



**AGENDA ITEM:**

## **HEALTH SCRUTINY PANEL**

**12 NOVEMBER 2009**

### **THE MENTAL HEALTH OF CHILDREN & YOUNG PEOPLE IN MIDDLESBROUGH**

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#### **PURPOSE OF REPORT**

1. The purpose of the report is to provide the Health Scrutiny Panel with an update on progress around the commissioning of emotional well-being and mental health services for children and young people in Middlesbrough.

#### **BACKGROUND**

2. Public Service Agreement 12 sets out the Government's vision for improving the physical, mental and emotional health of all children. The focus is on prevention, early intervention and enabling children, young people and their families to make healthy choices. One of the priorities within PSA 12 is emotional health and well being. Three indicators contribute to this strand:
  - NI 50 – the emotional health of children and young people
  - NI 51 – the effectiveness of child and adolescent mental health services (CAMHS)
  - NI 58 – emotional and behavioural health of looked after children
3. There is growing evidence nationally that childhood mental health problems are on the increase, but are often hidden.

4. By using national data and assuming the national average rate we can estimate local numbers of those children and young people with a diagnosable mental disorder in Middlesbrough.
5. According to the Office of National Statistics (ONS) mid year estimates for 2007, there were 31,794 children and young people in Middlesbrough aged less than 18 years. If we apply these figures to the national prevalence we get the following picture.

<b>Diagnosis</b>	<b>%</b>	<b>Number</b>
Conduct Disorder	5.3	1,685
Emotional Disorder	4.3	1,367
Being Hyperactive	1.4	445
Less Common Disorders	1.3	413
<b>Total</b>		<b>3,910</b>

6. However, there are a number of risk factors which impact on the prevalence of mental health difficulties:-

#### **Individual/child level**

- Low IQ and learning disability → rate of disorder doubled
- Language and related problems → 4 times rate of disorder
- Sensory impairment → 2 to 3 times rate of disorder
- Physical illness: chronic health problems → 3 times rate of disorder
- Physical illness: brain damage → 4 to 8 times rate of disorder

#### **Family level**

- Family breakdown → increase in depression and anxiety
- Abuse (physical, sexual or emotional) → 2 to 3 times of disorder
- Parental psychiatric illness → 1 to 4 times rate of disorder
- Parental schizophrenia → 4 to 8 times rate of disorder
- Parental criminality, alcohol and personality disorder → 2 to 3 times rate of delinquency

#### **Community Level**

- Socio-economic disadvantage → rate of disorder doubled
- Homelessness → emotional/behavioural problems increased
- Traumatic life events → 3 to 5 times rate of disorder
- Urban environment → 1.5 to 2 times rate of conduct disorder and educational difficulties

7. There were approximately **690** referrals to Middlesbrough's Tier 3 specialist CAMHS team from December 2008 to the end of September 2009. If the referrals continue at the current rate it will show a marked increase on previous years referral rates.

8. National prevalence rates from the Mental Health Foundation 1996 would suggest that around 1.85% of the under 18 population would need to be referred for Tier 3 assessment and intervention. If we relate these rates to Middlesbrough it would assume around 590 children and young people would be in need of a Tier 3 service, although if the referrals continue at the current rate, 900 referrals into the service could be a realistic figure.
9. Many of the risk factors above could be attributed to some of the children and young people living in Middlesbrough. This could account for the higher than national prevalence rates at Tier 3, although the lack of professionals at Tier 2 trained in Child Mental Health could also be a factor, leaving referral to Tier 3 the only alternative.

## **PROGRESS TO DATE ON NEEDS ASSESSMENT**

10. The development of a full and detailed assessment of the needs of children and young people in Middlesbrough is underway with several discrete pieces of work being undertaken at the current time. Each of these elements, once completed, will be drawn together giving a comprehensive picture on which to base a commissioning strategy.

### **a) Mapping of services against NI 50**

11. NI 50 is a measure for children and young people's emotional health based on the quality of their relationships with significant others. It is made up of four statements which are asked in an annual school-based survey of pupils in years 6, 8 and 10 (Tell Us).
  - I have one or more good friends
  - When I'm worried about something I can talk to my mum or dad
  - When I'm worried about something I can talk to my friends
  - When I'm worried about something I can talk to an adult other than my mum or dad
12. They seek to capture the quality of relationships with parents, friends and other trusted adults and the answers are used as a proxy for emotional health. All local authorities are measured against it and 20 have currently selected it as a priority target in their local area agreement.
13. Results from the 2008/09 survey produced a score of 65.3% of children giving responses which indicate good relationships (National average 2008/09 63.3%).
14. A mapping exercise is currently being undertaken as a basis for planning how best to meet identified need and to benchmark the starting point as recommended in the Guidance for Children's Trusts on meeting the aims of NI 50. This information, once completed, will be added to the overall assessment of need of the emotional well being and mental health of children and young people in Middlesbrough.

## **b) Mapping of services against NI 51**

15. NI 51 measures the extent to which:-

The local authority and PCT work in partnership to commission a full range of early intervention support services, delivered in universal settings and through targeted services, for children experiencing mental health problems.

A mapping exercise has been undertaken to look at the current position and identify gaps to inform commissioners of areas for development and promote future planning.

16. At the current time referrals to the specialist CAMHS team at the Rosewood Centre are increasing as highlighted above. The role of the Primary Mental Health Worker (PMHW) within the CAMHS service was developed to provide consultation and training at Tier 1 and 2 and provide a link to specialist services. These posts were developed nationally to work in partnership with other professionals to help them identify potential problems earlier and offer intervention to prevent difficulties escalating.
17. There are primary mental health workers in the Middlesbrough CAMHS team, but due to the number of referrals they are unable to fulfil that role and currently undertake work at Tier 3 as part of the specialist team.
18. The NI 51 guidance suggested a service specification for early intervention support services which emphasises the need for '*mental health practitioners working in and with universal and targeted services*'. At the current time, with the exception of Middlesbrough MIND, some provision within schools and mental health expertise within some of the targeted services, there is limited access for professionals working with children and young people to mental health expertise.

### **CAMHS Primary Care Liaison Post**

19. In recognition of this gap and in order to address the requirements of NI 51 proxy 4 a new post has been commissioned specifically to work into the community. The Primary Care Liaison worker will make direct links with schools offering consultation and training, but also work with professionals within identified targeted services to offer support and consultation.
20. A proposal has also been submitted to the Children's Fund for a second post to work alongside the new postholder to increase capacity to meet the considerable demand on such a post.

### **CAMHS Self Assessment Matrix (SAM)**

21. This document is completed annually by the multi-agency CAMHS partnership group and looks at all the different elements making up a comprehensive CAMHS service. Findings from this self assessment will also inform the overall assessment of need.

## **PROGRESS IN THE COMMISSIONING OF SERVICES AIMED AT ADDRESSING THE NEEDS OUTLINED BY THE NEEDS ANALYSIS.**

### **Targeted Mental Health in Schools Funding (TaMHS)**

22. The aim of the TaMHS programme is to enable schools to deliver a holistic, whole school approach to promoting children's mental well being.
23. The programme is currently being rolled out nationally and in the coming months Middlesbrough will be one of 72 local authorities who will be invited to submit proposals for one year's funding to develop such provision.
24. A working group has been established to look at what is currently in place in schools as well as seeking to identify the most appropriate use of the funding to ensure benefits are sustainable in the longer term.
25. It is anticipated the programme will begin in April 2010.

### **Multi-Agency Self harm Protocol**

26. Self-harm is a growing problem in the UK. Government research, published in 2001, suggests that as many as 215,000 eleven to fifteen year olds throughout Great Britain – one in seventeen – may have harmed themselves. The numbers may be higher because self-harm is often (although not always) hidden. A report published in 2006 states that this figure has now risen and "affects around 1 in 10 young people, and some evidence suggests that rates of self-harm in the UK are higher than anywhere else in Europe" (**Truth Hurts – Report into the National Inquiry into Self-Harm among young people, Mental Health Foundation 2006**)
27. In response to these concerns a multi-agency joint protocol has been commissioned to focus on children and young people who self harm in Middlesbrough. It has been designed by young people and staff from a range of front-line services, including Child and Adolescent Mental Health Services.
28. This protocol will be widely disseminated across Children's services and a network of professionals developed to help embed it into a range of services.

### **Transition to Adult Services**

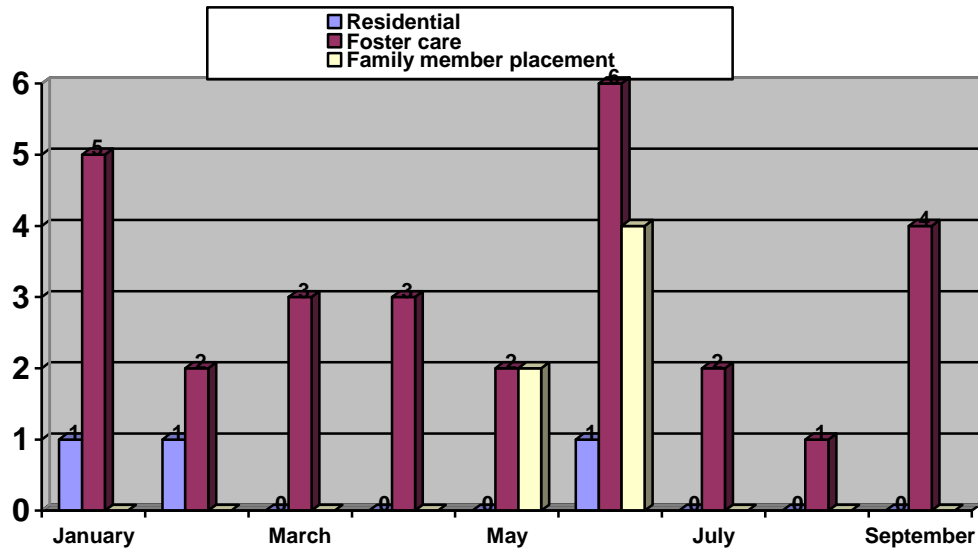
29. A discreet piece of work was undertaken in 2008 to identify any potential issues in relation to young people making the transition from children's services to adult mental health services. This work identified a gap for some young people who, although not suffering from a diagnosable mental illness, still required a level of intervention at Tier 2. This gap was often specifically highlighted in relation to children leaving care wanting to access discreet counselling without recourse to specialist mental health services.
30. Young people interviewed for the report highlighted the need for a community based service offering interventions from 18 to 25 years.

31. Middlesbrough MIND is currently looking at the possibility of finding funding to develop their current service to meet this gap.

## **THE MENTAL HEALTH NEEDS OF CHILDREN IN CARE**

32. In 2003 the Office for National Statistics published data comparing prevalence of mental disorders in children in the care of the Local Authority in comparison with a representative sample of children living in private households. About two-thirds of children living in residential care (68%) were assessed as having a mental disorder and about four in ten of those placed with foster carers (39%) or with their birth parents (42%).
33. In recognition of the higher incidence of mental health problems of these children a dedicated Looked After CAMHS Team was jointly commissioned by Middlesbrough and Redcar and Cleveland Local Authorities.
34. The Child and Adolescent Mental Health Looked After Children's Service (CAMHS LAC) offers a range of interventions to children and young people looked after by Middlesbrough and Redcar and Cleveland Local Authorities.
35. The CAMHS/LAC service can provide specialist mental health assessment and therapeutic input for emotional, behavioural or psychological problems
  - Consultation and advice to field social workers and placement workers on young people's emotional behavioural and psychological problems and how psychological needs may be met.
  - Advice and work with carers of individual young people in Local Authority care on supporting them through their difficulties.
  - Direct therapeutic work with young people in a range of modalities.
  - Mental health assessment (including risk assessment) and management of psychiatric problems in young people in local authority care.
  - Consultation and training to staff groups and foster carers employed directly by Middlesbrough or Redcar and Cleveland Local Authorities, in collaboration with service managers.
36. Although a small team, (2 mental health workers and 1 Psychologist), it offers a direct route into mental health services via the social worker giving a more rapid response than the traditional referral route. In recognition of the diverse needs of children and young people in care, the team do work differently to their generic colleagues, offering consultation and training, for example to foster carers, as well as individual work with children and young people.

## Middlesbrough referrals to CAMHS LAC team 1<sup>st</sup> January 2009 to end of September 2009



37. A total of 37 referrals have been made to the CAMHS LAC service between January and September 2009. Of these, 3 young people were in residential care, 28 in foster care and 6 were placed with a family member.

### Training

38. A total of 10 days training has been commissioned aimed at professionals working in children's services, although of particular relevance to those working with children in care.
39. The courses – 'Promoting Recovery from Trauma', 'Preparing for Endings: Saying Goodbye' and 'Attachment Training' have all been delivered by a very experienced trainer and are free to attend.

### Strengths and Difficulties Questionnaire (SDQ)

40. NI 58 looks at the Emotional and behavioural health of Looked After Children and will use the Strengths and Difficulties Questionnaire to measure progress in improvements in their emotional wellbeing.
41. The SDQ is a short behavioural screening questionnaire. It has five sections that cover details of emotional difficulties; conduct problems; hyperactivity or inattention; friendships and peer groups; as well as positive behaviour.
42. As well as measuring progress under NI 58, there is the potential to develop a system whereby the completed SDQ's could also be used to identify children and young people at an earlier stage that would benefit from CAMHS input.

## **CONCLUSIONS**

43. The emotional well-being and mental health of children and young people within Middlesbrough continues to be a high priority for CAMHS across the town. There is a particular concern about the high number of children who are being referred to Tier 3 CAMHS. It is likely that this could be interpreted as a further example of the high levels of need for some children and young people within the Borough.
44. A range of activities are taking place to produce a needs assessment for CAMHS. This will feed into the wider needs assessment that is taking place within the Children's Trust, both for children and young people living with their families within the community and looked after children.
45. Looked after children are receiving a specialist service which is valued by children and young people, their carers and social workers.

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