

7.2.2 Emotional health and wellbeing (Children and young people)

Why is this issue important?

Children and young people’s emotional health and wellbeing are important for the future life chances of each individual. Over half of all mental ill health starts by the age of fourteen and 75% of cases have developed by the age of eighteen years.¹ For those affected it can have a negative impact on their physical health, education and work prospects and increases the chances of a shorter life.

Key outcomes

- **Emotional wellbeing of looked after children (Public Health Outcomes Framework, PHOF)**
- **Improving children and young people’s experience of healthcare: children and young people’s experience of inpatient services (NHS Outcomes Framework)**
- **Self-harm (Public Health Outcomes Framework)**

Impact in Brighton & Hove

The factors that affect mental and emotional health are complex, ranging from individual biological factors to complex societal issues. Multiple risk factors may be experienced by children and young people, and a combination of these may compound the risk of mental health issues.

Table 1: Child, parental and household risk factors leading to an increased risk of developing child and adolescent mental health problems

Child/young person factors	Parental factors	Household factors
Increasing age	Poor parental mental health	Homelessness
Male	Substance/alcohol misusing parent	Low household income
LGBT	Parents in prison	
Physical disability	Domestic violence	
Learning disability		

¹ Department of Health and NHS England. Future in mind. Promoting, protecting and improving our children and young people’s mental health and wellbeing. March 2015.

Child/young person factors	Parental factors	Household factors
Autistic Spectrum Conditions		
Children in care		
Young offender		
Special educational needs		
Teenage pregnancy		
Child sexual exploitation		

The following risk factors are of particular relevance to Brighton & Hove:

Age: Nationally, one in ten children aged 5-16 years has a diagnosable mental health problem and 50% of lifetime cases of diagnosable mental illness begin by age 14.² A higher proportion of the Brighton & Hove population are aged 19-24 years (13%) compared with England (8%) or the South East (7%).³ This is important because a higher proportion of the population will be experiencing a time of transition. This can be critical in determining whether earlier mental health problems persist into adulthood. It is also a time when serious mental illnesses like psychosis can become apparent.

Males: Boys are more likely to have a mental health disorder than girls. 10% of 5-10 year old boys and 5% of girls have a mental disorder and 13% of 11-16 year old boys and 10% of girls.⁴ In Brighton & Hove boys outnumber girls in the population until the 15 -19 and 20-25 age groups when the trend reverses.⁵

Homelessness: 27% of homeless young people have a diagnosed mental health condition. Brighton & Hove has a higher rate of statutory

² HM Government. No Health without Mental Health. 2011.

³ Mid Year Population Estimates 2014.

⁴ Green et al. Mental Health of Children and Young People in Great Britain, 2004. London, Office for National Statistics.

⁵ Brighton & Hove City Council and NHS Brighton and Hove. Children and Young People’s Mental Health and Wellbeing Needs Assessment. February 2016.

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homeless households with dependent children (2.6 per 1,000 households compared to a national average of 1.7 per 1,000). The Homeless Health Needs Audit 2014 included 55 young homeless people aged 18-25 years, of whom 29% had a diagnosed mental health condition.

Children in care: Children in care are nearly five times more likely to have a mental health disorder than all children.⁶ Brighton & Hove has the 18th highest rate of children in care in England, 92 per 10,000 compared to 60 per 10,000 nationally and 48.9 per 10,000 for comparator authorities in 2014/15⁷

The PHOF indicator used for measuring the emotional wellbeing of children in care is the average difficulties score for children in care aged 5-16 years who have been in care for at least 12 months. The average score for Brighton & Hove in 2014/15 was 15.3. This is a borderline cause for concern - a score under 14 is normal, 14-16 is borderline and 17 and over is cause for concern. Brighton & Hove has a higher average score than South East Region (14.6) and England (13.9).⁸

Special educational needs – Pupils with statements of special educational needs have a threefold increased risk of conduct disorder. There are a higher proportion of pupils with special educational needs (19.6%) than nationally (15.4%) (2015).⁹

Domestic violence - The proportion of children living in households of clients identified at high risk of domestic violence increased by 17% between 2013/14 and 2014/15.¹⁰

Prevalence: There were an estimated 2,792 (8%) children and young people aged 5-16 years with a mental health disorder living in Brighton & Hove in 2014.¹¹ Table 2 shows specific disorders.

Table 2: Estimated number of children and young people aged 5-16 years with conduct, hyperkinetic and emotional disorders in Brighton & Hove based upon 2014 mid-year population estimates

	5-16 years
Conduct disorders	1,670
Hyperkinetic disorders	465
Emotional disorders	1,085

Source: ChiMat Service Snapshot – Child and Adolescent Mental Health Services (CAMHS) Brighton & Hove; Office for National Statistics Mid-year estimates 2014 and GP registered population

There are an estimated 1,915 young people aged 16-19 years in Brighton & Hove with a neurotic disorder (mixed anxiety & depression, generalised anxiety disorder, depressive episode, all phobias, OCD and panic disorder) the majority of whom 1,330 (69%) are female.¹² 68% of young people with a conduct disorder are male.

It is estimated that 559 children aged 5-16 years in Brighton & Hove will have multiple mental disorders;¹³ 77% are male, reflecting the high proportion with conduct disorders.¹⁴

There are an estimated 360 children aged 5-19 years in the city with a learning difficulty and a mental health problem.¹⁵

Child and adolescent mental health services (CAMHS) are categorised as:

Tier 1 Universal mental health services e.g. GPs, schools, community and voluntary sector

Tier 2 Targeted mental health services e.g. Community CAMHS, Right Here, Early Help

Tier 3 Specialist community mental health services e.g. Tier 3 CAMHS, Teen to Adult Personal Advisers Service (TAPA), Early Intervention in Psychosis

Tier 4 Highly specialist mental health services, inpatient and day care e.g. Chalkhill, out of area beds, Urgent Help Service.

⁶ Scambler M. East Sussex CAMHS needs assessment. East Sussex County Council. June 2014.

⁷ Public Health England. 2016. Looked After Children rate per 10,000 <18 population. Children and Young People's Mental Health and Wellbeing Profiling Tool.

⁸ Public Health England. 2016. Emotional Wellbeing of looked after children. Children and Young People's Mental Health and Wellbeing Profiling Tool.

⁹ Public Health England. 2016. % of all school age children with Special Educational Needs. Children and Young People's Mental Health and Wellbeing Profiling Tool.

¹⁰ BHCC. Children and Young People's Mental Health and Wellbeing Needs Assessment. February 2016.

¹¹ Children and Young People's Mental Health and Wellbeing.. Public health profile. Public Health England.

¹² ONS mid-year population estimates for 2014. Singleton et al. 2001.

¹³ ChiMat. 2014

¹⁴ ONS. *Mental Health of Children and Young People in Great Britain, 2004*. Summary Report

¹⁵ Foundation for People with Learning Disabilities (2002), GP registered patient population and MYE 2014

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In 2014/15, 424 referrals were received by the Tier 2 CAMHS single point of access with 49% of referrals from GPs, 16% schools, and 12% other NHS services. The most common reasons for referral were: anxiety (24%), conduct/behaviour problems (15%) and life events such as parental separation, domestic violence or parental substance misuse (10%).¹⁶

Local counselling services have seen an increase in demand, demonstrated by a 38% increase in assessments for the Young People's Counselling Centre from 2012/13 to 2014/15 and a 10% increase in counselling at the University of Brighton from 2012/13 to 2013/14.¹⁷

Tier 3 CAMHS had 910 cases open in March 2015. There was a 15% increase in referrals from October to March 2014/15 compared to the same period in 2013/14. The highest rate of patients per 1,000 population were in the 10-14 year old age group.¹⁸

Referrals to the Tier 4 Urgent Help Service for Brighton & Hove patients, to prevent hospital admissions have increased by 48% between 2010/11 and 2014/15. Over half (59%) of referrals were for depression, 40% self-harm and 68% of referrals were for females.¹⁹

Data from the 2015 Safe and Well at School Survey indicated that 11% of 14-16 year olds in Brighton & Hove reported self-harm.

There were 97 A&E attendances for self-harm in 2014/15 in the 10-17 years age group.²⁰ The attendance rate for self-harm has risen from 381 (in 2011/12) to 456 per 100,000 0-17 year olds in 2014/15. This represents a slight upward trend in the attendance rate since 2008/09 but the difference is not statistically significant, and could be due to better recording.

The city has a higher proportion of young people admitted to hospital for self-harm than England. It

was 507 per 100,000 10-24 year olds in 2013/14 compared to 412 per 100,000 for England.

In the 2015 Safe and Well at School Survey in Brighton & Hove, 83% of students indicated that they were happy with their life at the moment; 90% of 11-12 year olds strongly agreed or agreed, compared to 76% of 15-16 year olds.

Common issues highlighted by children, young people and their parents/carers in the 2016 needs assessment included the need for access to early help and support, including within schools. They wanted easier ways to find out about sources of help: lists, online or through schools. They felt services should be friendlier, listening, locally accessible and offering a choice of treatments.

Some of the negative perceptions of services included a lack of early intervention, long waits for assessment, not being listened to, poor communication between professionals and a lack of joined up services. Some also felt Tier 3 needed to be more young people friendly.

There was dissatisfaction with the transition to adult mental health services.

Staff expressed similar views about services as their clients, as well as identifying gaps in specialist services and not always feeling the Tier 3 service model was meeting their clients' needs.

Where we are doing well

There has been a significant decrease in the proportion of pupils saying they have experienced bullying from 26% in 2005 to 14% in 2015.

Brighton & Hove is piloting a whole school approach to mental health with Primary Mental Health Workers in three secondary schools and support to eight primary schools. This aims to raise knowledge and awareness of mental health issues in schools. It is planned to extend the approach to all school and colleges.

The Public Health Schools Programme adopts a whole school approach to promoting emotional health and wellbeing. This includes teacher training on the delivery of emotional health and wellbeing within the curriculum.

There is a range of counselling options available within Tier 2 (Community & Voluntary Sector),

¹⁶ BHCC and Brighton & Hove CCG. Children and young people's mental health and wellbeing needs assessment. February 2016.

¹⁷ BHCC and Brighton & Hove CCG. Children and young people's mental health and wellbeing needs assessment. February 2016.

¹⁸ BHCC and Brighton & Hove CCG. Children and young people's mental health and wellbeing needs assessment. February 2016.

¹⁹ Brighton & Hove City Council and Brighton & Hove CCG. Children and young people's mental health and wellbeing needs assessment. February 2016. Available at: <http://www.bhconnected.org.uk/content/needs-assessments> [Accessed 30/08/2016]

²⁰ Brighton & Hove City Council Public Health Intelligence team. Local analysis of hospital activity data from the Secondary Users Service. June 2015

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including face-to-face and online. These can be accessed in a variety of settings – at school, in community based youth services, at University or through E-motion online counselling.

The Trust for Developing Communities (TDC) reports that 60% of participants using its services for children and young people demonstrated improved emotional wellbeing; 58% had improved social wellbeing and 52% had greater physical wellbeing.²¹

A whole system review of children and young people's mental health and a JSNA was undertaken in 2015/16. The publication of Future in Mind²² also provided an opportunity to consider how to change mental health services for children and young people. Building on the recommendations from these reports the Brighton & Hove Clinical Commissioning Group (CCG) Transformation Plan includes a number of aspirations:

- building resilience, promoting good mental health through prevention and early intervention
- More visible and accessible mental health support for young people “no door is the wrong door”
- Ensuring services are built around children, young people and their families' needs
- Building additional capacity across the system
- Improving linkages across services to make care pathways more navigable
- Responsive crisis and out of hours services
- Improving transition to adult services

An all-age Community Wellbeing Service is being procured from June 2017, with a focus on outreach and being young people friendly.

The Tier 3 CAMHS Specialist Community mental health services are being redesigned.

Further investment has been made by the CCG in the autism pathway to reduce waiting times for assessment and diagnosis. The pathway is also being reviewed.

A pan-Sussex Children and Young People and Families Eating Disorder service for mild to severe eating disorders will start from October 2016.

LGBT and gender identity training for frontline staff in Tier 2 and 3 CAMHS, Early Intervention Service and Urgent Help Service has commenced, delivered by a local voluntary sector organisation.

Development of a parent-infant psycho-therapy pathway/ model is underway to complement the specialist perinatal mental health service already established.

Future planned developments include: a website pulling together self-help and service information for children and young people; a social media anti-stigma campaign for World Mental Health Day; crisis and out of hours pathways for the Royal Alex Children's Hospital; mental health pathway for children in care; a children and young people's IAPT service in 2017/18; working to reduce self-harm.

Local inequalities

Although mental disorders are more prevalent amongst boys than girls, some CAMHS services are more likely to be accessed by girls i.e. counselling services and Urgent Help Service. Between March 2014 and February 2015, 83% of first attendances at A&E for self-harm were made by girls.

Children and young people living in the most deprived quintile in the city are one and a half times more likely to be treated by Tier 3 CAMHS.

Local professionals contributing to the 2016 needs assessment felt that young people with autism, self-harm, learning disabilities, children in care, ADHD, eating disorders and challenging behaviour had unmet needs.

The Brighton & Hove Trans Needs Assessment (2015) identified staff working with children and young people as needing more training about gender identity.²³

²¹ Contact Youth Team: Children in Need Monitoring Reports. Call for Evidence 2016. TDC.

²² Department of Health and NHS England. Future in mind. Promoting, protecting and improving our children and young people's mental health and wellbeing. March 2015.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

²³ Brighton & Hove City Council and NHS Brighton and Hove. Trans needs assessment. 2015. Available at:

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A survey of Allsorts LGBT users in October 2015 (aged under 16 years) found that of 103 children and young people, 77% reported experiencing mental health problems; 68% had contemplated suicide; 54% had done something to harm or injure themselves; 62% had experienced LGBT discrimination and bullying.²⁴

The Safe and Well at School Survey 2015 reported that children and young people who received extra help at school were significantly more likely to say they have experienced bullying (30%) as do LGB students (28%), and those who are unsure of their sexual orientation (22%). Girls were reported to be less happy, as were those who use another word to describe their gender, young carers, those requiring extra help, and LGB students. As well as those who have truanted or been excluded, bullied or have bullied and those who had tried alcohol, smoking, drugs or had sex.

There is a lack of data on the ethnicity of children and young people using mental health services in the City, including migrants, refugees and asylum seekers.

Predicted future need

The 10-14 age group in Brighton & Hove is projected to increase by 11.5% (1,500) by 2024; this will place an increased demand on schools for prevention work, as well the need to support pupils in this age group with their emotional and mental health needs. More support will also need to be given to parents and carers.

The 20-24 age group is projected to decrease by 7.5% (2,300) by 2024.

Tier 3 and some Tier 2 CAMHS services are seeing an upward trend in referrals as well as an increase in the complexity and severity of referrals.

Current trends suggest that there is increasing need related to children and young people with depression, anxiety, self-harm, and suicidal thoughts.

Mental health conditions are accompanied by complex social issues such as domestic violence,

parental substance misuse and the impact of the economic down turn on accommodation and employment.

What we don't know

There is a lack of information on the ethnicity of children and young people with mental health problems in the city, including the mental health needs of young migrants, refugees and asylum seekers.

Data collection on the number of children and young people accessing counselling services in the city needs improving.

Key evidence and policy

National policy drivers include;

- Future in Mind
- NHS Five Year Forward View
- Improving Young People's Health & Wellbeing
- No Health Without Mental Health
- National Institute of Health and Care Excellence (NICE) guidance

Local policy driver

Children and Young People's Mental Health and Wellbeing Needs Assessment. 2016.

<http://www.bhconnected.org.uk/content/needs-assessments>

Recommended future local priorities

The following overarching recommendations were made in the Children and Young People's Mental Health and Wellbeing Needs Assessment.

1. Increase early intervention and prevention
2. Develop integrated care pathways and working together
3. Increase accessibility of services
4. Increase support for parents/carers
5. Commissioning for outcomes

Key links to other sections

- Sexual orientation
- Gender identity and trans people

<http://www.bhconnected.org.uk/content/needs-assessments> [Accessed 30/08/2016]

²⁴ Why is Allsorts Needed.? Allsorts Youth Project. Call for evidence JSNA 2016 update. May 2016.

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- Parenting
- Child poverty
- Substance misuse and alcohol (children and young people)
- Children and young people with disabilities and complex health needs
- Mental health (adults and older people)

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