# Knowsley Joint Strategic Needs Assessment

# Children and Young People Mental Health and Wellbeing

# This report

This report has been prepared by Knowsley Council in consultation with the Knowsley Clinical Commissioning Group (CCG) and partner organisations of the Health and Wellbeing Board (HWB). Its purpose is to set out current understanding of issues relating to the mental health and wellbeing of children and young people in Knowsley, based on analysis of the latest available data.

It is one of a series of reports that inform Knowsley's understanding of local health and wellbeing priorities, based on analysis of needs, and set out in its Joint Strategic Needs Assessment (JSNA). Other JSNA reports cover topics that relate closely to children and young people's mental health, and these are available on the Knowsley Knowledge JSNA website. They include:

- Looked After Children
- Children In Need or at risk of harm
- Child & Family Poverty
- Children with Disabilities & Complex Needs
- Schools Capacity & Admissions
- Educational Attainment and Attendance
- Employment and Unemployment

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# Further information

For a PDF copy of this report, and other research intelligence products, visit ***Knowsley Knowledge*** – the website of Knowsley's JSNA

Mental Health terminology is not yet used consistently. For the purposes of this report the following definitions are used:

**'Mental Health'** – is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organisation, 2001)

**'Mental Health and Wellbeing'** – a combination of feeling good and functioning effectively.

A number of acronyms are used throughout this document:

**CAMHS –** Child and Adolescent Mental Health Services

**AMHS –** Adult Mental Health Services

**SEN –** Special Educational Needs

**NEET –** Not in Education, Employment or Training

**CLA –** Children Looked After

**BPD –** Borderline Personality Disorder

**DBT –** Dialectical behaviour therapy

**5BP –** 5 Boroughs Partnership

**FNP –** Family Nurse Partnership

Although not included in the children's mental health and wellbeing cohort, there can be significant overlap between services supporting children involved in anti-social behaviour, gangs and other Youth Offending issues, intelligence on this is included in the Crime JSNA.

## Contributors

This report is based on evidence and analysis from the Mental Health and Wellbeing Interim Findings Report which was commissioned by the Health and Wellbeing Board and is available on request. This has been developed based on national and local research and evidence and has also been informed by the views and experiences of local residents, practitioners and service users which have been gathered through workshops, meetings, interviews and events between October 2013 and July 2014 as part of the wider engagement supporting the Mental Health and Wellbeing Programme in Knowsley.

# EXECUTIVE SUMMARY

This provides a summary of current intelligence about the mental health and wellbeing of children and young people in Knowsley.

**What are the most critical challenges for the mental health and wellbeing of children and young people in Knowsley?**

There are a range of factors that impact on mental health and wellbeing in children and young people in Knowsley which include the following:

- In Knowsley, approximately 13% (4,550) of all children aged between 2 and 19 have a mental health disorder; mental health disorders affect more than 1 in 4 people during their life time in Knowsley and represent up to 23% of ill health in the Borough.

- Children and families living in relative and severe poverty are at a higher risk of developing mental health problems than those children who do not. Knowsley has high levels of child and family poverty, particularly in families with children under 16 years of age. Approximately 10,590 of children in Knowsley (29.8%) are living in poverty and around 9,285 (87.7%) of those children are under 16 years of age.

- Family violence, parental substance abuse, poor parental mental health and domestic abuse can affect children at any age and exposure to negative experiences can impact on a person's entire life course. Knowsley has high levels of domestic abuse in families where children are present and the police incident audit (March – May 2010) indicated that of the 685 domestic abuse reports, 320 (48%) had at least one child (under the age of 18) in the family[1]. However it is difficult to determine how many children and young people are affected by domestic abuse directly or indirectly; as with domestic abuse generally, it is widely underreported and unknown.

- A physical health implication of mental illness amongst children and young people is the prevalence of self harm. In Knowsley, direct standardised hospital admission rate for self harm (ages 10-24) is 465.1 per 100,000 population (2012/13), significantly higher than the England average. [2]

- Referral pathways are unclear and the current criteria for accessing services need to be reviewed. For example, thresholds for some services appear to be too high and do not always allow for children to be referred easily. Gaps in provision have been identified particularly around therapeutic interventions for children under 5, domestic abuse services and for mothers suffering from post natal depression.

- Service provision needs to be better co-ordinated in a more systematic way.

[1] Knowsley Domestic Abuse Needs Assessment
[2] Public Health England, 'Knowsley Child Health Profile', (March 2014).

- There is a level of unmet need at tier 1 (universal provision of services) in Child and Adolescent Mental Health Services (CAMHS). Waiting times are too long, particularly at tier 2 meaning issues often escalate whilst a child is waiting to be seen. Tier 2 CAMHS covers provision by a range of providers to respond to young people with emerging emotional health needs. Services include training for universal staff, individual counselling and brief family work. Resources are weighted too heavily at tier 3 and not evenly distributed across the rest of the system. Tier 3 CAMHS is for specialist mental health care for those with a complex and or enduring mental health issue meaning that most resources are currently being spent on reactive services.

- There is no clear strategic preventative mental health service offer for children and young people. A whole system approach to prevention is needed; the role of schools and other universal services is essential in this.

- Problems in transitions have been identified, especially between pre-primary to primary school and primary to secondary school, as well as from children's mental health services and adult services. The transition between children's and adult's mental health services in particular is a key challenge both nationally and locally. A number of factors have been identified that present barriers to young people's transitions from CAMHS to Adult Mental Health Services (AMHS). They include:

  - Different thresholds
  - Gaps in care
  - Communication
  - Negative perceptions
  - Regional variations
  - Different commissioning models

- There is currently no co-ordinated 'step down' process from services as part of a mental health specific offer.

**What is the scale of the problem, and what children and young people are most affected by poor mental health and wellbeing in Knowsley?**

Nationally it is estimated that one in ten children aged between 5 and 16 years has a mental disorder. About half of these (5.8%) have a conduct disorder, 3.7% an emotional disorder (anxiety, depression), 1–2% have severe Attention Deficit Hyperactivity Disorder (ADHD) and 1% have neurodevelopmental disorders.[3] In Knowsley, approximately 13% (4,550) of all children aged between 2 and 19 have a mental health disorder; mental health disorders affect more than 1 in 4 people during their life time in Knowsley and represent up to 23% of ill health in the Borough.

[3] House of Commons Health Committee, 'Children's and adolescents' mental health and CAMHS.' (2014).

- A literature review of four studies, looking at over 1,000 children aged 2 – 5 years found an average rate of any mental health disorder was 19.6%[4]. Applying this average prevalence rate to the estimated Knowsley population indicates that 1,415 children aged 2 to 5 years (19.6%) would be living with a mental health disorder.

- It is estimated that 2,035 children in Knowsley aged 5 – 16 have a mental health disorder. When looking at the difference between males and females, more boys suffer from each of the different disorders.

- Research[5] has estimated prevalence rates for neurotic disorders in young people aged 16 – 19 years. Applying the figures to Knowsley would mean an estimated 1,100 young people aged 16 – 19 years would have a neurotic disorder (350 males, 750 females). In this age group, females are much more likely to suffer from anxiety and depressive disorders as well as phobias.

- Family violence, parental substance abuse and domestic abuse can negatively affect a child's mental health and wellbeing. Knowsley has high levels of domestic abuse in families where children are present.

- Young people who have spent less time in education and have fewer qualifications suffer from higher levels of depression and anxiety that can extend into later life. In Knowsley 34.4% of children achieved 5+ A*-C including English & mathematics GCSEs, compared to the national average of 52.6% (2013/14) and Schools absences, both authorised and unauthorised, are higher in Knowsley than the national average.

- Bullying can lead to problems with anxiety. In Knowsley, young people have reported feeling vulnerable and fearful of being bullied; physical/verbal and/or cyber bullying has been experienced by some.

- In Knowsley, eating disorders have been identified by teachers as being prevalent in local schools. These are serious illnesses that can lead to physical and further mental health problems.

- Young carers often face isolation and social exclusion with little support from other family members, increasing the risk of mental illness. In Knowsley young carers (0-24) make up approximately 10% of all carers. Nationally this figure is 7.5%.

**Have things been improving or getting worse?**

Locally, it has been suggested that mental health in children and young people in Knowsley has been getting worse following the economic recession and subsequent austerity. Rises in the cost of living combined with government budget cuts have been identified among the causes of this increase. The Health Select Committee

[4] Egger, H et al (2006), 'Common emotional and behavioural disorders in per school children: presentation, neology and epidemiology, Journal of Child Psychology and Psychiatry, 47 (3-4),313-37
[5] Singleton et al (2001), 'Psychiatric morbidity among adults living in private households'

held an inquiry into CAMHS which highlighted that the increase in rates of mental health disorders among children are largely linked to council budget cuts and health restructurings. The inquiry found that these changes have denied vulnerable young people access to early intervention, which is considered crucial in order to avoid life-long mental illnesses from developing. Findings presented have shown that in 2013 tier 1 and tier 2 services were particularly affected by the loss of the district grant.[6]

The Chief Medical Officer's annual report for 2012 cited evidence suggesting a rise in the levels of psychological distress in young people. In particular the report highlighted increasing rates of self-harm amongst children and young people. Demand for mental health services for children and adolescents appears to be rising alongside cuts, reflecting an increase in the number of young people suffering from mental illness. To add to this, analysis of the British Household Panel and Understanding Society survey (2011–12) shows that the rise in children and young people's wellbeing from 1994 to 2008 has curtailed and may be in reverse.[7]

**How are things expected to change over the next few years?**

A number of indicators show that figures for mental health and wellbeing in children and young people are relatively stable. Levels for mental health and wellbeing in children and young people are therefore likely to remain similar. However, with links to poverty, further pressures on families and further cuts in public spending causing reductions in benefits and public support services, there is a risk that mental health and wellbeing issues in children and young people could increase.

**How do we compare with national and regional averages, and statistical neighbours?**

Whilst it is difficult to directly compare the exact numbers of those children and young people suffering from poor mental health and wellbeing in Knowsley to national and regional averages, data is available for a number of proxy measures relating to some of the factors that can contribute to poor mental health and wellbeing in children and young people. For example:

- In Knowsley, more babies per 1,000 (39.3) are born to teenage mothers (aged 15-17) when compared to national (27.7) and regional (31.6) averages.

- It is estimated that in Knowsley there are 10,590 children (29.8%) living in poverty which is higher than both the Liverpool City Region average (25.5%) and the national average (18.6%).

- Risk taking behaviours such as smoking during pregnancy can contribute towards poor mental health and wellbeing both in the mother and child. In Knowsley, latest data suggests that 20.6% of women smoke at the time of

[6] Dr P. Hindley, Health Committee, Oral evidence: Children's and Adolescent Mental Health and CAMHS, HC 1129 (April 2014)
[7] House of Commons Health Committee, 'Children's and adolescents' mental health and CAMHS.' (2014).

delivery which is higher than the North West average (16.4%) and significantly higher than England (12.7%) averages.

- In Knowsley, the direct standardised hospital admission rate for self harm (ages 10-24) is 465.1 per 100,000 population. This is higher than the rate across England which is 346.3 per 100,000 population. In 2012/13 hospital admissions for mental health were 92.4 per 100,000 (age 0-17 years) in Knowsley.

- In Knowsley, the basic rate for mental health hospital admissions for children (0-17) was 92.4 per 100,000, considerably higher than the average for England (87.6 per 100,000 population) 2012/13.

- Teenagers often experience emotional turmoil as their minds and bodies develop. An important part of growing up is working out and accepting who you are, but some young people find it hard to make this transition to adulthood and may experiment with alcohol, drugs or other substances that can affect mental health.

  - In Knowsley smoking prevalence has consistently been higher for year 10 pupils (aged 14 & 15) since 2004 for both boys and girls. However, secondary school girls are more likely to smoke than boys. Latest data[8] suggests that in 2013, the proportion of Knowsley girls in year 10 who smoked was 21%. This was the highest recorded prevalence since 2006 (22%).

  - The proportion of year 10 boys smoking was 8% in 2013. This was higher than 2012 (6%) but broadly similar to prevalence in 2004. The proportion of year 8 girls (aged 12 & 13) who smoke in Knowsley during 2013 was 8%. This was the highest recorded prevalence for this cohort since 2005 (also 8%).

  - In relation to alcohol consumption, latest data from the Health Related Behaviour Survey suggests that the proportion of year 10 children who said they had consumed alcohol in the last week (prior to the survey) had been consistently higher than the proportion of year 8 children between 2004 and 2013.

  - Similarly, the proportion of year 10 girls drinking alcohol in the week was also consistently higher than it was for year 10 boys. In 2013, the proportion of year 10 girls who said they had consumed alcohol in the week prior to the survey was 44%. In comparison, 40% of year 10 boys said that they had consumed alcohol in the previous week. For year 8 girls, 18% reported that they had consumed alcohol in the week prior to the survey, compared to 14% of year 8 boys.

[8] Knowsley Public Health Statistical Compendium, 2014

**How good is the available intelligence, and where are the gaps in our knowledge?**

There is currently limited available data on children and mental health and whilst this is slowly getting better, it is an area that still needs to be improved. In particular, there is no definitive measure of wellbeing available on children and young people's wellbeing. In addition, there is only limited, often specialist, acute service level indicators of mental health conditions therefore creating an over reliance on proxy measures such as self harm hospital admissions which often only identifies part of the overall picture.

The Ofsted inspection of Knowsley services found that the voice of children is not heard and their experiences are not fully understood, whilst Social workers place too much focus on the needs of adults. Whilst CLA views on services and the support they receive are well documented nationally and locally, wider CIN categories are not consulted as part of a statutory national framework.

Each of the Children's JSNA reports reference some of the currently available insight from vulnerable children whilst highlighting recording the experience of children as a key intelligence gap.

We have a commitment to broaden consultation with young people and their families and will be developing an insight plan to mainstream consultation processes in order to support service development and better hear the views of young people accessing our services.

Consultation should be designed with particular regard to the Office of the Children's Commissioners recommendations on hearing the voice of the child published in their report of December 2014 "Children and young people giving feedback on services for children in need: ideas from a participation programme"

# CHILDREN & YOUNG PEOPLE: MENTAL HEALTH AND WELLBEING

## 1. WHY IS MENTAL HEALTH AND WELLBEING IN CHILDREN AND YOUNG PEOPLE IMPORTANT?

A child's mental health and wellbeing is determined predominately by their peers and parents/guardians lifestyle, behaviour and values and wider socio-economic conditions. The early years shape our healthy physical and mental development and many of our health and social behaviours.

Giving every child the best start in life is crucial to reducing health inequalities and maintaining positive wellbeing throughout the life course. If we are to tackle the health and social inequalities that shape the course of people's lives, then they should be addressed early so that every child has a fair chance of starting and developing well.

Children experience a range of mental health problems as they get older, as the transition from late childhood and teenage years into early adulthood are a time of rapid change and development. They will experience transitions:

- During their time in education and to the world of work;
- In their personal lives and relationships;
- From a dependent relationship and being parented in some form, to being independent and, for some, to being a parent; and
- From dependent living in a home environment, to independent living and creating their own environment.

Alongside these transitions, older young people experience increased pressures regarding academic achievement and major life choices such as whether to leave home, to experiment with alcohol and/or drugs, and relationships. They may also be affected by environmental factors such as greater cultural conflict, media images that are at odds with reality and greater affluence and a decline in social cohesion and responsibility. Early childhood and adolescence are therefore crucial stages in the lives of young people, as poor mental health during this time can have profound effects later in life.

## 2. WHAT IS THE SCALE OF THE CHALLENGE FOR KNOWSLEY?

- Nationally one in ten children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class. Nearly 80,000 children and young people suffer from severe depression and over 8,000 children aged under 10 years old suffer from

severe depression. 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society. The proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999.

- There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.
- KOOTH (Knowsley's online counselling service) have reported that the top three presenting issues requiring online support are: anxiety / stress, depression and self harm.
- KOOTH have also reported that the top 3 presenting issues requiring face to face support are: anxiety / stress, relationships with family and friends and bullying.
- More than half of all adults with mental health problems were diagnosed in childhood and less than half were treated appropriately at the time.
- 95% of imprisoned young offenders have a mental health disorder; many with more than one disorder.

## 2.1 Preschool (0-4)

There is relatively little data about prevalence rates for mental health disorders in pre-school age children. However, a literature review of four studies, looking at over 1,000 children aged 2 – 5 years found an average rate of any mental health disorder was 19.6%[9]. Applying this average prevalence rate to the estimated Knowsley population indicates that ***1,415 children aged 2 to 5 years (19.6%) would be living with a mental health disorder.***

## 2.2 Children aged 5-16

It is estimated that 2,035 children in Knowsley aged 5 – 16 have a mental health disorder. When looking at the difference between males and females, ***more boys suffer from each of the different disorders, with the exception of emotional disorders*** as highlighted in the table below.

| Condition | Local estimates | | |
|---|---|---|---|
| | **Boys** | **Girls** | **All** |
| Emotional disorders | 340 | 460 | 800 |
| Conduct disorders | 820 | 420 | 1,230 |
| Hyperkinetic disorders | 280 | 45 | 320 |
| Less common disorders | 205 | 80 | 290 |
| Any disorder* | **1,235*** | **810*** | **2,035*** |

[9] Egger, H et al (2006), 'Common emotional and behavioural disorders in per school children: presentation, neology and epidemiology, Journal of Child Psychology and Psychiatry, 47 (3-4),313-37

N.B. Figures have been rounded up to nearest 5. The addition of boys and girls figures may not match the total presented for all.

*Children may have multiple disorders, so figures for 'any disorder' will be lower than if estimates for each disorder are added together.

## 2.3 Young people aged 16-19

Research[10] has estimated prevalence rates for neurotic disorders in young people aged 16 – 19 years. Applying the figures to Knowsley would mean an estimated 1,100 young people aged 16 – 19 years would have a neurotic disorder (350 males, 750 females). In this age group, females are much more likely to suffer from anxiety and depressive disorders as well as phobias.

The table below shows the types of neurotic disorders and the estimated prevalence levels;

| Neurotic disorders | Males 16 – 19 yrs | Females 16 – 19 yrs | All |
|---|---|---|---|
| Mixed anxiety and depressive disorders | 210 | 485 | 695 |
| General anxiety disorder | 65 | 45 | 110 |
| Depressive disorder | 40 | 110 | 150 |
| Phobias | 25 | 85 | 110 |
| Obsessive compulsive disorder | 40 | 40 | 80 |
| Panic disorders | 25 | 25 | 50 |
| **Any disorder*** | **350*** | **750*** | **1,100*** |

N.B. Figures have been rounded up to nearest 5. The addition of boys and girls figures may not match the total presented for all.

*Children may have multiple disorders, so figures for 'any disorder' will be lower than if estimates for each disorder are added together.

## 2.4 Referrals to Child and Adolescent Mental Health Services (CAMHS)

When reviewing CAMHS referral figures it is important to consider changes in the referral routes made since 2011. In 2011/12 All referrals were made directly to CAMHS Community Teams. In 2012/13 urgent referrals were made to CAMHS Urgent Response Team (CURT) and not all will have subsequently been referred on to CAMHS Community Teams, whilst some referrals will have been made directly to CAMHS Community Teams. From September 2013, referrals were gatekept through the CAMHS Assessment and Response Team (CART). Numbers of referrals here include all referral routes.

In 2013/14 a total of 1,114 referrals where made to Knowsley, this was a rise of 26% since 2012. The greatest rise in referrals has been in the 16+ age group, increasing

[10] Singleton et al (2001), 'Psychiatric morbidity among adults living in private households'

68% in the three year period. Whilst referrals for under 12s have fallen 17%, from 388 to 321.

**Knowsley CCG CAMHS referrals**

| Age | 2011/12 | 2012/13 | 2013/14 |
|---|---|---|---|
| 0-4 | 33 | 20 | 24 |
| 5-11 | 355 | 269 | 297 |
| 12-15 | 359 | 457 | 564 |
| 16+ | 136 | 175 | 229 |
| Total | 883 | 921 | 1114 |

**Knowsley CCG CAMHS referrals accepted**

| Age | 2011/12 | 2012/13 | 2013/14 |
|---|---|---|---|
| 0-4 | 18 | 4 | 7 |
| 5-11 | 225 | 170 | 170 |
| 12-15 | 263 | 357 | 461 |
| 16+ | 101 | 141 | 186 |
| Total | 607 | 672 | 824 |

824, or 74% of referrals where accepted for assessment, increasing from, referrals most likely to be accepted are in the age bracket 12-15 and 16+ (both 81%), with 5-11 less likely at 57%, and 0-4 at 29% of referrals accepted.

### 2.5 Family violence, parental substance abuse and domestic abuse

These factors can affect children at any age and exposure to negative experiences can impact on a person's entire life course. Knowsley has high levels of domestic abuse in families where children are present and the police incident audit (March – May 2010) indicated that of the 685 domestic abuse reports, 320 (48%) had at least one child (under the age of 18) in the family[11]. However it is difficult to determine how many children and young people are affected by domestic abuse directly or indirectly; as with domestic abuse generally, it is widely underreported and unknown. Further detail on the prevalence and impact of domestic violence is covered in a separate Domestic Abuse JSNA.

### 2.6 Education

Evidence from DH suggests that children who have spent significantly less time in education and have fewer qualifications, suffered from higher levels of depression and anxiety.[12] Likewise, children who suffer from mental disorders were found to struggle academically and obtained fewer qualifications. Qualifications impact later wellbeing as higher levels of educational achievements are associated with higher

[11] Knowsley Domestic Abuse Needs Assessment
[12] DH, 'A Compendium of Factsheets: Wellbeing Across the Lifecourse, Living Well.' (January 2014), p. 6.

levels of wellbeing in adulthood due to better employment outcomes. In Knowsley 34.4% of children achieved 5+ A*-C including English & mathematics GCSEs, compared to the national average of 52.6% (2013/14). Schools absences both authorised and unauthorised are higher in Knowsley than the national average. Persistent absenteeism and fixed term exclusions are higher in Knowsley than our statistical neighbours, North West and England. Further detail on the educational achievement of key cohorts of Knowsley children is covered in a separate Educational JSNA.

### 2.7 Bullying

Bullying can lead to problems with anxiety. Anxiety problems are common in children and young people and as many as 1 in 6 young people will experience an anxiety problem at some point in their lives. In Knowsley, young people have reported feeling vulnerable and fearful of being bullied; physical/verbal and/or cyber bullying has been experienced by some.

### 2.8 Eating disorders

These are serious mental health conditions that need professional help to diagnose and treat as they can lead to other physical and emotional problems. Eating disorders such as anorexia nervosa or bulimia nervosa may result from emotional distress, which is usually caused by low self-esteem or body weight issues. These disorders appear to peak in adolescence and are more common in females. In Knowsley, eating disorders have been identified by teachers as being prevalent in local schools.

## 3. WHO IS MOST AT RISK?

There are a number of groups who are more vulnerable to emotional ill health and risk factors increasing the risk of emotional ill health, including:

### 3.1 Gender and age

The Office for National Statistics reports that younger boys are more likely to suffer from any type of mental disorder when compared to young girls (as highlighted in section 2.2 of this report). However, as children move into adolescence, particularly between ages 16-19, girls are seemingly more susceptible to mental illness when compared to boys. Data shows for instance that 16.7% of girls compared to 4.8% boys experienced an episode of self harm across their lifetime[13] and girls are much more prone to suffering from neurotic disorders at this age.

Evidence suggests that mental health problems generally increase with age with initial symptoms usually developing between the ages of 10 and 14. Mental ill health is therefore relatively common throughout adolescence. Puberty and the emotional and physical changes that accompany it can affect mental wellbeing, leading to issues such as anxiety, depression and stress. Risk taking behaviours such as experimenting with alcohol, tobacco and drugs, are commonly associated with this

[13] Knowsley Safeguarding Children Board, 'Self Harm and Suicide Amongst Children and Young People.' (November 2012), p. 6.

age group. Evidence suggests that these risk taking behaviours are often used by young people to cope with mental health issues; however, they can also advance the development of mental health problems.

The start of primary school can have a significant impact on a child's mental health and wellbeing. The social and intellectual impact of learning new things and being academically assessed from Year 1 (age 5) can negatively impact on a child's mental health, as can the physical school environment. The transition from primary to secondary school also poses risks to young people's mental health. Whilst most children adapt, a minority find it harder to adjust and concerns will often start to manifest themselves during year 5 and 6. As part of local insight with young people[14] from local young people found that children don't get the support in primary school that would help reassure these concerns.

### 3.2 Disability, special educational needs and illness

Pupils with special educational needs (SEN) and/or disabilities have learning difficulties or disabilities that make it harder for them to learn than most pupils of the same age. The term covers a wide range of needs including: specific learning difficulties, moderate learning difficulties, severe learning difficulties, profound and multiple learning difficulties, behavioural, emotional and social difficulties, speech, language and communication needs, hearing impairment, visual impairment, multi-sensory impairment, physical disability and autistic spectrum disorder.

Research by Liverpool Public Health Observatory[15] highlighted evidence that the prevalence of diagnosable mental health disorders is three to four times higher among those with severe learning disabilities.

One in five children and young people in Knowsley have Special Educational Needs and/or disabilities, of which, approximately 6,500 have a long standing illness or disability and 710 have SEN. Local information indicates that these children and young people often face barriers to wellbeing and future prospects. For example, 13.4% of young people that are not in education, employment or training (NEET) have special educational needs or a disability.

Children with a long-term physical illness are twice as likely to suffer from emotional or conduct disorder problems[16]. Evidence suggests that this is especially true of physical illnesses that involve the brain, such as epilepsy and cerebral palsy.[17] Although there is reason to suspect that people with a physical disability will experience a higher rate of mental health conditions compared to people without disabilities, there is a lack of literature in this area, especially amongst children with disabilities.[18]

[14] Head Start Consultation with Young People in Knowsley, February - April 2014
[15] Liverpool Public Health Observatory, Children and young people's emotional health and wellbeing needs assessment, October 2012
[16] Department of Health (DH), No Health without Mental Health. A cross-government mental health outcomes strategy for people of all ages. (2011), p.23.
[17] Royal College of Psychiatrists (RC PSYCH), 'Chronic physical illnesses - the effects on mental health.'
[18] Hagiliassis et al, 2005

The needs of disabled children are dealt with in greater detail in a separate JSNA report on Children with disabilities & complex needs.

### 3.3 Internet use and social media

Digital culture and social media are an integral part of life for today's children and young people and have the potential to significantly increase stress and the effects of bullying. The Understanding Society survey results for 2011–12 suggest 85.5% of children belong to a social networking site. Social media in particular has links to poor mental health as it tends to glorify and promote unrealistic lifestyles, increasing pressures on young people to look and act a particular way. This can damage self-esteem and lead to disorders such as depression. The use of social media also has links to pro-anorexia, self-harm and other inappropriate websites, potentially promoting both physical and mental health risk behaviours. Internet activity and the use of social media have additionally been associated with feelings of loneliness, aggression, conduct problems and cyber-bullying. The latest annual ChildLine report highlighted the negative consequences of digital integration into young people's lives as in the past year there was an 87% increase in the number of children contacting ChildLine about online bullying.

### 3.4 Young Carers

A young carer is a child or young person under the age of 18, who provides care to another family member usually an adult, who has a physical illness/disability; mental ill health; sensory disability; has problematic use of drugs or alcohol or is HIV positive.

Based on 2011 Census data, Knowsley young carers (0-24) made up around 10% of all carers. Nationally this figure was 7.5%. This group is a particularly vulnerable cohort as the level of care they provide would usually be undertaken by an adult and, as a result, this has a significant impact on their normal childhood and therefore their mental health and wellbeing. Although there is no robust evidence to show long-term emotional or mental health problems associated with caring, it has been found that young carers occur more frequently within single parent families and can often face isolation and social exclusion with little support from other family members.[19]

Young carers are also unlikely to discuss their caring responsibilities. Research shows this may be due to a fear of social service intrusion, associated stigma or through loyalty to the person they are caring for.

Local support for young carers via social services, educational establishments and other welfare services identified 61 children below the age of 17 with caring responsibilities and in receipt of formal help. Within this cohort, a third had additional risk factors such as being subject to a child protection plan, being in care or contact with youth offending services.

[19] Meltzer, H., Corbin, T., Gatward, R., Goodman, R. and Ford, T. The mental health of young people looked after by local authorities in England. Office for National Statistics, (2003).

Further intelligence on young carers is provided in a separate JSNA report on Adult & Young Carers.

### 3.5 Children Looked After

Entering care is strongly associated with poverty and deprivation, and with emotional and mental health problems. Children and young people who are looked after have a five-fold increased risk of mental disorders (42% compared to 8% amongst ages 5-10)[20], a six- to seven-fold increased risk of conduct disorder and a four- to five-fold increased risk of attempting suicide in adulthood[21]. Variation is shown dependent upon the type of placement with two-thirds of children living in residential care having a mental health disorder compared to four in ten of those placed with foster carers or their birth parents.

Most children and young people come into care because of abuse or neglect and family difficulties and outcomes for children and young people in care are often poorer than the general child population meaning additional support is required if they are to have the same life chances as their peers.

The needs of children in the care of the local authority are dealt with in greater detail in a separate JSNA report on Looked After Children.

### 3.6 Young Offenders

There is interdependency between offending and mental health problems, with the prevalence of mental illness among offenders being much higher than among the general population. According to the Centre for Mental Health 95% of 15 to 21 year-olds in custody have been found to suffer from a mental health disorder and 80% suffer from at least two.[22] Research by the Mental Health Foundation in 2002 indicated that the prevalence of mental health problems among young people in the criminal justice system is at least 21% (minimum of 1 in 5) with the most common conditions being conduct disorders, emotional disorders and attentional disorders.

### 3.7 Not in Education, Employment or Training (NEET)

Being NEET is reportedly detrimental to young people's mental health and wellbeing; NEETs are more likely to suffer from issues relating to anxiety and depression. Young Minds revealed that a third of NEETs have suffered from depression and 15% have a severe mental health problem. This can be attributed to the sense of worthlessness people experience when faced with unemployment; it has been estimated that 40% of NEETs feel they have "no part in society."[23] Latest data[24]

[20] Meltzer, H., Corbin, T., Gatward, R., Goodman, R. and Ford, T. The mental health of young people looked after by local authorities in England. Office for National Statistics, (2003).
[21] Liverpool Public Health Observatory, Children and young people's emotional health and wellbeing needs assessment, , October 2012
[22] Centre for Mental Health, 'The Bradley Commission', (2014).
[23] YoungMinds, 'A Third of NEETs Depressed.' (July 2013)
[24] 16-18 year olds that are Not in Education, Employment or Training (NEET), 2013, Local authority interactive tool, https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

suggests that in Knowsley, 7.3% of 16-18 year olds are NEET compared to the North West average of 5.60% and 5.20% in England.

### 3.8 Child Poverty

Children who live in poverty are significantly more likely to experience poor mental as well as physical health. Living in poverty makes it incredibly difficult for children to sleep and eat well, which in turn makes it difficult for them to concentrate at school. Research by Liverpool Public Health Observatory found that children in poor households are three times as likely to have mental health problems as children in well-off households. The level of child poverty is worse than the England average with 10,590 (29.8%) of children living in poverty.

The scale and impact of child poverty is dealt with in greater detail in the Child & Family Poverty JSNA.

### 3.9 Ethnicity

Whilst Knowsley is characterised by a comparatively small black and minority ethnic population (representing less than 3% of the population), racism or discrimination towards a particular group in society raises that group's exposure to social exclusion and economic adversity. This thereby places them at a higher risk of stress, anxiety and other common mental disorders.

Research by Liverpool Public Health Observatory[25] indicates that evidence of the impact of ethnicity / race on emotional wellbeing and mental health problems among children and young people is inconclusive, however they do highlight that young people from ethnic minority communities are often overrepresented in child and adolescent mental health services.

### 3.10 Sexual Orientation

The availability of information relating to sexual orientation among children and young people is limited, with no accurate measure of the population. However, research by Liverpool Public Health Observatory[26] suggests that almost two thirds of lesbian, gay, and bisexual young people experience homophobic bullying whilst at school – impacting on their self-esteem, educational attainment and aspirations.

### 3.11 Housing & Homelessness

Being homeless or 'vulnerably' housed is linked to increased risk of common mental health problems as is poor quality accommodation and overcrowding. Members of overcrowded families are more likely to experience depression, anxiety, problems sleeping and difficulties with family relationships. The current economic climate has meant that poor housing conditions are widespread. The Children's Society revealed that 10% of children are living in damp and mouldy households with 28%

[25] Liverpool Public Health Observatory, Children and young people's emotional health and wellbeing needs assessment, October 2012
[26] Liverpool Public Health Observatory, Children and young people's emotional health and wellbeing needs assessment, , October 2012

reporting their home was too cold.[27] Evidence found that children living in these conditions had higher levels of stress, anxiety, depression, and behavioural problems.

Research indicates that more than one in four adolescents living in cold housing are at risk of multiple mental health problems, compared to one in twenty who live in warm housing.

### 3.12 Parental Mental Health

Data from Liverpool Public Health Observatory[28] confirms the impact on children whose parents have mental health and other problems; children whose mothers have mental health problems are more than twice as likely to develop emotional disorders themselves (ONS, 2008). Across Merseyside, an estimated 54,287 children are living with a parent who has mental health problems. Those most at risk are the estimated 3,000 children and young people on Merseyside who live with a main carer who is dependent upon alcohol has mental health problems and uses drugs. There are around 18,299 children and young people in Merseyside estimated to be living with a dependent drinker, and 24,399 with an illicit drug user. 40% of Mersey Care Liverpool 2,289 inpatients are parents of school age children.

Research by the Social Care Institute for Excellence emphasises the extent of the impact of parental mental ill health on dependants:

- Children of mothers with mental health problems are up to twice as likely to develop emotional disorders.
- Parental mental ill health is a factor in a third of serious case reviews in children's services.
- Up to two thirds of children whose parents have mental health problems will experience mental health difficulties themselves.
- Nearly a third of young carers are estimated to care for a parent with a mental health problem, and are the group least likely to be offered a carers' assessment.

The degree of emotional ill health will vary from child to child as children have different levels of resilience. Risk factors limiting resilience are:

- Parental death, illness or mental illness
- Repeated early separation from parents
- Overly harsh or inadequate parenting, abuse or neglect
- Parental criminality
- Parental job loss and unemployment
- Discrimination on grounds of ethnicity, race, gender, sexuality or disability

[27] The Children's Society, 'Behind Cold Doors: The Chilling Reality for Children in Poverty.' (January 2014), p. 3.
[28] Liverpool Public Health Observatory, Children and young people's emotional health and wellbeing needs assessment, , October 2012

No services are commissioned to specifically support children with a parent or carer with a mental health condition. CAMHS services do not currently record the number of children referred where an adult also suffers from poor mental health, however this will become a recorded item from 2015/16 as it is subject to the new CQIN frameworks target requirements.

Building Bonds is a Public Health pilot which provides a specialist therapeutic Parent-Infant Mental Health Service (PIMHS) offering a tiered model of 'Direct' and 'Indirect' Interventions to vulnerable parents/carers and infants. The pilot provides two distinct areas of activity 'Direct' Interventions which include responsive interventions for women in need and 'Indirect' Interventions which build capacity, confidence and understanding across the wider health landscape.

Running since September 2014, the Knowsley Building Bonds pilot features video interaction guidance (VIG) as well as intensive therapeutic interventions for those mothers or would be mothers with existing or emergent mental health needs, the psychotherapist is currently working with 21 individuals.

Phase one of the pilot is currently operating in Kirkby, the next phases will roll the programme out to the Huyton area which shares high levels of deprivation and poorer health outcomes with Kirkby, with a 'lighter touch' programme in the South and East of the Borough.

The programme also delivers a CPD element, with training in identifying and supporting peri-natal mental health issues for health professionals across universal services. It is expected that the outcomes of this pilot will help shape future service delivery, with a strong focus on early intervention.

### 3.13 Teenage mothers

Teenage mothers experience poorer mental health in the first three years after giving birth than older mothers. In Knowsley, more babies per 1,000 are born to teenage mothers (aged 15-17).

## 4. WHICH AREAS OF THE BOROUGH ARE MOST AFFECTED?

Every child and young person is at risk of experiencing mental ill health and wellbeing irrespective of personal circumstances. As such, there is no definitive measure of mental health and wellbeing in children and young people that could be used to show which areas of the borough are most affected. However, given the risk factors and influences on mental health and wellbeing it is likely that it is higher in areas of high poverty, deprivation and levels of abuse and neglect. Therefore, Kirkby and North Huyton are likely to have higher proportions of children and young people with mental health and wellbeing issues and this is supported by the higher levels of hospital admissions for self harm in these areas.

## 5. HOW DO RESIDENTS, COMMUNITIES AND STAKEHOLDERS VIEW THIS ISSUE?

Local insight suggests that residents, communities and stakeholders view children's mental health and wellbeing as a major issue within the Borough. Various consultations and engagement workshops with local residents, young people and organisations found that there is a general consensus that emphasised the need for a greater focus on prevention and early intervention in order to avoid mental health problems escalating in later life.

In April 2013 Knowsley Young Advisers published the findings of an online survey they conducted to obtain the views of young people on CAMHS services, emotional health and wellbeing support services. The survey also looked to establish if young people knew of any emotional health and wellbeing support services open to them.

Below is a breakdown of key headlines that came out of the consultation.

- **57** young people completed the survey in total, with *36* responses coming from females and *21* from males.
- **26** responses were gathered from young people of secondary school age (*11-16yrs*), with **31** responses coming from young people aged *17 and over*.
- Young people from Kirkby provided the most responses (**17,** 29.82%), with only 1 response (1.75%) from Cronton being the area providing the lowest number of responses – responses were received from young people across every area of Knowsley.
- **15** out of **57** young people (*26.3%)* had accessed CAMHS or used KOOTH, Listening Ear, Action for Children or a similar service.
- **25** out of **57** young people *(43.86%)* felt they knew where to go if they needed help with their emotions.
- **KOOTH** and **CAMHS** are both referenced on several occasions by young people.
- Young people felt more comfortable going to parents/carers for support rather than school staff/nurses, or GP's

In conclusion, the report found that young people's views on mental health and emotional health and wellbeing services are complex and vary between different services. For example young people's experiences of the KOOTH service appear to be in the main positive ones; however the young people who have taken part in this survey have had a less positive, and in a few cases negative experience, of the CAMHS Service.

The review went on to recommend that further analysis was needed in order to understand if young people are talking to family members and friends because they choose to, or whether this is because they do not know where to access professional information and support services. We need to have a better understanding of why some young people feel supported, while others do not.

**Self Harm and DBT (Dialectic Behavioural Therapy) service for young people.**

A pilot of DBT training in Knowsley undertaken in 2013 as part of a comprehensive CAMHS service to therapeutically support young people with Self Harm issues, achieved positive outcomes and feedback.

The early intervention model adopted as part of the Knowsley pilot showed positive results: young people were engaging well, staying engaged and learning skills to improve their self-harming behaviours. Many valuable lessons were also been learned about what professionals can do to help young people to avoid starting self harming.

Rights & Participation Service undertook an evaluation of the training programme and found that throughout the pilot the young people achieved an aggregate improvement in Core Scores – a measure of young people's emotional health – and reported improved understanding of the links between self esteem and self care, an improved knowledge of self harm and acquired new skills to manage their feelings and increase their self awareness.

- "it's good because you don't feel like you are being judged by anyone"
- "learning coping techniques that you can use when you feel stressed"
- "talking about things in safe places like this [the group] helps"

The evaluation concluded that the young people particularly valued the positive relationships developed with staff running the course and gaining new friendships with their peers on the course. All felt they now had more confidence to talk about their feelings and to speak to other people in the group. The group agreed the course was helpful because it provided a safe, open environment to discuss their feelings with others who had similar experiences.

The young people talked positively and at length about the useful, practical advice and tools given to help them self-manage their feelings and emotions. They regard the staff running the course as knowledgeable about self harm, empathetic and with the skills to help them cope with their feelings. The group felt they had benefited from the practical methods used and all said they would continue to use the coping techniques learned. They were happy with the level of support provided and did not find any aspect of the course unhelpful.

However, they did describe increased feelings of anxiety at the beginning of the course, as a result of knowing the support being offered was only for a limited time. The young people expressed the same concerns and worries now that the course was coming to an end.

## 6. HOW DOES THIS ISSUE IMPACT ON SERVICE PROVISION AND USE?

Through various consultation and engagement (such as interviews, meetings, events workshops and a call for evidence) with local people, service providers and practitioners it has been found that there are many impacts on service provision. For example whilst there is a varied range of provision available, it needs to be better co-ordinated in a more systematic way as there is currently no co-ordinated 'step down'

process from services as part of a mental health specific offer, particularly for young people.

There also continues to be fear and distrust regarding accessing support at some services e.g. Children's Centre's. This is due to the misconceptions that they are linked to Social Services. Young mums in particular identified instances where friends refused to access support for fear of their babies being taken away. This can therefore steer parents away from engagement with services.

The issue around transition between services is also a major problem both nationally and locally for older young people moving into adult services. The way mental health services are currently structured creates gaps through which young people may fall as they undergo the transition from CAMHS to AMHS. For example, young people with mental health problems whose needs have been met primarily by paediatric services, education or social care may find that there is no equivalent service for adults. As a result, young people often fall through these gaps and some may chose to disengage with services.

## 7. DO WE HAVE EVIDENCE OF WHAT WORKS?

### 7.1 National

The factors that contribute to positive and negative emotional health amongst children and young people can be considered under six priority area headings, developed by the Children's Society (2012a).

- Conditions to learn and develop
- A positive view of themselves and an identity that is respected
- Having enough of what matters
- Positive relationships with family and friends
- A safe and suitable home environment in the local area
- Opportunity to take part in positive activities and to thrive

These priorities are being implemented locally through the different policies and strategies which are currently in place. More detail on these can be found in section 8.2 of this report.

### 7.2 Local

- For additional support, a number of children's centres are available in Knowsley providing various groups, services and programmes which have been described by parents as *'...a real life line'*. However local consultation has found that for some parents there is a stigma around accessing these support groups, with some local residents perceiving them to be linked to social services and expressing fears that their children may be taken away. It was commented that, particularly amongst young parents that *"We need to reassure young parents that it's ok to need space and ask for help".*

- Home-Start's Fit4Life Health and Wellbeing Course - This course is available for families and has elements of nutrition and cookery, stress-busting, parenting, benefits of exercise, budgeting and registering with GP/dentist, family. The aim is to provide positive outcomes for vulnerable / just coping families and to prevent more costly interventions by statutory services in the future.

- Dialectical behaviour therapy (DBT) is a psychological therapy for people with borderline personality disorder (BPD), especially those with self-harming behaviour or suicidal thoughts. DBT has been praised by young people in Knowsley. Local insight has suggested that within the school environment there needs to be peer support systems in place (e.g. a buddy system) at both the primary to secondary transition stage.

- 5 Boroughs Partnership (5BP) has employed 4 apprentices who are young people are previously known to the CAMHS service. The young people have found the experience very rewarding and are looking forward to gaining employment with the organisation in the future.

## 8. WHAT IS THE CURRENT POLICY DIRECTION?

### 8.1 National

**No Health without Mental Health**: In 2011 the government published its main strategy for mental health 'No Health without Mental Health' which set out long-term ambitions for the transformation of mental health care. For children and young people, the overall aims of the Mental Health Strategy are to:

- Improve the mental health and wellbeing of all children and young people and keep them well; and
- Improve outcomes for children and young people with mental health problems through high quality services that are equally accessible to all.

The Strategy sets out six high level outcome based objectives to improve mental health outcomes for individuals of all ages and the population as a whole:

- More children and young people will have good mental health;
- More children and young people with mental health problems will recover;
- More children and young people with mental health problems will have good physical health and more children and young people with physical ill-health will have better mental health;
- More children and young people will have a positive experience of care and support;
- Fewer children and young people will suffer avoidable harm;
- Fewer children and young people and families will experience stigma and discrimination.

**Children and Young People Health Outcomes Strategy:** The Children and Young People's Mental Health subgroup has sought to align with the cross-Government

Mental Health Outcomes Strategy and the NHS and Public Health Outcomes Frameworks in terms of objectives and guiding principles. The proposals build on and integrate with approaches taken in the Healthy Child Programme, the Children and Young People's Increasing Access to Psychological Therapies (CYP IAPT) project and the strategy Preventing suicide in England: a cross-government outcomes strategy to save lives which will include a strong focus on children and young people.

**'Closing the Gap: Priorities for essential change in mental health':** This aims to bridge the gap between long term ambitions, outlined in 'No Health Without Mental Health', and short-term actions. It highlights 25 priorities to improve mental health provision**.**

**The Health and Social Care Act 2012:** This Act places legal duties on local authorities to reduce health inequalities for the first time.

**Mental Health Discrimination Act 2013:** This Act removed three legal barriers that contributed to a stigmatised view of mental health problems: holding parliamentary office, participating in jury service and holding the position of a director of a public or private company.

**Crisis Care Concordat:** The Crisis Care Concordat is an important step towards addressing the disparity between mental health and physical health services. It sets out the standards of care people should expect to see if they suffer a mental health crisis and details how the emergency services should respond.

**'Future in Mind' Report:** The cross-party Mental Health Task Force, set-up by Norman Lamb as a result of the Health Select Committee CAMHS Enquiry, and led jointly by NHSE and DoH, reported on Tuesday 17th March 2015. The 'Future in Mind' report addressed five key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support - a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

It identified the major challenges as:

- Significant gaps in data and information and delays in the development of payment and other incentive systems;
- The treatment gap, through insufficient service capacity and rising specialist need;
- Difficulties in access;
- Complexity of current commissioning arrangements;
- Variable access to crisis, out of hours and liaison psychiatry services across the country;

- Specific issues facing highly vulnerable groups of children and young people and their families.

The report contained 49 individual proposals including:

**Proposals for schools**

- Providing a named CAMHS contact in all schools
- Involving schools in the local plans devised by Health and Wellbeing Boards
- Use of schools as alternative treatment venues should be made available, in particular for children from vulnerable and hard to reach backgrounds
- Promotion of whole-school approach to fostering resilience within schools

**Proposals for Commissioners**

- Increase co-commissioning for community and in-patient care with a view to moving away from the tiered model
- Local lead accountable commissioning body with single separate identifiable budget for children and young people's mental health
- Design and implement a local plan for children and young people's mental health in each commissioning area with inputs from all agencies, children and young people and their parents
- Increased commissioning of home treatment and other flexible services

**Proposals for Early Years mental health**

- Every birthing unit to have a specialist perinatal mental health clinician by 2017
- Increased investment in early years health services and ensuring parents have access to evidence based interventions and support to strengthen attachment and avoid trauma
- Local authorities to invest in funding for early support initiatives and invest strategically in mental health services from 0-5 from Oct 2015
- Health visitors should receive updated training in mental health

**Proposals for the most vulnerable**

- Remove the arbitrary age cut-off especially for Looked After Children and children and young people from vulnerable backgrounds
- Need for bespoke care pathways using evidence based interventions for children from minority and vulnerable backgrounds
- Alternative treatment venues should be made available, in particular for children from vulnerable and hard to reach backgrounds
- Shared assessment, case management and regular multi-agency case review processes for these young people
- Designated professionals to liaise with agencies and ensure that services are targeted and delivered in an integrated way for children and young people from vulnerable backgrounds

**Proposals for improving access**

- Developing a nationally branded web based portal for children and young people, parents and teachers to access information and support
- All GPs should have a named CAMHS contact
- Improve accessibility by practically applying the Department of Health "You're Welcome" quality criteria for young people friendly health services
- Potentially extend CAMHS services to young people up to 25 years of age
- Best practice guidelines to be developed for CCGs and GPs around student transitions
- Increase in number of one-stop shops with single point of access systems based in the community
- Greater access to personal budgets for children and young people and their families
- Development of peer-support schemes with professional support

**Proposals for data and standards**

- A prevalence survey to be conducted by the Department of Health every 5 years which would produce data that can be analysed by characteristics such as ethnicity/deprivation/Looked after children etc.
- The production of the CAMHS dataset which would collate key indicators, patient experience and patient outcomes would be a key priority at a national and local level.
- Both the CQC and Ofsted should develop a joint cross inspectorate view of how system works together to improve outcomes

**Development of local transformation plans and flow of funding**

The Mental Health Task Force also proposed the development and agreement of local Transformation Plans for Children and Young People's Mental Health and Wellbeing, to articulate plans for services across the whole spectrum from health promotion and prevention, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.

## 8.2 Local

### Strategy for Knowsley

The Strategy for Knowsley: the Borough of Choice is the overarching strategy for the Borough. Its primary objective is to outline the Knowsley Partnership's long term vision to make Knowsley a place where people want to live and work. The strategy addresses mental health by focusing on the overall health and wellbeing of people in Knowsley.

All council and partnership strategies, plans, policies and programmes should ultimately support the achievement of this vision. Ten strategic outcomes have been

agreed to help the partnership to achieve its vision for Knowsley. Five of these relate directly to this plan and are highlighted below:

| | | | | |
|---|---|---|---|---|
| Empowered, resilient, cohesive communities | Safe, attractive, sustainable neighbourhoods | Children get the best possible start in life and have opportunities to reach their potential | Everybody has the opportunity to have the best health and wellbeing throughout their life | More people look after themselves and support others to do the same |
| People are protected from risks that can affect their health and wellbeing | Quality infrastructure and environment | Improved outcomes for our most vulnerable young people | Knowsley has the conditions in place to support sustainable business growth | Knowsley residents are empowered to realise their economic potential |

**Knowsley Joint Health and Wellbeing Strategy**

Knowsley's Health and Wellbeing Board has identified mental health as a key priority area based on existing and defined need as highlighted in the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment. The Board also recognises the potential increase in demand for a range of support as public sector spending cuts manifest locally.

**CAMHS Single Point of Access – A New Model of Service Delivery**

Knowsley is part of the 5 Borough Partnership (5BP) NHS Foundation Trust, which provides treatment, support and guidance to people of all ages who are affected by mental ill health and learning disabilities living in the boroughs of Halton, Knowsley, St Helens, Warrington and Wigan.

The 5BP is currently implementing the CAMHS Single Point of Access [SPoA] service which will support locality based therapeutic teams and enhance the delivery of a comprehensive seamless CAMHS Service. The Single Point of Access service is designed to provide equitable access for children, young people and their families and to optimise the CAMHS referral pathways, resulting in reduced waiting times and effective decision making around appropriate therapeutic interventions which meet identified needs.

# 9. CHALLENGES AND STRENGTHS

## 9.1 Challenges

There are a range of factors that impact on mental health and wellbeing in children and young people in Knowsley which include the following:

- In Knowsley, approximately 13% (4,550) of all children aged between 2 and 19 have a mental health disorder; mental health disorders affect more than 1 in 4 people during their life time in Knowsley and represent up to 23% of ill health in the Borough.

- Children and families living in relative and severe poverty are at a higher risk of developing mental health problems than those children who do not. Knowsley has high levels of child and family poverty, particularly in families with children under 16 years of age. Approximately 10,590 of children in Knowsley (29.8%) are living in poverty and around 9,285 (87.7%) of those children are under 16 years of age.

- Family violence, parental substance abuse, poor parental mental health and domestic abuse can affect children at any age and exposure to negative experiences can impact on a person's entire life course. Knowsley has high levels of domestic abuse in families where children are present and the police incident audit (March – May 2010) indicated that of the 685 domestic abuse reports, 320 (48%) had at least one child (under the age of 18) in the family[29]. However it is difficult to determine how many children and young people are affected by domestic abuse directly or indirectly; as with domestic abuse generally, it is widely underreported and unknown.

- A physical health implication of mental illness amongst children and young people is the prevalence of self harm. In Knowsley, direct standardised hospital admission rate for self harm (ages 10-24) is 465.1 per 100,000 population (2012/13), significantly higher than the England average. [30]

- Referral pathways are unclear and the current criteria for accessing services need to be reviewed. For example, thresholds for some services appear to be too high and do not always allow for children to be referred easily. Gaps in provision have been identified particularly around therapeutic interventions for children under 5, domestic abuse services and for mothers suffering from post natal depression.

- Service provision needs to be better co-ordinated in a more systematic way.

- There is a level of unmet need at tier 1 (universal provision of services) in Child and Adolescent Mental Health Services (CAMHS). Waiting times are too long, particularly at tier 2 meaning issues often escalate whilst a child is waiting to be seen. Tier 2 CAMHS covers provision by a range of providers to

[29] Knowsley Domestic Abuse Needs Assessment
[30] Public Health England, 'Knowsley Child Health Profile', (March 2014).

respond to young people with emerging emotional health needs. Services include training for universal staff, individual counselling and brief family work. Resources are weighted too heavily at tier 3 and not evenly distributed across the rest of the system. Tier 3 CAMHS is for specialist mental health care for those with a complex and or enduring mental health issue meaning that most resources are currently being spent on reactive services.

- There is no clear strategic preventative mental health service offer for children and young people. A whole system approach to prevention is needed; the role of schools and other universal services is essential in this.

- Problems in transitions have been identified, especially between pre-primary to primary school and primary to secondary school, as well as from children's services and adult services. The transition between children's and adult's mental health services in particular is a key challenge both nationally and locally. A number of factors have been identified that present barriers to young people's transitions from CAMHS to Adult Mental Health Services (AMHS). They include:

  - Different thresholds
  - Gaps in care
  - Communication
  - Negative perceptions
  - Regional variations
  - Different commissioning models

- There is currently no co-ordinated 'step down' process from services as part of a mental health specific offer.

## 9.2 Strengths

- A recognition that there needs to be more of a preventative approach with regards to mental health and wellbeing

- Established partnership working

- Knowsley does have in place programmes and services which are effective and could be built on and further utilised. These include:

  - Children's centres in Knowsley have been identified as demonstrating good practice by providing a range of support services throughout pregnancy and early childhood for parents, families and children. An important development in Children's Centres in Knowsley in recent years has been the introduction of Public Health midwives to provide intensive support to the most vulnerable or disadvantaged mothers to- be and their families. These specialist midwives tailor ante-natal and post-natal care for women with additional needs.

- Home-Start's Fit4Life Health and Wellbeing Course, and Knowsley's Family Nurse Partnership (FNP).

- Building on national best practice e.g. findings from CAMHS review. The CAMHS Review Consultation (2013) in Knowsley reported that young people would like to see a number of qualities in mental health and wellbeing services including openness and accessibility.

- Significant work has been undertaken on self harm and suicide in young people through the Safeguarding Children's Board. This included Salford University conducting evidence reviews and research with self harmers and their families; front line practitioners and wider stakeholders. This has lead to the development of training programmes for staff, referral pathways and materials to raise awareness and sign post to services and support.

- Knowsley has successfully secured Big Lottery funding for 2014-15 to deliver the Head Start programme to improve resilience in 10 – 14 year olds in Knowsley, with the learning being used to bid for significant funding over a 5 year period for the whole borough.

- Dialectical behaviour therapy (DBT) is another example of good practice for young people in Knowsley. It is a psychological therapy for people with borderline personality disorder (BPD), and works especially well for those with self-harming behaviour or suicidal thoughts. DBT has been praised by young people in Knowsley. Other strengths in the borough include peer support systems and 5 Boroughs Partnership's (5BP) employment of 4 young apprentices who are previously known to the CAMHS service. The young people have found the experience very rewarding and are looking forward to gaining employment with in the future.

## 10. SOURCES OF EVIDENCE AND FURTHER INTELLIGENCE

This report provides an overview of the key issues and information reported in the Mental Health and Wellbeing Interim Findings Report. More detail can be found in the full report which is available on request.