMHS across the Southend, Essex and Thurrock.

The main priorities for this work are:



Improve Access and Equality	Build Capacity and Capability in the System	Build Resilience in the Community
For example: <ul style="list-style-type: none"> • Establishing single points of access • Improving crisis services • Increasing IAPT coverage for children and young people 	For example: <ul style="list-style-type: none"> • Workforce strengthening • Improving data and IT • Governance and performance framework 	For example: <ul style="list-style-type: none"> • Engagement • A clear role for schools • Suicide prevention and support for children who harm themselves
Further needs assessment		
Investment		

Protective factors

A range of positive factors are known to keep children and young people mentally well. They not only enhance mental wellbeing but also build resilience (the ability to cope with adversity).

We have identified key protective factors which:

- Promote positive mental wellbeing
- Are known to be an issue in Thurrock
- Can be strengthened by evidence-based interventions.

Much of understanding about the issues in Thurrock comes from CYP told us through the Brighter Futures Survey of school pupils in 2016/17. A total of 1,010 children took part in the survey across 8 primary and 4 secondary schools.

Protective Factor	Description
Social connections	Good social networks of friends and family are vital for positive mental wellbeing.
Positive coping strategies	When faced by stress, some ways of coping are highly effective, while others can be destructive.
Physical exercise	Exercise is known to promote good mental health and reduce anxiety and depression
Supportive parenting	Parents' mental health, and a stable home without conflict influence children's mental health creating intergenerational patterns.
Healthy environment	The physical environments (e.g. good housing and green space) have a promote good mental health.

How often do you have feelings of loneliness

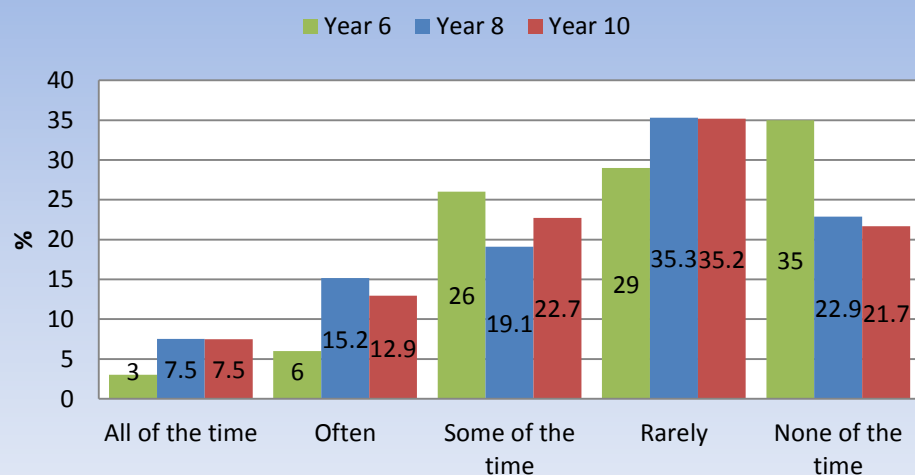


Figure: Feeling Lonely Years 6, 8, 10 Pupils.

Source: Thurrock Brighter Futures Children and Young People's Survey, 2017

Coping with worries and concerns in a negative way - Year 8

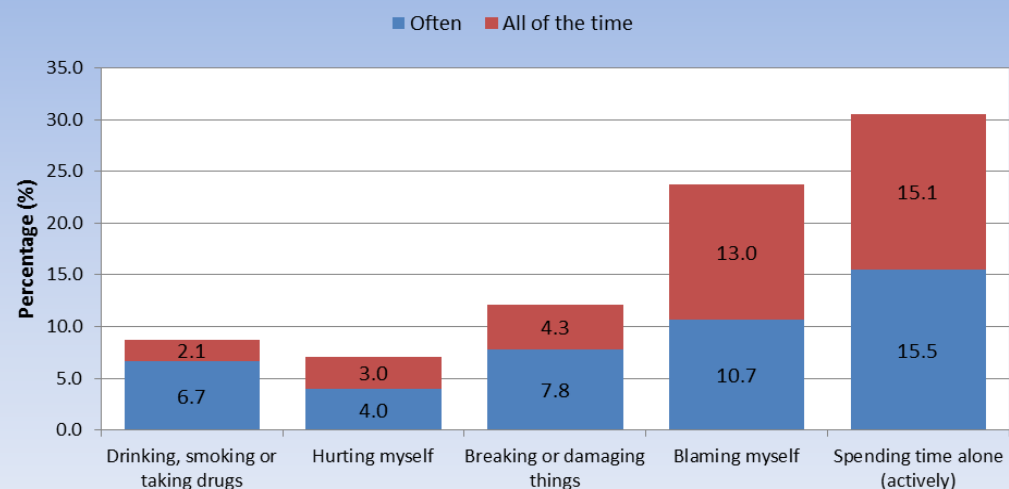


Figure: Coping positively in Year 8

Source: Thurrock Brighter Futures Children and Young People's Survey, 2017

Risk factors

There is strong evidence that certain risk factors have a negative impact on mental health in children and young people. Some characteristics which make people more susceptible to mental ill health cannot be modified by interventions – e.g. age, gender and genetics) there are other factors which can be effectively targeted. We have identified a range of key risk factors (right) which are known to be an issue in Thurrock and which could be effectively tackled by targeted interventions.

Bullying stands out as an issue which is known to have a strong negative impact on mental health and which many CYP in Thurrock say they have experienced in the last year (see below). Many young people also say that they worry about tests and exams, and the way they look (below, right).

Protective Factor	Description
Being Bullied	One of the strongest risk factors for mental illness with effects which often continue into adulthood
Excessive internet use	Growing evidence shows excessive use of internet and social networking sites increases anxiety and depression.
Body image	Poor body image is strongly linked to eating disorders and known to be an issue in Thurrock (see below)
Overweight	Can be a cause and consequence of poor mental health
Adverse childhood experiences	Intense sources of stress in childhood such as abuse; neglect; violence between parents, alcohol or substance misuse can have long-term effects on mental health.
NEET	Not being in employment education or training is a strong risk factor and makes people harder for services to reach.
Gang membership	Gang members have much higher rates of depression, anxiety and psychotic-like symptoms. This could be both a cause and consequence of involvement in gangs.

Percentage of pupils who said they have been bullied in the last 12 months by year group

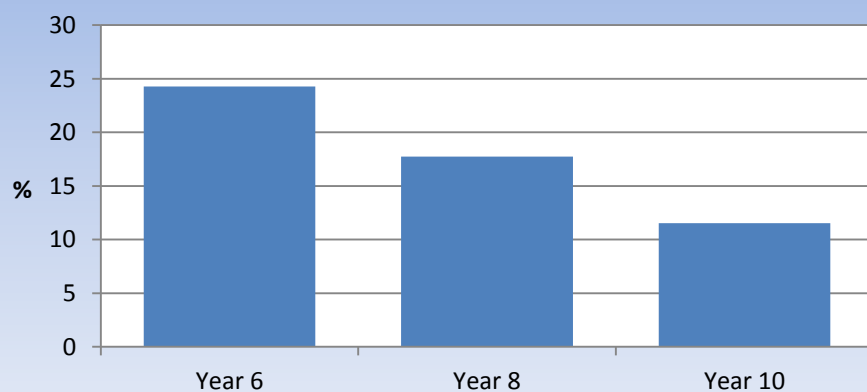


Figure: Bullying rates in Thurrock school children

Source: Thurrock Brighter Futures Children and Young People's Survey, 2017

How often do you worry about certain things?

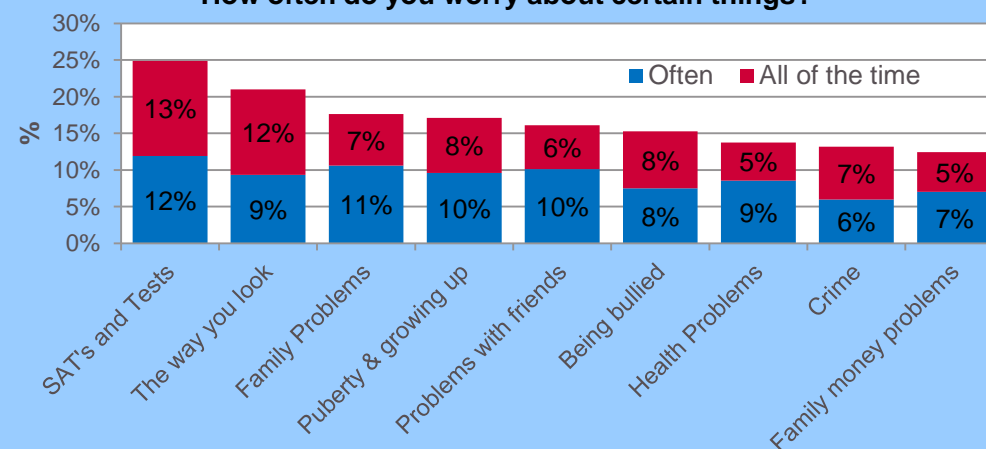


Figure: Topics which worry Year 6 pupils in Thurrock

Source: Thurrock Brighter Futures Children and Young People's Survey, 2017

Mental health disorders



Common mental health disorders in children and young people

- **Conduct disorders** are characterised by persistent defiant/aggressive behaviour
- **Mood/emotional disorders** include anxiety and depression
- **Eating disorders** include bulimia nervosa, anorexia nervosa and binge eating disorder.
- **Autism Spectrum Disorder (ASD)** is often characterised by social problems that include difficulty communicating and interacting with others.
- **Attention Deficit Hyperactivity Disorder (ADHD)** and Hyperkinetic Disorder include poor attention, hyperactivity and impulsivity

The national picture

When the balance of protective and risk factors tips too far towards negative outcomes, young people may develop mental illness. The best available national data on mental health disorders is given in the table below.

More mental health disorders are being diagnosed and treated in CYP than in the past but the reasons for this are not always less clear. It may be because CYP have more mental illness than in the past, because mental illness is now being recognised more, or because diagnostic criteria have changed.

- **Mood disorders:** There is evidence that anxiety and depression are now considerably more common in CYP than in the past. One study found 7% of children reporting these in 1986 compared to 15% in 2006;
- **Conduct disorders** are diagnosed and treated more than in the past but the reasons for this are unclear.
- **ADHD** is diagnosed more than in the past but evidence suggests this is largely due to changes in diagnostic criteria.
- **ASD** is more common than in the past but the reasons are unclear.

Condition	Percentage (and approximate number) of young people experience it in England
Conduct disorder	5.8% (510,000)
Anxiety	3.3% (290,000)
ADHD	1.5% (132,000) (2.6% in boys, 0.3% in girls)
Depression	0.9% (80,000)
Autism Spectrum Disorder	0.9% (80,000)
Eating disorder	0.3% (26,500)
Selective mutism	0.1% (26,500)

Mental health disorders

The picture in Thurrock

Conduct disorders and mood disorders (mainly anxiety and depression) are the most common forms of mental ill health for CYP in Thurrock. There has been a steep rise in the number of CYP in treatment from 225 at the launch of the EWMHS service in November 2015 to 600 by November 2017.

The prevalence of self-harm is an area of particular concern. It is the third most common reason for CYP presenting to EWMHS and 7% of Year 8 and 4.6% of Year 10 report coping by hurting themselves.

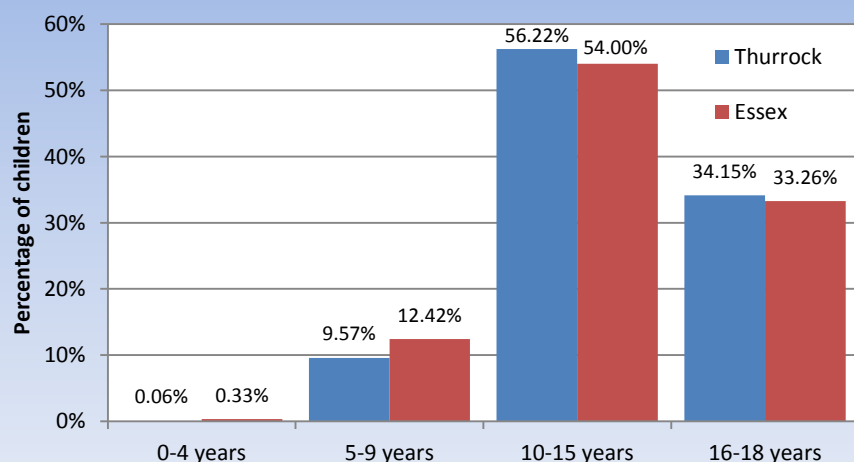
Strategies which prevent mental health disorders are vital for improving mental health and for relieving pressure on treatment services.

Table. Estimated prevalence of common mental health disorders in school-age children and young people (aged 5 – 16)

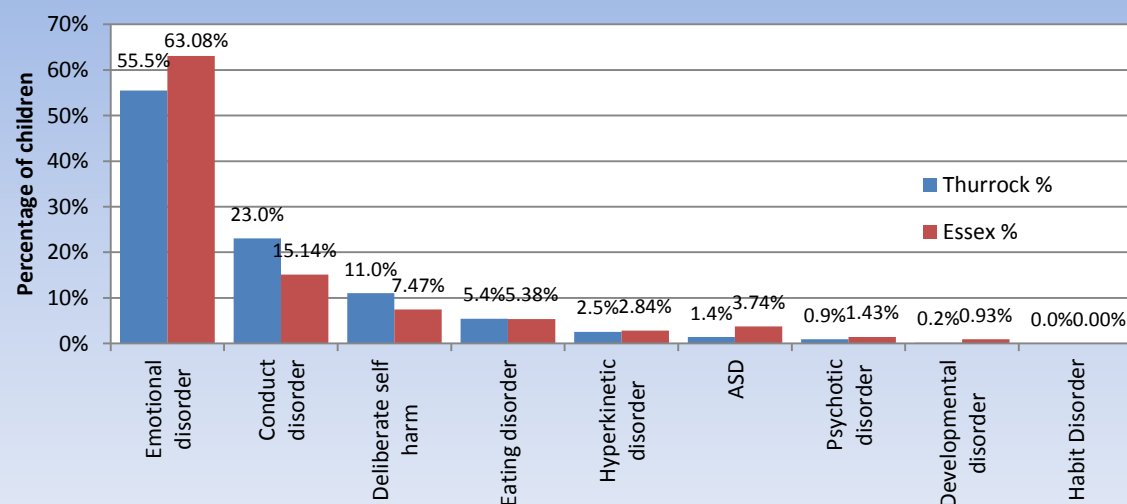
Mental Health Disorders	Data year	England	East Of England	Thurrock
All mental health disorders	2015	9.20%	8.80%	9.50%
Emotional disorders (mainly anxiety and depression)	2015	3.60%	3.40%	3.63%
Conduct disorders	2015	5.60%	5.30%	5.81%
Hyperkinetic disorders	2015	1.50%	1.40%	1.59%

Source: PHE Fingertips

Age profile of Children seen by EWMHS, April - November 2017



Entrants into EWMHS by Primary Presenting Problem, April - Nov 2017



Existing mental health services for children and young people

A wide range of services are currently available and some of these are mapped in more detail on the following page. We do not know about many other things which are happening through community groups, in schools and colleges.

This report focuses on the risk and protective factors which underlie mental ill health. The Table below shows some of the existing services which address key protective and risk factors.

Protective Factor	Examples of Existing Preventative Interventions
Social connections	<ul style="list-style-type: none"> Personal Social and Health Education (PHSE) lessons
Positive coping strategies	<ul style="list-style-type: none"> Reprezent media channel Open Door therapeutic workshops, mentoring
Physical exercise	<ul style="list-style-type: none"> Daily Mile in primary schools Active Essex/Active Thurrock
Supportive parenting	<ul style="list-style-type: none"> Brighter Futures: Healthy Families Service (health visiting and school nursing) Brighter Futures: Prevention And Support Service (PASS) parenting programmes
Risk Factors	
Bullying	<ul style="list-style-type: none"> Individual school policies and programmes
Body image	<ul style="list-style-type: none"> None identified
Use of internet and social media	<ul style="list-style-type: none"> PHSE Walk online
Overweight and obesity	<ul style="list-style-type: none"> Daily Mile in primary schools Active Essex and Active Thurrock
ACEs	<ul style="list-style-type: none"> Prevention and Support Service (PASS)
Substance misuse	<ul style="list-style-type: none"> Risk Avert Wize Up

What else is being done to promote positive mental wellbeing and tackle risk factors?

What more could we do?



Conclusions

More information is needed about what is currently being done in the community and in educational institutions. Current regional and local commissioned services are, to a large extent, focussed on treating established mental health problems. Services promoting positive mental health through strengthening protective factors and addressing risk factors are relatively under-developed and more needs to be done on this front.

Some of the existing services in Thurrock

- **Personal Social and Health Education** classes in schools
- **Brighter Futures Healthy Families:** service delivered by NELFT: health visitors, school nurses and other health professionals working in schools
- **Brighter Futures Survey:** annual survey in schools giving information on mental health and risk factors such as bullying
- **Brighter Futures Children's Centres:** offering education and parenting support to families
- **Risk Avert:** survey and follow-up classes in schools addressing risk-taking behaviours
- **Recovery College** offering recovery-focused education to help people (including young people stay mentally well.

- **School-based** pastoral care and counselling services.
- **Brighter Futures Prevention and Support Service:** children's social care service delivering support to families including targeted interventions such as domestic violence and parenting support.
 - **Inclusion IAPT** Increasing Access Psychological (talking) Therapies for CYP is an objective of the Open Up Reach Out Strategy.

- **Kooth:** online counselling service available for ages 11 – 25

- **Reprezent:** Media channel (radio station, app, and website) championing young people's mental health issues

Suicide and self-harm toolkit resource for schools

Emotional Wellbeing and Mental Health Information portal for schools

- **MyMind:** Online directory of mental health services
- **Big White Wall:** safe, online community for people who are feeling anxious or down available for ages 16 to 18.



- **EWMHS** (Emotional Wellbeing and Mental Health Service). The main integrated treatment service providing a wide range of interventions including: assessment and treatment, support to schools including training
- **SERICC** (South Essex Rape and Incest Crisis Centre): support services to children and young people who have experienced child abuse or child sexual exploitation
- **MIND:** Counselling support and Mental Health First Aid Training
- **Open Door:** Counselling, therapeutic workshops, play therapy, drop-in sessions for primary and secondary schools, mentoring and advocacy.
- **Wize Up:** Drug and alcohol service for young people
- **Crisis support**
- **Early Intervention in Psychosis**

- **EWMHS:** Longer interventions with one-to-one and group therapy

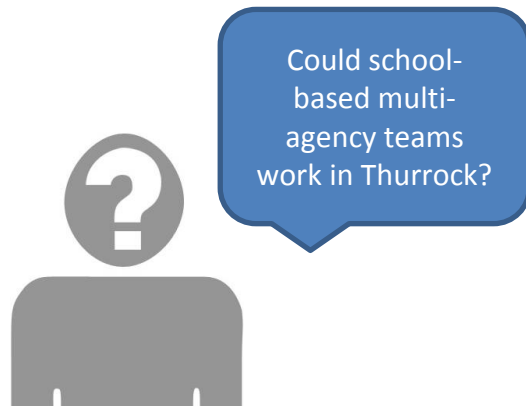
- **Specialist treatment:** Day and inpatient services and some highly specialist outpatient services e.g. CYP with gender dysphoria; highly specialist autism spectrum disorder/OCD services

Source: The framework used here to map CYP mental health services in Thurrock is the THRIVE framework developed by the Anna Freud National Centre for Children and Families and The Tavistock and Portman NHS Foundation Trust

What works for improving mental health in children and young people?

Reviewing the evidence

- We carried out an extensive review of the evidence of what works for strengthening protective factors and tackling risk factors for CYP mental health. It is possible to take a universal approach, targeting a whole population (e.g. a whole school year-group, or to target those at highest risk. A mixture of both approaches is recommended.
- School-based multi-agency teams have been successfully delivered interventions in a number of areas (see case study, right).



Case Study: The York School Wellbeing Service

York City Council developed a School Wellbeing Service (SWS) which is a school-based early intervention mental health (MH) support service, jointly funded by schools, York Clinical Commissioning Group, and the Local Authority. School Wellbeing Workers (SWW) are managed by the Local Authority (LA), clinically supervised by Child Adolescent Mental Health Service (CAMHS) and linked to a cluster of schools. The service is targeted at emerging and developing mental health need, especially CYP who are presenting with mental health issues and concerns that are not severe enough to meet the threshold for an intervention from specialist CAMHS but more severe than can be handled by school pastoral structures.



There is provision of: consultation, advice and support; training and continued professional development; pathways facilitated to different care and support- including specialist services; and deliver evidenced-based direct work to CYP. The results after one year are promising:

- 70% of school staff said the service had increased their knowledge and confidence
- School staff rated 8/10 the support that the service has given on referrals to CAMHS.
- 82% of CYP working directly with the service achieved their goals and
- 90% of CYP reported 8/10 or above service satisfaction evaluation feedback

'I think this has really changed how I think about myself'

Pupil Feedback

'Thank you for helping me to get my little girl back'

Parent Feedback

Key point: we found a range of interventions which are effective in promoting mental wellbeing. The recommendations on pages 3 and 4 show some of the most promising ways to improve mental health in children and young people.

Acknowledgements

Report Authors

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