

DRAFT

# **Children and Young People's Emotional Wellbeing and Mental Health**

Strategy and Implementation Plan 2014-2015

DRAFT

v.2

Herefordshire's Children and Young People's Partnership works together to protect children and give them a great start in life. Emotional wellbeing and good mental health play a critical part in achieving these goals.

Our strategy provides a multi-agency approach to improving the emotional wellbeing and mental health of children and young people, recognising the profound relationship with parental and adult mental health. The Implementation Plan will enable children and young people to identify and self manage their care where possible by providing timely information and support. It will also support those affected by emerging mental health issues in others including families, carers and professionals working with children and young people. The strategy acknowledges the link between good emotional and physical health and the importance of both in an holistic approach. The strategy is explicitly not a CAMHS strategy as this term is too easily confused with a focus solely on health based mental health services for children and adolescents.

### National

Annual Report 2014 of the Chief Medical Officer Chapter six: Life course: children and young people's mental health

- 1 in 10 children and young people aged between 5 – 15 years had a clinically diagnosable disorder in 2012
- 50% of adult mental illness (excluding dementia) starts before the age of 15 and 75% by the age of 18
- Children and young people with poor mental health are more likely to have poor educational attainment and employment prospects, social relationship difficulties, physical ill health and substance misuse problems and become involved in offending.
- Children and young people from the poorest households are three times more likely to have a mental health problem than those growing up in better-off homes.
- Evidence based practice may reduce costs by up to 35% and duration of treatment by up to 43%
- Early intervention may reduce the risk of later disorder and save money.

NHS 5 steps to mental wellbeing:

**1) Connect**

There is strong evidence to show that feeling close to and valued by other people is a fundamental human need and contributes to functioning well. Social relationships are important for promoting wellbeing and can act as a buffer against mental ill health for people of all ages.

**2) Be active**

Regular physical activity promotes wellbeing and is associated with lower rates of depression and anxiety across all age groups. The activity doesn't need to be particularly intense to make a difference. For example walking provides some level of exercise and has the benefit of encouraging social interactions.

**3) Keep learning**

Continued learning through life enhances self-esteem and encourages social interaction and a more active life.

**4) Give**

Giving to others can improve mental wellbeing from small acts, such as a smile, thank you or kind word, through to larger acts, such as volunteering which can improve mental wellbeing and build social networks. Research into actions for promoting happiness has shown that committing an act of kindness once a week over a six-week period is associated with an increase in wellbeing

**5) Take notice**

Taking notice, being aware of what is happening and "savoring the moment" can help to reaffirm life priorities, enhance self-understanding and can help people to make positive choices based on their own values and motivations. This is sometimes called "mindfulness", and it can positively change the way you feel about life and how you approach challenges.

The "5 steps" framework for promoting mental wellbeing underpins this strategy.

**Other factors affecting mental health**

There are a number of parents and carers who will also experience mental illness at some point in time. This impacts on children and also parenting capacity. Therefore raising awareness of mental health issues across the workforce and improving the ability to signpost people to the right information and services is vital.

Furthermore the substantial societal costs of antisocial behaviour are not limited to those with conduct disorders but are evident among the more numerous number of children with lower levels of behavioral difficulty. Effective early intervention for these less severely affected children may lead to substantial mental health gains as well as cost savings across a number of agencies. (Chief Medical Officer 2013)

The rise of a new digital culture in which many young people now communicate and exist has raised widespread concerns about potential negative effects including increased psychological arousal, decreased attention, hyperactivity, aggression and antisocial behaviour. A particular concern has been raised over the access to websites that normalise unhealthy behaviours as lifestyle choices such as anorexia and self harm.

## STRATEGY

This strategy focuses on enabling children and young people and their families to:

- be aware of their own emotional wellbeing and mental health, and that of others
- develop good emotional well being and mental health
- get further support, advice and access to more specialised assistance

The implementation plan represents the first phase of activity that will be refined following the recommendations to be presented in the Mental Health Integrated Needs Assessment and Children's Integrated Needs Assessment.

The Implementation Plan focuses on four key outcomes:

1. I know who I can talk to and where to get information.
2. My family and friends are able to support me.
3. I am involved in my care and supported in taking decisions about my recovery

4. I want to tell you how the experience was for me and what needs to change.

To achieve the actions in this Strategy will require a partnership approach across a range of organisations and services in Herefordshire, including Herefordshire Council, schools and colleges, early year's providers, providers of voluntary and community services and statutory providers of health services in Herefordshire.

DRAFT





		<p>All services should recognise that once a child is affected by Child Sexual Exploitation, he or she is likely to require support and therapeutic intervention for an extended period of time.</p> <p>Children should not be offered short-term intervention only, and cases should not be closed prematurely</p> <p>The Safeguarding Board, through the CSE Sub-group, will work with local agencies, including health, to secure the delivery of post-abuse support services</p>	John Roughton	October 2015	This work will be overseen and reported through the Safeguarding Board
1.4	Information and Advice	Undertake training needs analysis across all tier 1 professionals to develop Modular tier 1 training programme	Alison Merry	Sept 2015	

<b>2. My family and friends are able to support me</b>					
<b>Objective</b>		<b>Action</b>	<b>Responsibility</b>	<b>Completion Date</b>	<b>Update</b>
2.1	Parents will be confident in their ability to provide support and appropriate parenting	Co-ordination of local parenting programmes to provide an evidenced based approach that improves emotional wellbeing	Childrens Social Care Rep and Alison Merry	Sept 2014 – Oct 2015.	
		Foster carers training to develop	Jo King/Alison	Nov 2014 –	



		<p>understanding of emotional wellbeing of children in partnership with the Intensive placement support service. (HIPPS) commissioned based on therapeutic model. All training is available to all carers including kinship carers.</p> <p>The recently completed directory of training is available and will be embedded within services over the coming year.</p> <p>A single point of call and someone with oversight of the process is required</p>	<p>Merry</p> <p>Jo King</p>	<p>October 2015 rolling programme of training</p> <p>Nov 2014</p>	
2.2	Volunteering. Both young people and parents	<p>Promotion of volunteering opportunities to young people and parents.</p> <p>The care champion role is being developed and as part of this peer support will be offered to 16+ young people by care champions. This will be a befriending role and they would look to support them in attending appointments when appropriate. This scheme will be piloted from late September and is seen as beneficial when young people choose not to engage with professionals.</p>	<p>HVOSS</p> <p>Jo King</p>	<p>Oct 2014</p> <p>Sept 2014</p>	<p>Philippa Granthier to take to Childrens Interest Group (CHIG)</p>

2.3	Young Carers	To develop an approach to support the emotional wellbeing of young carers which is explicit about the needs of young carers and what support they can access. This will be as part of the joint adult and childrens commissioning of services	Frankie Green	Jan 2015	
-----	--------------	---	---------------	----------	--

3. I am involved in my care and supported in taking decisions about my recovery					
Objective		Action	Responsibility	Completion Date	Update
3.1	<p>Non-clinical settings for services are available in a range of locations, providing accessibility and flexibility.</p> <p>Self-referral to services is available</p>	<ul style="list-style-type: none"> <li>Re-application for children and young people's IAPT.</li> <li>Develop training plan for professionals</li> <li>Identify range of non-clinical venues and settings.</li> </ul>	<p>Herefordshire Clinical Commissioning Group commissioner with 2Gether Trust.</p> <p>The CLD Trust/2Gether Trust</p>	<p>July 2014</p> <p>July 2015</p> <p>Sept 2014 – Oct 2015</p>	<p>Complete. Herefordshire has been accepted at the University of Exeter.</p> <p>University course identified and secured in:</p> <ol style="list-style-type: none"> <li>CBT</li> <li>Parenting</li> <li>Family Therapy</li> </ol>
3.3	Services are	Third sector providers to identify areas for	The CLD Trust.	Nov/Dec 2014	

	enhanced through the additional value of third sector contributions.	effective contribution and secure funding. Strategy to be taken to CHIG for further consideration			
3.4	Provision of tier 2/3 Herefordshire Intensive Placement Support Service and Treatment Intervention Service	Implement service and review its effectiveness.	Paul Meredith	Nov 2014, review April 2015	
3.5	Provision of tier 3 support for children and young people	Re-specification of service to be based on a care pathway approach	Herefordshire Clinical Commissioning group	Sept 2014	Jade Brooks/Mark Colin Merker
		Review the feasibility for assertive outreach service to avoid admission to inpatient units.	2Gether NHS Foundation Trust/ Herefordshire Clinical Commissioning Group	March 2015	Awaiting outcome from the Children's Mental Health Assessment
		To provide psychological therapies input for children with long-term conditions at the point of transition, e.g. diabetic transitions clinic	2Gether NHS Foundation Trust / Wye Valley NHS Trust	Sept 2014 – Oct 2015	New service diabetic transitions from April 2014
		For Choice and Partnership Approach (CAPA) to be utilised throughout CAMHS;	2Gether NHS Foundation Trust	Sept 2015	This will be monitored by the CCG through assurance processes
		To review clinic environments	2Gether NHS Foundation Trust	Sept 2014 – Oct 2015 – Rolling programme	2Gether Trust are exploring the use of other venues for delivery of some interventions. A longer term solution is required for the service
		To embed Health of the Nation Outcomes for Children and Adolescents to measure outcomes;	2Gether NHS Foundation Trust	Sept 2014 – Oct 2015 – Rolling programme	

		To improve on transition arrangements from the age of 14 for young people likely to require a secondary mental health service;	2Gether NHS Foundation Trust	By April 2015	The CCG and 2Gether Trust have agreed a CQUIN in 2014/15 with an agreed action plan
		To apply quality standards developed with West Midlands Quality Review (WMQRS)	2Gether NHS Foundation Trust	By March 2015	Peer review scheduled for November 2014
3.6	Improve communication and interagency working	Task and finish group to review information sharing arrangements across 2gether mental health trust and Herefordshire Council teams such as LAC, Fostering and Adoption teams.	Jo King	By Sept 2015	
		For CAMHS to deliver training and awareness sessions for relevant social work teams on the role and responsibilities of CAMHS.	CAMHS/2Gether Trust	Sept 2014 – Oct 2015 – Rolling programme	
		For CAMHS and Social Work Teams to develop accessible information to be made available to agencies on 'what is CAMHS' and 'Children's Well-being Social Work Teams'.	Jo King/Mark Hemming	March 2015	
		Advice line for professionals provided by 2Gether Trust	2Gether Trust	In place	
		Regular programme of joint sessions arranged that provides an opportunity for networking as well as discussions on looked after children practice.	Jo King/Mark Hemming	Sept 2014 – Oct 2015 – Rolling programme	
3.7	A health, education and social care integrated care pathway for Herefordshire	Local guidelines on Court proceedings to inform mental health services responses to cases. To cover complex cases and assessments	Kay Prescott	March 2015	
		Clear procedures for interagency and multi disciplinary working.	Jade Brooks/Jo King/Les Knight	March 2015	

4. I am able to tell you how the experience was for me and what needs to change.					
Objective		Action	Responsibility	Completion Date	Update
4.1	Feedback	To engage children and young people in the Mental Health Needs Assessment	Herefordshire Clinical Commissioning Group	Sept 2014	Programme of engagement developed
		To gauge patient satisfaction upon completion of treatment and produce quarterly analysis that can be used by service to develop its approach and inform commissioning.	2Gether NHS Foundation Trust	Sept 2014 – Oct 2015 – Rolling programme	System set up to report in to the Clinical Commissioning Group
		All providers to ensure they have the means of gathering feedback that informs the service and influences the service ongoing.	Herefordshire Clinical Commissioning Group	Sept 2014 – Oct 2015 – Rolling programme	Will feed in to the Voice of the Child work
4.2	Engagement	To continue to develop children and young people's engagement within the delivery of CAMHS through monitoring the uptake of services, understanding why young people may not be attending and addressing this.	2Gether NHS Foundation Trust	Sept 2014 – Oct 2015 – Rolling programme	
4.3	Children/parents and young people are actively involved in the evaluation, design	Providers of tiered services have participation policy and plans.  Children, parents and young people are informed of the impact of their participation	Herefordshire Clinical Commissioning Group to oversee taking forward through agreed internal	March 2015	

	and delivery of services.	CYP IAPT supports service transformation by participating CAMHS (NHS, voluntary sector and local authorities) working in partnership with higher education institutions (HEIs).	mechanisms of partner agencies		
--	---------------------------	---	--------------------------------	--	--

DRAFT