

Children and young people's mental health and wellbeing needs assessment

Summary

February 2016



***Brighton and Hove
Clinical Commissioning Group***



**Brighton & Hove
City Council**

1. Introduction

Children and young people’s mental 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

The Children and Young People’s Mental Health and Wellbeing JSNA was led by Public Health with support from Brighton & Hove Clinical Commissioning Group’s (CCG) Commissioner for Children and Young People’s Mental Health. It was overseen by a multi-agency steering group which included representation of parents and children and young people through the Youth Council. The needs assessment was conducted between February and December 2015. It aimed to identify the mental health and wellbeing needs of the 0-25 age group and the extent to which these were being met within Tiers 1-3 of Brighton & Hove Child and Adolescent Mental Health Services (CAMHS), as well as providing evidence on the best ways to meet these needs.

2. Who’s at risk and why?

The factors that affect mental and emotional health are complex, ranging from individual biological factors to complex societal issues. Individual risk factors have been highlighted in the JSNA, but it should be noted that 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 increased risk of developing child and adolescent mental health problems

Child/Young Person Factors	Parental Factors	Household Factors
Increasing age Male LGBT Physical disability Learning disability Autistic Spectrum Conditions Children in Care Young offender Special Educational Needs Teenage pregnancy Child Sexual Exploitation	Poor parental mental health Substance/alcohol misusing parent Parents in prison Domestic violence	Homelessness Low household income

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

- **Age** – Nationally, 1 in 10 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 20-25 years (13%)

compared with England (8%) or the South East (7%). 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.³ In Brighton & Hove boys outnumber girls in the population until the age of 15 to 25 years when the trend reverses
- **Homelessness** –27% of homeless young people have a diagnosed mental health condition. Brighton & Hove has a higher rate of statutory 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 16-25 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.⁴ Brighton & Hove has the 19th highest rate of Children in Care in England, 95 per 10,000 compared to 60 per 10,000 nationally and 63.5 per 10,000 for comparator authorities
- **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 (21%) than nationally (17%)
- **Domestic Violence** - The proportion of children living in households at risk of domestic violence has increased by 17% between 2013/14 and 2014/15.

3. Size of the issue locally

3.1. Mental health disorders

The most comprehensive data on the prevalence and risk factors for mental health disorders among children and young people comes from a large national survey carried out by the Office for National Statistics (ONS) in 2004.⁵ These prevalence rates have been used by the National Child and Maternal Health Intelligence Network (CHIMAT) Services Snapshot to produce estimates of prevalence for Brighton and Hove. There are an estimated 2,795 children and young people in the City aged 5-16 years with a mental health disorder.

Table 2: Estimated number of children and young people with mental health disorders in Brighton & Hove by age group and sex (based upon 2014 mid-year estimates)

	5-10 years	11-16 years	5-16 years
Boys	795	940	1,730
Girls	375	695	1,070
All	1,165	1,630	2,795

Source: CHIMAT Service Snapshot – Child and Adolescent Mental Health Services (CAMHS); Brighton & Hove. Estimates based on Green et al prevalence rates 2004, GP registered population and MYE 2014. (Note that the

numbers in the age groups 5-10 years and 11-16 years do not add up to those in the 5-16 year age group as the rates are different within each age group).

The following estimates are given for specific disorders (breakdown by gender and age bands are included in the main JSNA).

Table 3: 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 ONS MYE 2014 and GP registered population

- 68% of young people with a conduct disorder are male
- 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 female⁶
- It is estimated 559 children aged 5-16 years in Brighton & Hove will have multiple mental disorders.⁷ 77% of children with multiple disorders are male, reflecting the high proportion with conduct disorders⁸
- There are an estimated 360 children aged 5-19 years in Brighton & Hove with a learning difficulty and a mental health problem.

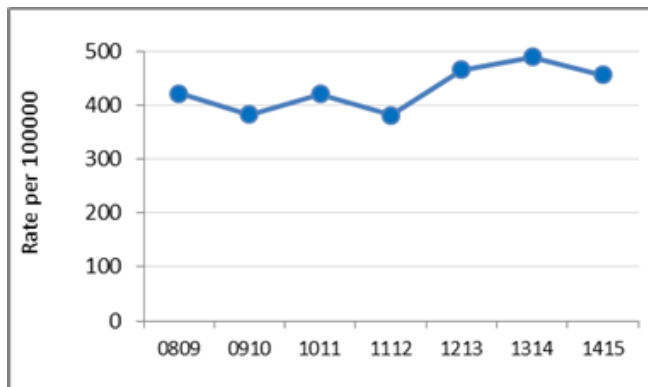
3.2. Self-harm and suicide

The majority of people who self-harm are aged 11-25 years. Rates are three times higher in girls than boys.⁹ Data from the 2014 Safe and Well at School Survey in Brighton & Hove found 7% of 14-16 years olds reported self-harm. Of these 11% were girls, 33% were lesbian, gay or bisexual and 16% had been bullied.

The Health Counts Survey 2012 of local residents reported that 19% of 18-24 year olds had self-harmed (n=39), including 28% of females and 7% of males.

There were 97 A&E attendances for self-harm in 2014/15 in the 10-17 years age group.¹⁰ 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.

Figure 1: A&E attendances for self-harm for 10-17 years olds in Brighton & Hove, per 100,000 10-17 year olds, 2008/09 to 2014/15



70% of attendances were in the 15-17 age groups. There was no association with deprivation.

There were 338 hospital admissions for self-harm in 2013/14.¹¹ Brighton & Hove has a higher rate of hospital admission 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.

The national suicide rate amongst teenagers is lower than for the general population, but some young people are more at risk i.e. those with existing mental health problems or behavioural disorders; those with substance misuser problems or experience of family breakdown, abuse, neglect or mental health problems or suicide in the family. Children in Care, care leavers and young people in the Youth Justice System are also at increased risk.¹² Gay, lesbian and bisexual people are also at higher risk than heterosexual people.¹³

Death registration data from the Office for National Statistics (ONS) provides information on suicides and undetermined injuries for residents of Brighton & Hove, and includes deaths which took place outside of the City. Between 2006 and 2013 there were 22 suicides of people under 26 years, including 17 (77%) 20-25 year olds. 18 (81%) out of the 22 suicides were male.

4. Trends and projections

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 downturn on accommodation and employment.

5. Current activity and service provision

5.1. Tier 1

Tier 1 services are mainly provided by professionals whose main role is not in mental health, such as GPs, health visitors, paediatricians, social workers, teachers, youth workers and juvenile justice workers. The focus is on early identification and prevention of mental health and emotional wellbeing problems. Applying rates estimated by Kurtz,¹⁴ approximately 7,645 (15%) young people aged 17 and under in Brighton & Hove may experience a mental health problem appropriate for a response from Tier 1.

5.2. Tier 2

Tier 2 consists of targeted provision for children and young people who have identified needs and/ or are considered 'at risk'. These services are provided by mental health professionals working in primary care and other community settings, for example, psychologists and counsellors in GP practices, paediatric clinics, schools and youth services. Tier 2 also includes practitioners and services from community CAMHS delivered by Brighton & Hove City Council who provide initial contact, assessments and treatment for children and young people.

5.2.1. Community CAMHS (BHCC)

In 2014/15, 24% (424 referrals) of referrals received by the single point of access triage to CAMHS were for Tier2 Community CAMHS and 407 cases were closed in the same year. Almost half of referrals (49%) were from GPs, 16% schools and 12% other NHS services. The most common reasons for referral were: anxiety (24%), conduct/behaviour problems (15%) and experience of life events such as separation, domestic violence or parental substance misuse (10%).

5.2.2. Counselling services: University, YPC, Dialogue, East Brighton YPC, E-motion

Counselling services are provided across a range of agencies in Tier 2. There is no formal pathway for accessing counselling. The University of Brighton counselling service saw 1,449 people in 2013/14 a 10% increase on 2012/13. 65% of clients were female.

In the community the Young People's Centre provides a counselling service for 13-25 year olds. This made 181 assessments in 2014/15, a 38% increase on 2012/13. Outcomes for 2013/14 reported that 24% no longer needed mental health services after counselling. Many had been referred for anxiety and depression caused by issues with employment and accommodation, 42% felt able to change their circumstances after counselling. Dialogue and East Brighton YPC also provide counselling to the 13-25 age groups. 101 people had

counselling in 2014/15, with 175 on the waiting list. 136 people (19%) either cancelled their appointment or did not attend. E-motion is an online counselling service for 13-25 year olds. In 2014/15 it received 117 referrals of whom 65 (55%) led to counselling. 21% did not reply to the initial response.

Counselling services are primarily accessed by girls, commissioners should consider how services can engage more with boys. The demand for counselling services has risen; ways to increase capacity including more online counselling should be explored as counselling reduces the number of people needing more specialist mental health services. A large proportion of voluntary sector Tier 2 counselling clients are in the 17-25 years transition age group. There is no systematic reporting of schools based counselling services data so we do not know the true extent of demand for counselling in Tiers 1 and 2. There is no standardised recording of outcomes or user feedback across services

Table 4. Other Tier 2 service activity data

Service	Activity
Wellbeing Service	For 18+, treats low level mental health problems. <ul style="list-style-type: none"> In 2014/15, 1,535 individuals aged 19-25 years accessed the service. 40% were offered Talking Therapy, 36% a Primary Care Mental Health Worker, 21% a Psychological Wellbeing Practitioner. Most common provisional diagnoses were: mental disorder – not otherwise specified 22%, depressive episode 21%, mixed anxiety and depression 20%.
Early Help Hub	Access to early help services for those who don't meet social work threshold <ul style="list-style-type: none"> In Sept 2014/July 2015, 1,538 referrals were received, the majority were 11-18 year olds (68%) The most common risk indicator was emotional wellbeing (57%)
Integrated Team for Families	Assertive outreach for those with complex and multiple needs <ul style="list-style-type: none"> 75 families in 2014 19% of children worked with had a mental health diagnosis 17% of young people had a substance misuse issue
Children in Care	476 Children in Care in Brighton & Hove on December 31 st 2014. The 19 th highest rate in England <ul style="list-style-type: none"> 21% had a statement of Special Educational Needs and Disability (SEND) in 2013/14 40% increase in referrals to Young Oasis project since 2009/10
Substance misuse	41% of Ru-ok? Clients also used mental health services in Sept 2014

5.3. Tier 3

CAMHS Tier 3 is the specialist, community-based mental health team in Brighton & Hove (non-inpatient service) for 0-18 year olds. It is provided by Sussex Partnership NHS Trust and includes a number of specialist teams, including Teen to Adult Personal Advisors (TAPA), Early Intervention in Psychosis, Community Paediatricians, Child Development Disability Service and Perinatal Mental Health Services.

There were 910 cases open in Tier 3 in March 2015. 56% were female and 44% male. Ten to fourteen year olds had the highest rate of service use. There has been an 11% increase in the proportion of referrals received since October-March 2013/14, as well as a 15% increase in the proportion of referrals accepted from October-March 2014/15 compared to the 2013/14. In 2014/15 most people had an assessment or first treatment within a month of referral.

Table 5. Other Tier 3 service activity data

Service	Activity
Teen to Adult Personal Advisors	For 14-25 year olds who have difficulty engaging with mental health services <ul style="list-style-type: none">• 142 referrals accepted in 2014/15. A 29% increase since 2012/13.
EIP (Early Intervention in Psychosis Service)	For 14-35 year olds, for first episode psychosis <ul style="list-style-type: none">• 123 referrals in 2014/15
Royal Alexandra's Children's Hospital	127 admissions for psychiatric disorders (not self-harm) from June 2012 – June 2014
Paediatric Psychology Support Service	For children with long term physical health conditions <ul style="list-style-type: none">• 92 referrals accepted in 2014
Specialist Learning Disability Service Seaside View	For 0-18 years <ul style="list-style-type: none">• 75 on the case load in August 2015

5.4. Tier 4

Tier 4 services include highly specialised inpatient services commissioned by NHS England since April 2013. Sussex Partnership NHS Trust provides a 16 bed inpatient unit at Chalkhill, Haywards Heath for 12-18 year olds. 20% of Chalkhill admissions are for eating disorders 14% depressive episodes, 11% bipolar and 8% anxiety (2010-15). Sussex Partnership NHS Trust also provides an Urgent Help Service (commissioned by the CCG) that aims to prevent hospital admission. Referrals to the Urgent Help Service have increased by 48% between 2010/11 and 2014/15. 59% of referrals are for depression and 40% self-harm. 68% of referrals are for females.

6. Local views

Children, young people and carers' views of local mental health and wellbeing services were captured through focus groups and an online survey. The views of staff working in the local statutory and non-statutory services were mainly gathered through semi-structured

interviews. Common issues highlighted by children, young people and their parents/carers 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 given 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 client's needs. Some groups in particular were felt to have unmet needs, including: young people with autism, those who self-harmed, people with learning disabilities, Children in Care, those with Attention Deficit Hyperactivity Disorder, eating disorders and challenging behaviour. There was felt to be a need for more integrated adult and child learning disability services, including joint transition pathways.

7. What does this tell us?

7.1. Gaps related to service provision

- Gaps in service provision for under 5s include the need for more training in the mental health needs of under 5s, as well as access to support from specialist CAMHS
- Earlier intervention needs to be made available to primary school age children and closer links developed with GP practices. Secondary schools need a mental health crisis pathway and more training in mental health
- There is a gap in the lack of follow up of young people who miss appointments. They also need more support around transition and information about how to access support after discharge from CAMHS
- There is a lack of clarity around referral and eligibility criteria from primary care to Tiers 2 and 3. Care pathways aren't always joined up across Tiers and services
- Out of hours services are limited and it can be difficult to make contact with an on call psychiatrist
- There is no specialist mental health provision within the Children in Care Team.

7.1.1. Gaps related to data and evidence

- 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 CYP accessing counselling services in the City needs improving
- CAMHS services don't collect data in a consistent outcomes focused way

- The number of 16-17 year olds recorded as transitioning to mental health services is also low and requires further investigation

7.2. Inequalities

Some inequalities have been identified by this needs assessment. 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, Urgent Help Service.

Analysis of Tier 3 caseloads by IMD 2015 and geographic location, indicates that children and young people living in the most deprived quintile in the City are one and half times more likely to be treated by Tier 3 CAMHS. North Portslade has the second highest number of children on Tier 3 caseloads. This may need further exploration as service mapping indicates Tier 2 has fewer services in this area.

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, so it is not known if these vulnerable groups are experiencing inequalities.

7.3. Key Evidence and Policy

Nationally, key evidence on effective interventions for the treatment and prevention of children and young people's mental health problems is found in NICE clinical guidelines, technology appraisals and public health intervention guidance. In terms of education **What Works in Promoting Social and Emotional Wellbeing and Responding to Mental Health Problems in Schools?**¹⁵ summarises evidence from international research, systematic reviews and control trials evaluations and evaluations of work in schools as to what works in promoting positive social and emotional wellbeing in schools and tackling the mental health problems of pupils in more serious difficulty. The **CASCADE Framework for Collaborative Working between Schools and Mental Health Providers**¹⁶ has been developed by the Anna Freud Centre to support partners involved in supporting children and young people's mental health.

Locally, in Brighton & Hove, there have been numerous reports on children and young people's views of local CAMHS services, including reports by RIGHT HERE which formed part of a national initiative to develop new ways to support the mental health and wellbeing of 16-25 year olds.

Future in Mind¹ was published in March 2015, establishing the need for change across the whole system to improve children and young people's mental health and wellbeing.

NHS England is developing a major service transformation programme to significantly re-shape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next five years in line with proposals put forward in **Future in Mind**. Brighton & Hove CCG will be investing £373,000 p.a. as part of its Transformation Plan into: digital communication; crisis and out of hours care; children in care; Children and young people's Improving Access to Psychological Therapies (CYP IAPT); TAPA; primary mental health workers in schools; counselling in youth settings. £149,000 will fund a virtual team for a Sussex wide Eating Disorder Service.

7.4. Recommendations

Recommendations made to commissioners in the needs assessment have been based upon the evidence found in service data, staff and user views, and within the literature on effective interventions. The recommendations relate to the following key areas:

- a) Increase early intervention and prevention
- b) Develop integrated care pathways and working together
- c) Increase accessibility of services
- d) Increase support for parents/carers
- e) Commissioning for outcomes

More detailed actions under each key area are outlined in the main JSNA document.

8. Acknowledgements

We would like to acknowledge the contribution made to this JSNA by all the children, young people, their parents/carers, professional staff and members of the Steering Group who gave us their time, expertise and support in gathering the information. We would particularly like to thank the groups who organised and facilitated focus groups on our behalf.

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.

² ChiMat 2012

³ Green et al. *Mental Health of Children and Young People in Great Britain*, 2004. London, ONS.

⁴ Scambler M. East Sussex CAMHS needs assessment. East Sussex County Council. June 2014.

⁵ Green, H et al. (2004) Mental Health of Children and Young People in Great Britain, 2004. Office for National Statistics.

⁶ ONS mid-year population estimates for 2014. Singleton et al. 2001.

⁷ ChiMat. 2014

⁸ ONS. *Mental Health of Children and Young People in Great Britain*, 2004. Summary Report.

⁹ Key Data on Adolescence 2013. Chapter 6 Mental Health

¹⁰ Brighton & Hove City Council Public Health Intelligence team. Local analysis of hospital activity data from the Secondary Users Service. June 2015

¹¹ Hospital Episode Statistics, Health and Social Care Information Centre

¹² HM Government, 'Preventing Suicide in England: A Cross-Government Outcomes Strategy to Save Lives, 2012

¹³ CSIP. Mental disorders, suicide and deliberate self-harm, in lesbian, gay and bisexual people. A systematic review. 2007. <http://www.mindout.org.uk/wp-content/uploads/2012/06/self-harm-in-lesbian-gay-and-bisexual-people.pdf>

¹⁴ Kurtz, Z (1996) Treating children well: a guide to using the evidence base in commissioning and managing services for the mental health of children and young people. London. Mental Health Foundation.

¹⁵ Weare Katherine. What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Partnership for wellbeing and mental health in Schools. NCB. 2015.

¹⁶ Anna Freud Centre. CASCADE: Schools and CAMHS Partnership Training. <http://www.annafreud.org/service-improvement/service-improvement-in-schools/cascade-schools-and-camhs-partnership-training/>



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