

Mental Wellbeing of Young People in Southwark

Southwark's Joint Strategic Needs Assessment

Children and Health Protection Section

Southwark Public Health

30 April 2018

GATEWAY INFORMATION

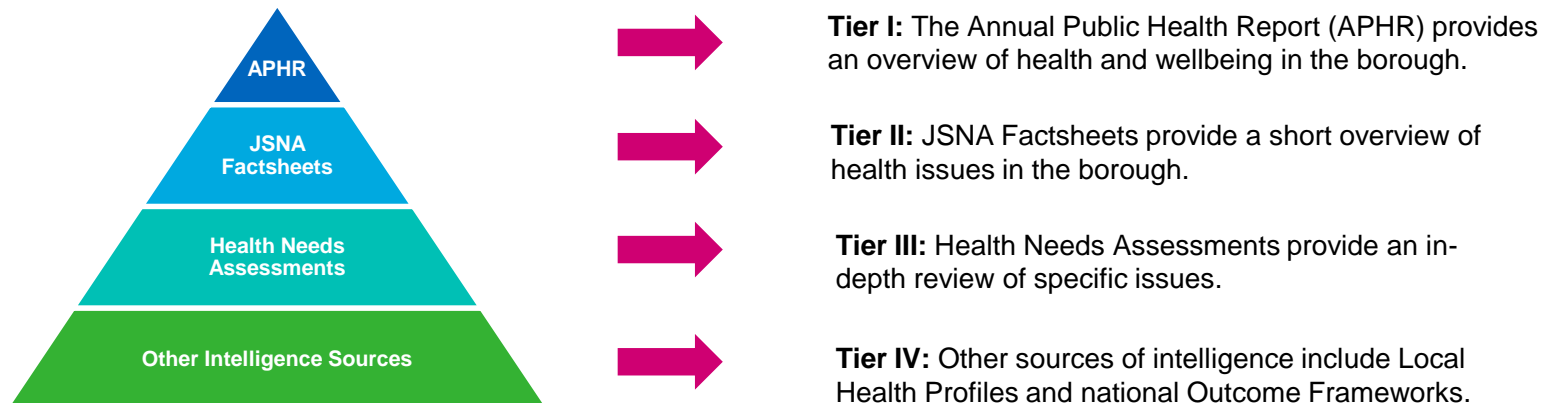
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Prepared by:	T Boshari
Contributors:	C Sharpe, C Williamson, R Pinder, S Blackman
Approved by:	K Watters
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Contact details:	publichealth@southwark.gov.uk
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Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

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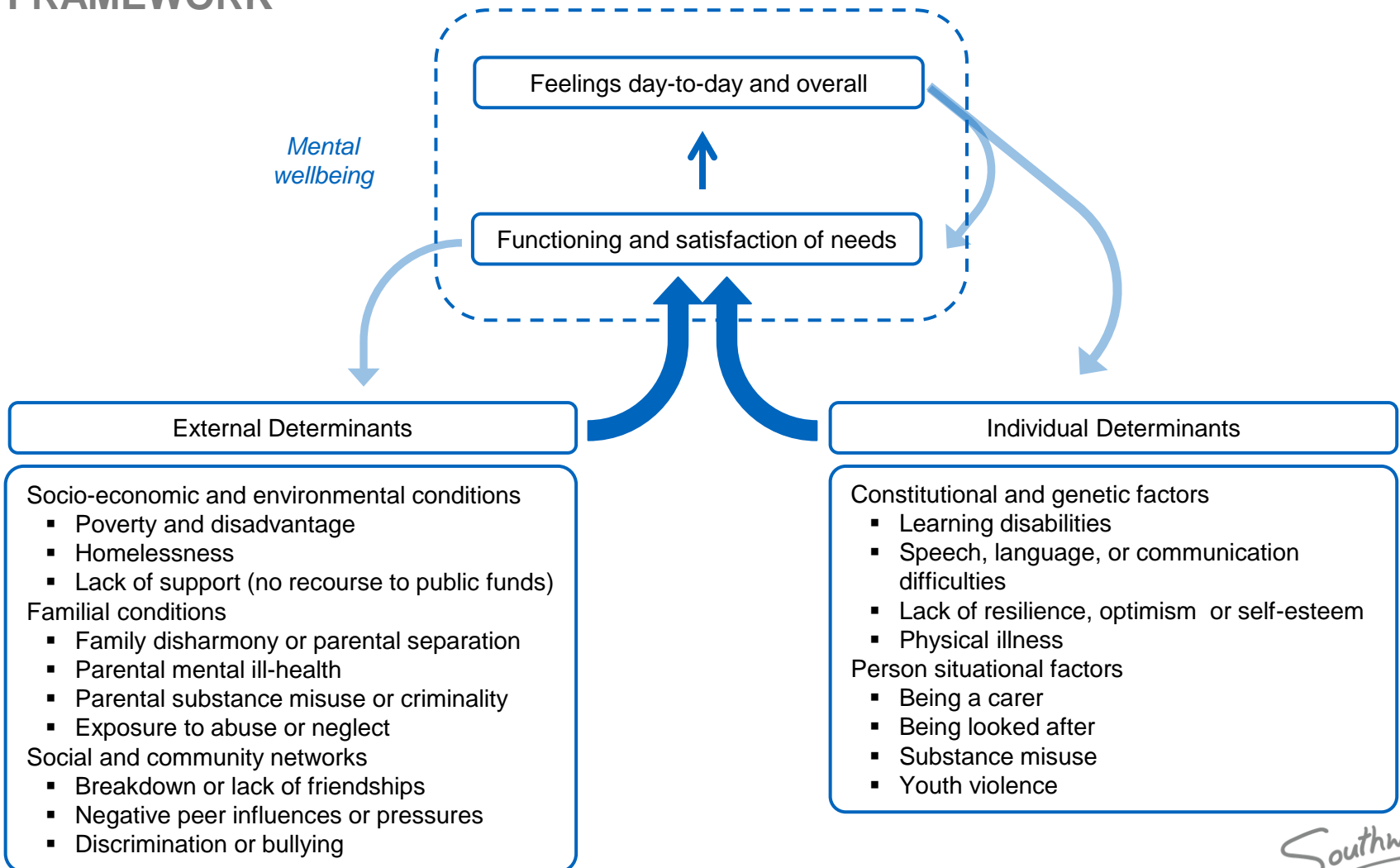
Community & Stakeholder Views

Evidence Review

Summary & Recommendations

Mental wellbeing is the cumulative result of numerous environmental and individual factors

FRAMEWORK



The mental health needs of Southwark's children and young people remain a gap in our local strategy

BACKGROUND

Mental health:	Describes a spectrum from mental health problems and illness, through to wellbeing or positive mental health
Mental wellbeing:	Used interchangeably with mental health in this document
Mental illness:	Includes a wide spectrum of mental health conditions; from common conditions such as depression and anxiety, to severe mental illnesses such as schizophrenia and bipolar disorder

The mental wellbeing of children is critical to providing the best start to life. Adverse experiences in childhood affecting mental health can have a lasting impact on physical health, educational and professional attainment, and social relationships.¹ Quantifying this adversity is a local challenge and priority.

Parity of esteem between mental and physical health has been championed by policies at national and local levels, however, coverage of mental health and wellbeing in JSNA nationally is poor.² In light of this, Public Health in Southwark has made advancements in assessing and addressing population mental health.^{2,3} However, the focus has been primarily adult and data on CYP are lacking.

This JSNA seeks to address this gap in local literature and inform the needs and service provision for CYP mental health and mental wellbeing.

1. Public Health England (PHE) (2016) The mental health of children and young people in England, December 2016
2. Campion J, Coombes C, Bhaduri N. Mental health coverage in needs assessments and associated opportunities. J Public Health (Oxf) 2017;39(4): 813-820
3. Mental Health in Southwark An overview of health needs and service provision. Southwark's JSNA. Southwark Council: London, 2016
4. Southwark Council (2017). Preventing Suicides in Southwark: Our Strategy and Action Plan, 2017-2022. Draft 0.6

The mental health needs of Southwark's children and young people remain a gap in our local strategy

AIMS & OBJECTIVES

This needs assessment was undertaken with the following objectives:

1. Develop an understanding of the prevalence of mental health disorders in Southwark
2. Understand the mental health and mental wellbeing needs of CYP in Southwark, including identifying risk factors and vulnerable groups
3. Outline current provision of mental health promotion and specialist services, and to align this with the evidence base
4. Make evidence-based recommendations for appropriate and effective support for CYP mental health and mental wellbeing in Southwark

Scope	Includes	Excludes
Population	Children and young people	Adult/parental mental health Gypsy, Roma, traveller children Asylum seekers, refugees and new migrants Children living with long-term disability or complex needs
Age group	0-24	
Setting	Early years, schools, youth centres, communities	

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The mental health of young people is a designated priority over the next five years

NATIONAL & REGIONAL POLICY CONTEXT

The NHS England 2015 report 'Future in Mind' (FiM) outlined a vision for children and young people's mental health:¹

- Tackling the gap between those with a mental health condition and those accessing treatment
- Making mental health support more visible, transparent, and easily accessible, for example by creating the expectation that there be a specific contact point for mental health in schools and in specialist services
- Promoting resilience and prevention in partnership with CYP to enable self-care

The Five Year Forward View for Mental Health supported the FiM recommendations and set to achieve:³

- Parity of esteem between physical and mental health across the life course
- Access to good quality, integrated mental health care, wherever and whenever children are seen across the NHS
- Prioritisation of CYP as a key group for mental health promotion and prevention
- An expert group be established by the Departments of Health and Education to support the complex needs of vulnerable children, including looked after children and youth offenders

Thrive London is a citywide movement for mental health, supported by the Mayor of London and the London Health Board:³

- Thrive looks to bring together multiple city agencies and providers, as well as voluntary, business, and community partners
- A primary area of focus is children and young people's mental health, raising awareness and reducing stigma through campaigns and workshops

1. Department of Health (DH) and NHS England (2015) Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.

2. Independent Mental Health Taskforce (2016) The Five Year Forward View for Mental Health

3. Thrive London: improving Londoner's mental health and wellbeing. Available from: <http://thriveldn.co.uk/about/>

The mental health of young people is a designated priority over the next five years

NATIONAL & REGIONAL POLICY CONTEXT

In December 2017, the Departments of Health and Education published a green paper on transforming children and young people's mental health provision.

- Building on *Future in Mind*, their approach has three main elements:
 - Incentivising every school and college to elect a Designated Senior Lead for Mental Health to act as a link with CYP mental health services
 - Funding new Mental Health Support Teams to be managed jointly by the NHS and schools to support CYP with mild to moderate mental health needs and promote positive mental wellbeing
 - Trialing a new four-week wait time for CYP to access specialist NHS mental health services
- Wider opportunities to improve CYP mental health through a whole school approach were also identified, including mental health awareness training for school staff and shaping the delivery of sex and relationships education on healthy relationships
- The role of social media, both positive and negative, alongside online safety will be addressed in a working group of government organisations and private companies
- Joint working between NHS mental health services and schools is prioritised throughout

Southwark's Joint Mental Health and Wellbeing Strategy builds on the targets outlined in the 5YFV

LOCAL POLICY CONTEXT

Southwark Five Year Forward View (5YFV)¹

- Following the national 5YFV, a key local ambition is to create a much stronger emphasis on prevention and early action as well as better integration between health and social care, and wider council services
- In terms of mental health, the strategy talks to improving complex care pathways, developing more integrated services, strengthening community services and focusing on key vulnerable groups
- The CYP wellbeing framework calls for improved resilience and building positive mental health throughout adolescence

Joint Mental Health and Wellbeing Strategy (Southwark Council and CCG)²

- Building on the ambitions outlined in the Southwark FYFV, the CCG and the council developed a joint strategy to ensure alignment in improving local mental health provision
- Among their aims for CYP mental health and wellbeing were:
 - Reviewing the mental wellbeing offer in schools to ensure appropriate staff training and inclusion of wellbeing as part of the local Healthy Schools programme
 - Supporting vulnerable CYP to find employment, offering peer support through the youth offending service, and ensuring that the mental health needs of looked after children placed outside the borough are met in a timely fashion
 - Ensuring that improving mental wellbeing remains a priority outcome for the new Integrated Wellbeing Service for Young People

1. Southwark Council and NHS Southwark CCG (2015) Southwark Five Year Forward View: A local vision for health and social care: 2016/17 to 2020/21

2. NHS Southwark CCG and Southwark Council (2017) Joint Mental Health and Wellbeing Strategy, 2017-2020.. Draft v0.6

Local policies have recognised the lack of data relating to mental wellbeing in CYP

LOCAL POLICY CONTEXT

Southwark Children and Young People's Mental Health and Well-being Transformation Plan, 2015-2020.¹

- Southwark Council and the CCG refreshed their mental health and wellbeing plan in October to reflect the FYFV for mental health and to achieve an expansion in access to high-quality care
- Among their new priorities are developing an evidence base for childhood eating disorders, improving trauma services for self-harm and child sexual exploitation, and joining education with mental health services

Southwark has recently developed a Suicide Strategy and Action Plan, with the vision to reduce suicide and self-harm in the borough.²

- Specific emphasis on reducing suicide among high-risk groups, including young people who are victims of abuse or have a history of self-harm, and young offenders
- Plan to engage with schools to further develop programmes for emotional wellbeing, recognising that self-harm is prevalent, particularly among young women
- Intend to explore additional sources of intelligence relating to self-harm in young people

1. Southwark Council and CCG (2016) Southwark Children and Young People's Mental Health and Well-being Transformation Plan, 2015-2020

2. Southwark Council (2017). Preventing Suicides in Southwark: Our Strategy and Action Plan, 2017-2022. Draft 0.6

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Children and young people are disproportionately affected by certain mental health conditions

THE SOUTHWARK PROFILE

Nationally 1 in 10 children and young people aged 5-16 are estimated to have a clinically diagnosed mental health disorder.

- Among children aged 5-16 years in Southwark, this equates to:
 - 1,460 children with emotional disorders such as depression and anxiety
 - 2,300 children with conduct disorders such as oppositional defiant disorder and socialised conduct disorder
 - 650 children with hyperkinetic disorders including attention deficit hyperactivity disorder (ADHD)
- Boys are more likely to experience conduct or hyperactivity problems, whereas girls are more likely to have anxiety and emotional disorders
- Of adults with long term mental health problems, half will have experienced their first symptoms before the age of 14
- It is estimated that 95% of imprisoned young offenders have a mental health disorder, many of whom have more than one disorder

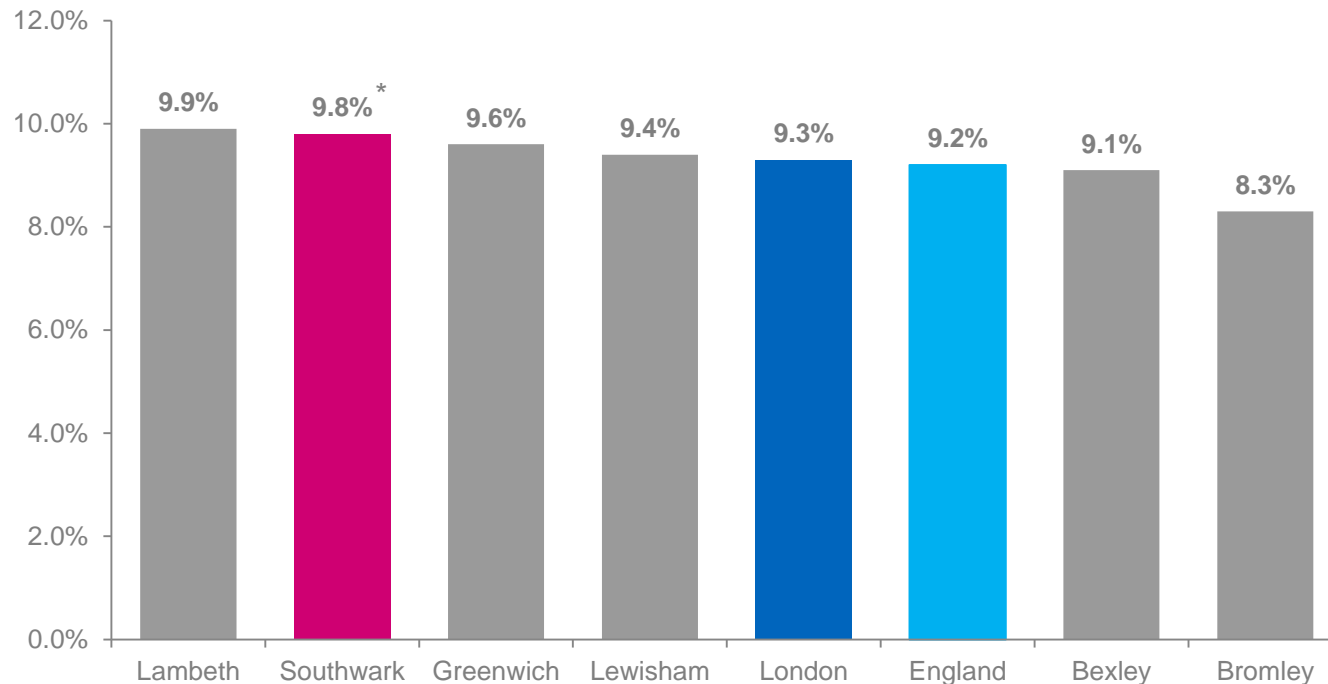
Locally, findings from the 2016 Schools Health Education Unit (SHEU) Survey also revealed a high prevalence of poor mental wellbeing.

- 31% of primary school students (ages 8-11) scored medium-low on the self-esteem questions and 25% said they were being bullied because of the way they look
- 28% of Year 6 pupils (ages 10-11) responded they felt stressed in the two weeks before the survey
- Less secondary students aged 12-15 in Southwark reported high self-esteem compared to the wider sample (37% vs. 42%); among primary students, the difference was even greater (24% in Southwark vs. 37% in the wider sample)

Across South East London, the mental health needs in Southwark are consistently among the highest

SOUTH EAST LONDON COMPARISONS

Estimated prevalence of mental health disorders, as a % population aged 5-16¹ in 2015

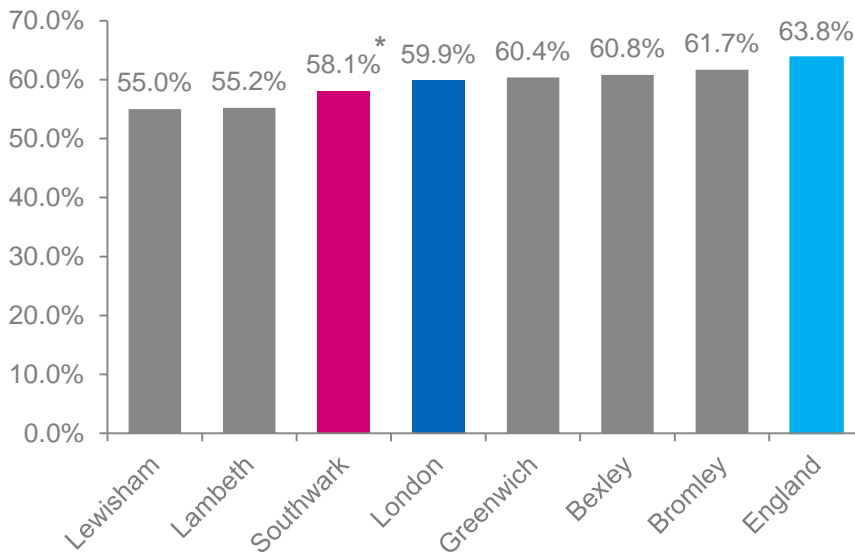


*9.8% of Southwark residents aged 5-16 equated to approximately 3,900 children in 2016

Despite reported life satisfaction there remain a number of students with identified mental health needs

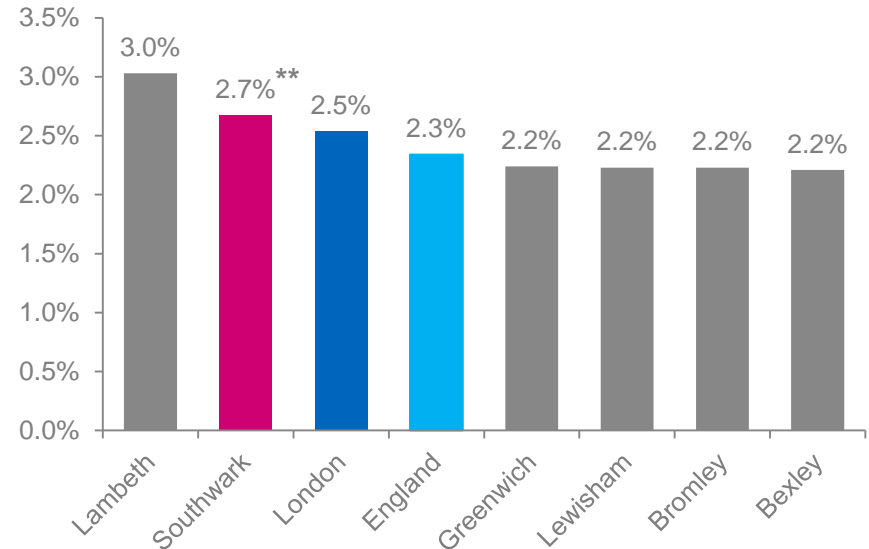
SOUTH EAST LONDON COMPARISONS

Percentage of 15 year olds reporting positive life satisfaction in 2014¹



*58.1% 15 year-olds in Southwark equated to ~1,600 children in 2016²

Percentage of school-aged pupils with social, emotional and mental health needs in 2016¹



**2.7% pupils aged 5-18 in Southwark equated to ~1,200 children in 2016²

1. PHE Fingertips – Child Health Profiles and Children and Young People’s Mental Health and Wellbeing. Accessed November 2017
 2. ONS local authority estimates by SYOA 2016

Mental health-related hospital admissions among children and adolescents are increasing

HOSPITAL ADMISSIONS

In Southwark, the rate of hospital admissions for mental health disorders among children and adolescents is on the rise:

- There were 90 hospital admissions for mental health conditions among Southwark children in 2015-16. While admission rates are increasing, they are comparable to the London average
- The rate of hospital admissions due to substance misuse in 15-24 year olds has more than doubled from 30 per 100,000 population in 2011 to 67.4 in 2016

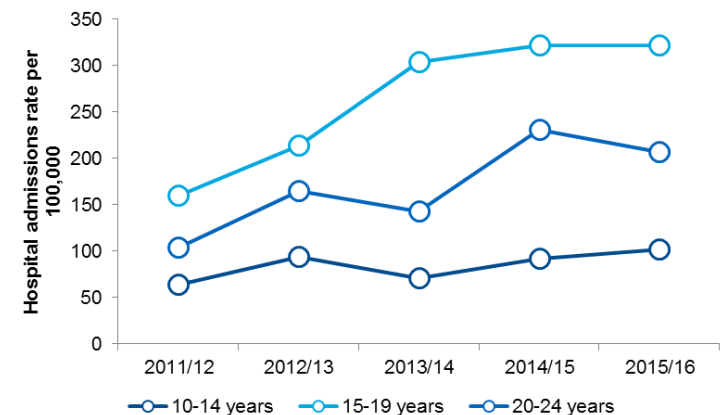
The rate of hospital admissions due to self-harm among young people in Southwark is increasing, with 117 admissions in 2015-16 compared to 90 in 2012-13.

- Around 1 in 10 young people will self harm at some point,
- with girls more likely to self harm than boys.
- More detailed data on individual hospital attendees are needed to understand the causes and identify ways to reduce admissions via targeted interventions

The observed increase in hospital admissions for self-harm may be due to a burgeoning need, however, it may also be due to a reduction in the stigma associated with poor mental health.

Nonetheless, hospital estimates and research in this area are largely based on those who seek support/treatment and therefore are likely to under-estimate the true extent of these issues.

Hospital admission rates for self-harm per 100,000 population, by age¹



1. PHE Fingertips – Child Health Profiles and Children’s and Young People’s Mental Health and Wellbeing Accessed June 2017
2. Royal College of Psychiatry (2014) Self Harm www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm.aspx

Note: Self harm is coded separately to mental and behavioural disorders.

There are key mental wellbeing issues that are prevalent across the population of children and young people

KEY ISSUES

Children aged 0-5 years

- Adverse childhood experiences including neglect, abuse, and parental separation
- Speech and language difficulties

School-aged children (5-16)

- Bullying, peer pressure
- Anxiety, depression, and low self-esteem
- Conduct disorders and long-term conditions

Young people aged 16-24 years

- Anxiety, depression, and self-harm
- Eating disorders
- Substance misuse

Certain mental wellbeing issues are more prevalent among children and young people in general; this list is not exhaustive. On top of these, there are many children who face added challenges to their mental health, throughout the life course. These vulnerable groups will be discussed in the following slides.

1. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and Household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med* 1998;14(4):245-58
2. Schools Health Education Unit (SHEU) (2016) Supporting the health and wellbeing of children and young people in Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016
3. The health of school-aged children and young people in Southwark. Southwark's JSNA. Southwark Council: London. 2017
4. Hagell A et al. Key Data on Young People. Association for Young People's Health, 2017

There are many vulnerable groups of CYP with greater risk for developing poor mental health and wellbeing

RISK GROUPS: OVERVIEW

There are many vulnerable groups of children and young people who may be disengaged and disadvantaged, with greater risk of mental health and mental wellbeing needs. These include:

Included in this assessment

- Children with adverse experiences
- Children with speech and language difficulties
- Looked-after children and children with Child Protection Plans
- Teenage parents
- Young carers
- Young offenders
- Children who misuse substances
- CYP with Special Educational Needs and Disabilities (SEND)

Not included in this assessment

- Gypsy, Roma and Traveller children
- Asylum seekers, refugees and new migrants
- Young people with medical needs and long-term conditions

This is not an exhaustive list. While it is important that all vulnerable groups are given due consideration, it was not possible to include them all in this needs assessment.

- Focused needs assessments are planned for CYP with long-term conditions and those with no recourse to public funds, which will interrogate their specific health and wellbeing needs further

The wellbeing of children under 5 is an important determinant of future mental health

RISK GROUPS: EARLY YEARS

Speech, language, and communication is associated with mental health and wellbeing^{1,2} and disparities in language and vocabulary can appear as early as 18 months of age.³

- Children with speech and language difficulties are more likely to have behavioural or socially challenging, and to develop anxiety and antisocial behaviour
- In the long term, this may lead to challenges in developing friendships and in being socially accepted, which may further impact a child's mental wellbeing

Support and interventions aimed at school-aged children may therefore, already be too late.

Brain development in the first few years of life occurs rapidly and creates the foundation upon which future learning, feelings, and emotions will depend on.³

Young children depend on their parents and carers for their physical and mental wellbeing and adverse experiences are strongly associated with an increased risk of poor physical and mental health later in life.⁴⁻⁷

- Children who experience extreme neglect may have diminished brain activity
- Early adverse experiences may affect a child's ability to form secure attachments and relationships
- A third of diagnosed mental health conditions in adulthood are thought to be directly related to adverse childhood experiences (ACEs)

1. Clegg J, Hollis C, Rutter M. (1999) Life Sentence. RCSLT Bulletin; 571, 16-18
2. Beitchman JH *et al.* (2001) Fourteen-Year Follow-up of Speech/Language-Impaired and Control Children: Psychiatric Outcome. *J Am Acad Child Adolesc Psychiatry*; 40(1):75-82
3. Center on the Developing Child (2009) Five numbers to remember about the developing child (PDF). Harvard: Center on the Developing Child
4. Anda RF *et al.* (2006) The enduring effects of abuse and related adverse experiences in childhood: a convergence of evidence from neurobiology and epidemiology. *Eur Arch Psychiatry Clin Neurosci*; 256(3):174-186
5. NSPCC (2016) Looking after infant mental health: our case for change
6. Barth *et al.* (2008). InBrief: The Impact of Early Adversity on Children's Development
7. YoungMinds (2018) Addressing Adversity

Adverse childhood experiences are prevalent and have enduring effects on health

RISK GROUPS: EARLY YEARS

ACEs are common and there is significant overlap between adverse experiences.^{1,2}

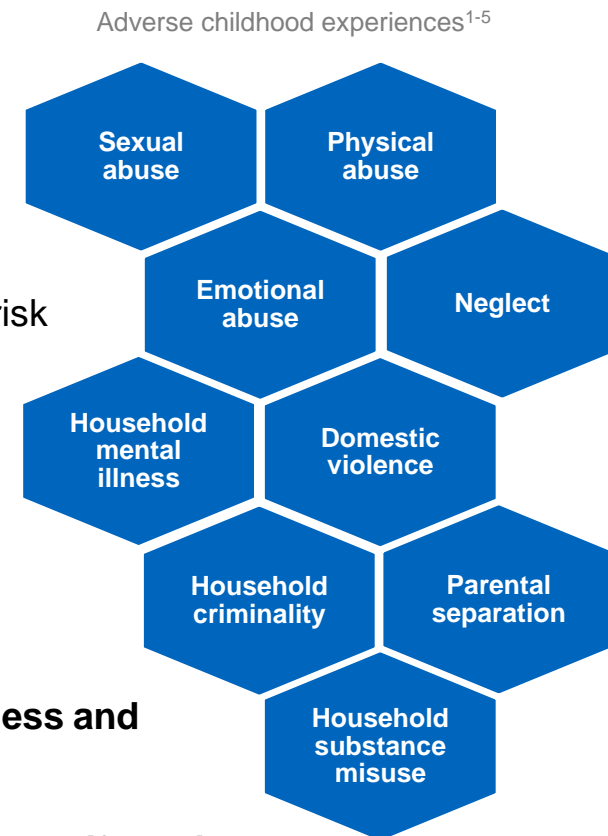
- Approximately half of all adults in England have experienced at least 1 ACE
- Nationally, about 1 in 10 CYP are estimated to have experienced 4 ACEs. This equates to about 9,500 people in Southwark under 25
- There is a dose-response relationship between ACE exposure and risk factors for poor health

Compared to CYP with no ACEs, those with 4 ACEs are:^{1,2}

- 5x more likely to use illicit drugs
- 7x more likely to be involved in violence
- 4x more likely to have low levels of mental wellbeing
- 12x more likely to attempt suicide

Many children with ACEs will not present with a clinical mental illness and will not be identified as needing support or services.¹

It is therefore a challenge to identify these children locally and to quantify their need.



1. YoungMinds (2018) Addressing Adversity
2. Felitti VJ, Anda RF, Nordenberg D, *et al.* Relationship of childhood abuse and Household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med* 1998;14(4):245-58
3. Public Health Wales. (2015). Welsh Adverse Childhood Experiences (ACE) Study
4. SAMHSA. Adverse childhood experiences. Available from: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>
5. Hughes K, Bellis MA, Hardcastle KA, *et al.* The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet* 2017;2(8):e356-e366.

BAME are more likely to suffer from poor mental wellbeing but less likely to engage with services

RISK GROUPS: BAME

Approximately two-thirds of children and young people in Southwark are of Black, Asian, and minority ethnic (BAME) origin.¹

BAME are considered higher risk for poor mental wellbeing.²

- BAME children are more likely to be exposed to other risk factors for poor mental wellbeing, such as poverty³ and acting as a young carer⁴

BAME are under-represented in children and adolescent mental health services (CAMHS) but are over-represented in other areas, such as social services, the youth justice system and adult mental health services.^{5,6} This suggests there is an unmet need for support.

- Stigma around mental wellbeing and a lack of understanding of mental health services are significant barriers to young BAME children seeking support^{7,8}
- Analyses of an online offer of mental health support revealed that more CYP of BAME origin used online services than were referred to CAMHS, suggesting that their mental wellbeing needs are not being addressed by mainstream services⁹
- These barriers persist through to adulthood.² Qualitative studies found that some adult BAME patients feel healthcare providers are culturally insensitive, racially discriminatory, and do not recognise their mental wellbeing needs^{10,11}

There is a need for more, high-quality data around BAME mental wellbeing in order to quantify this unmet need.

1. Annual Public Health Report 2018: Statistical appendix. Southwark's JSNA. Southwark Council: London. 2018.

2. McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital

3. Independent Mental Health Taskforce (2016) The Five Year Forward View for Mental Health

4. The Children's Society (2013) Hidden from View: The experiences of young carers in England

5. Malek M (2011). Enjoy, Achieve and Be Healthy The mental health of Black and minority ethnic children and young people. The AfyaTrust

6. Maynard M and Harding S. Ethnic differences in psychological well-being in adolescence in the context of time spent in family activities. Soc Psychiatry Psychiatr Epidemiology 2010;45(1): 115-123

7. Street C, Stapelkamp C, Taylor E, Malek M and Kurtz Z (2005). Minority Voices: Research into the access

and acceptability of services for the mental health of young people from Black and minority ethnic groups. YoungMinds Research

8. Clarke R, Annon S, Douglas G, Allen M, Kaur P, Brown K, et al. (2008). Report of the community led research project focusing on the mental health needs of BME young people. University of Central Lancashire

9. First E (2017). Online mental health support for young people

10. Memon A, Taylor K, Mohebati LM. Perceived barriers to accessing mental health services among black and minority ethnic groups (BME) communities: a qualitative study in Southeast England. BMJ Open 2016;6(11):e012337

11. Rehman H and Owen D.(2013). Mental health survey of ethnic minorities. Ethnos Research and Consultancy

The mental wellbeing needs of LGBTQI+ continue to grow in light of persisting discrimination

RISK GROUPS: LGBTQI+

Although social acceptance and attitudes towards LGBTQI+* persons have improved,¹ they remain at higher risk for bullying, discrimination, and abuse.¹⁻⁴

- Young LGBTQI+ are now coming out at an earlier age, meaning this frequently coincides with adolescence – an intense developmental and interpersonal period¹

Data on gender identity is challenging to collect and remains limited,⁶ however, the number of CYP identifying as transgender and who are referred to specialist gender identity clinics appears to be increasing.⁷

A 2017 report from Stonewall of school-aged children identifying as LGBT across Britain highlighted the added adversity these children face.²

- Nearly half of LGBT students (45%) have been bullied for their sexual orientation at school but many (45%) never report their experiences
- The majority (53%) of students don't have an adult at school from whom they can seek support
- These experiences have serious implications for mental wellbeing. 84% of LGBT students surveyed had self-harmed and 45% of trans students had attempted to take their own life

In Southwark, 10% of secondary school students self-identify as LGBTQI+.⁵ Among all secondary students, 4% reported feeling bullied because of their sexual orientation.⁵

Mental wellbeing support must grow alongside this burgeoning need but a nationwide survey found that establishing an inclusive skilled-up workforce in healthcare is a significant barrier.⁴

- One quarter of patient-facing health and social care staff have heard colleagues make homophobic remarks
- The majority (57%) of health and social care practitioners did not consider sexual orientation to be relevant to health

*LGBTQI+:



1. Russell ST and Fish JT. Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. Annu Rev Clin Psychol 2016;12:465-487

2. Stonewall (2017). School Report The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017

3. Stonewall (2018) LGBT in Britain – Trans Report.

4. Stonewall (2015) Unhealthy Attitudes

5. SHEU (2016) Supporting the health and wellbeing of children and young people in

Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016

6. Office for National statistics (2017) Gender Identity Update. Available from: <https://www.ons.gov.uk/methodology/classificationsandstandards/measuringequality/genderidentity/genderidentityupdate>

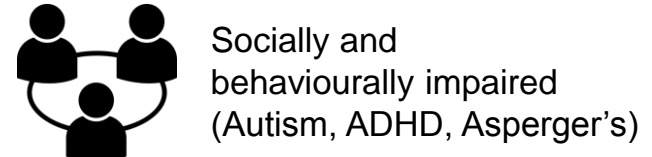
7. NHS England (2015) NHS Standard Contract for Gender Identity Development Service for Children and Adolescents E13.S(HSS).e

Poor mental health is prevalent among children with special needs but services are not well equipped to help

RISK GROUPS: SEND

In Southwark, 8145 children were identified as having special educational needs or disabilities (SEND) in 2017.¹

- While this number has decreased since 2011, it remains higher than the London and national average
- These children are more likely to be:



Children and young people with SEND may struggle to express themselves communicate with others.² This can be upsetting and may lead to feelings of frustration or anxiety. They are also more likely to develop poor mental health.^{1,3}

- Children with learning disabilities were more likely to have psychiatric, emotional, and anxiety disorders than children without an intellectual disability⁴
- Nationally, 10% of children accessing Child and Adolescent Mental Health Services (CAMHS) have autism⁵ and up to 70% of children with autism suffer from poor mental health, including anxiety, depression, and obsessive compulsive disorder.⁶ These tend to present before their fifth birthday⁷

Despite the prevalence of mental health problems in children with SEND, both parents and staff report insufficiencies among CAMHS staff in training and resources to support these children.^{3,7}

1. Children & Young People with Special Educational Needs and Disabilities. Southwark JSNA. Southwark Council: London, 2018
2. Royal College of Psychiatrists. The child and general learning disability: information for parents, carers and anyone who works with young people. Available from: <http://www.rcpsych.ac.uk/healthadvice/parentsandyoungpeople/parentsandcarers/generallearningdisability.aspx>
3. Jacobs M, Downie H, Kidd G, *et al*. Mental health services for children and adolescents with learning disabilities: a review of research on experiences of service users and providers. *British Journal of Learning Disabilities* 2016;44(3):225-232
4. Emerson E and Hatton C. Mental health of children and adolescents with intellectual disabilities in Britain. *British Journal of Psychiatry* (2007);191:493-9
5. Wistow, R. and Barnes, D. (2009) A profile of child and adolescent mental health services in England 2007/8: findings from children's services mapping, Durham University, Department of Health, Department of Children Schools and Families
6. Simonoff E, Pickles A, Charman T *et al*. Psychiatric disorders in children with autism spectrum disorders: prevalence, comorbidity, and associated factors in a population-derived sample, *Journal of American Academy of Child and Adolescent Psychiatry* 2008;47(8):921-9
7. Madders T (2010). You Need to Know. The National Autistic Society

Many looked after children (LAC) do not receive support and are at-risk of exploitation

RISK GROUPS: LOOKED-AFTER CHILDREN

Children in care are those under 18 years who are looked after by the local authority. They have often suffered adverse childhood experiences and are among the most vulnerable in our society.

The prevalence of behavioural or emotional problems in this group is estimated to be as high as 72%.¹

- As of 15 June 2016, there were 475 looked after children in Southwark, which is significantly higher than the London and national average²
- These children have higher rates of depression, anxiety, conduct disorders, and ADHD³
- Only 123 children accepted referrals to Carelink in 2016/17, a CCG-commissioned service for LAC, and approximately 68 new patients were seen that year⁴

Some looked-after children will have been the subject of a Child Protection Plan (CPP).

- A CPP is drawn up by the local authority, bringing together relevant multi-agency carers to ensure the child is safe and to promote their health and development
- In 2015/16, there were 284 children in Southwark with a CPP⁵
- For nearly 50% of cases, the most common latest category of abuse was neglect, followed by emotional abuse

Such factors put looked after children at risk of exploitation and gang-affiliation.

- Nearly 1/3 of young people seen by the criminal justice system were thought to have been looked-after in 2009⁶

1. Sempik, J. *et al.* Emotional and behavioural difficulties of children and young people at entry into care. *Clinical Child Psychology and Psychiatry*, 2008;13 (2), pp. 221-233

2. PHE Fingertips – Child Health Profiles and Children’s and Young People’s Mental Health and Wellbeing. Accessed June 2017

3. Children and Young People. Southwark and Lambeth’s JSNA. Southwark Council: London, 2015

4. Data from NHS Southwark Clinical Commissioning Group for 2016/17

5. DfE (2016) Official Statistics: Characteristics of children in need: 2016 to 2017

6. PHE (2015) The mental health needs of gang-affiliated young people

There are approximately 2,400 young carers in Southwark; their mental health needs are often missed

RISK GROUPS: YOUNG CARERS

Young carers are often school-aged children who may provide care for their parents, family members and siblings as a result of long-term illness or disability.

- In the 2016 SHEU Survey, 25% of Year 6 students in Southwark reported caring for someone at home;¹ this represents approximately 781 students.² 10% of these reported young carers said that this stopped them from doing things that they want to enjoy¹
- Young carers are more likely to be from Black, Asian or minority ethnic groups

Many young carers remain unknown to services due to the family's perceived consequences of having a young carer, or the child's fear of stigmatisation or embarrassment.³

- Imago, a Council-commissioned support organisation for young carers, engaged only 324 young people in 2016/17⁴
- This is less than half the self-reported carers from the 2016 SHEU survey

Young carers may be at greater risk of poor mental health.^{4,5,6}

- Caring has been identified as a risk factor for poor mental health but often goes unrecognised
- In a survey of 348 young carers around the UK, nearly half said caring caused additional stress
- A longitudinal study of young people in England found that young carers are 1.5x more likely to have SEND than their peers
- Young carers have difficulty accessing mental health support because of their caring responsibilities

1. SHEU (2016) Supporting the health and wellbeing of children and young people in Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016

2. ONS. Schools, pupils and their characteristics: January 2016

3. Data from Imago for 2016/17

4. Children and Young People. Southwark and Lambeth's JSNA. Southwark Council: London, 2015

5. Carers Trust (2016) Invisible and in distress: prioritising the mental health of England's young carers.

6. The Children's Society (2013) Hidden from View: The experiences of young carers in England

Teenage parents are at-risk for poor mental wellbeing but perinatal mental health support is difficult to access

RISK GROUPS: TEENAGE PARENTS

Teenage pregnancy exposes parent and child to risk factors for poor mental wellbeing and is often both a consequence and a cause of health inequalities.^{1,2}

- Children born to mothers under 20 are 63% higher risk of poverty and young mothers under 20 are 22% more likely to be living in poverty by aged 30, compared to mothers aged 24 and over
- Teenage mothers have higher rates of post-partum depression for the three years following birth, affecting their ability to form secure attachments with their child

The rate of under 18 conceptions in Southwark has decreased by 72% since 1998, however, rates are still high and Southwark has the 2nd highest rate of teenage conception in London,³ although the majority of conceptions in this age group do not lead to birth.

Teenage mothers who struggle with poor mental wellbeing are unable to receive support from the Parental Mental Health service, who limit perinatal support to women 18 years and over.

- Parents under 18 will instead be referred to CAMHS, meaning they are excluded from interventions delivered by perinatal mental health specialists
- This represents a significant unmet need in perinatal mental wellbeing support

Some teenage mothers will qualify for the Family Nurse Partnership (FNP) service, although their eligibility criteria are strict.

- The FNP service is for first-time mothers only, aged under 20 years (or 24 years if in care)
- As of March 2018, 86 women were being seen by FNP services.⁴ 20% had more than three vulnerabilities⁴
- 28/86 cases experienced domestic violence and there were 25 cases of parental mental illness⁴

The gap in sufficient perinatal mental health support for teenage parents should be addressed to mitigate poor mental wellbeing in young parents and exposure to risk factors for their children.

1. Local Government Association and PHE (2016). Good progress but more to do. Teenage pregnancy and young parents
2. PHE (2017) Southwark Local authority HIV, sexual and reproductive health epidemiology report (LASER): 2016
3. ONS – Conceptions to women aged 15-17 years. Accessed April 2018
4. Data from Southwark FNP Service. March 2018 snapshot

Serious youth violence can be both a driver and an outcome of poor mental health

RISK BEHAVIOURS: YOUTH VIOLENCE

Southwark is among the top 10 boroughs in London for first time youth entrants into the criminal justice system.

Serious youth violence (SYV) may or may not be linked gang-affiliation.

- SYV is linked closely with drugs and with theft/robbery
- Violence may be influenced by a young person's environment, especially relating to feelings of fear, stress, and trauma

Gang-like peer groups may be attractive to young people suffering from poor mental wellbeing.

- These groups are often linked to geography: where young people live and go to school. As such, they may be difficult to escape or avoid
- These offer support and a sense of belonging to those without strong relationships of their own
- Young people typically become involved in higher-risk peer groups in early adolescence, a particularly vulnerable period for development, self-identity, and mental wellbeing

CYP in gangs are at increased risk of exploitation.

- Treatment might not be initially recognised as exploitive, which can delay the mental wellbeing impact of their involvement
- Females affiliated with gangs are at increased risk of sexual exploitation. This can lead to multiple, long-term, negative health outcomes such as depression, anxiety, and self-harm

There are shared risk factors between poor mental health and gang-affiliation: low self-esteem, neglect, exclusion, social disadvantage, among others. These may be bolstered by appropriate mental health support.

Exposure to substance misuse has a negative effect on children's wellbeing and development

RISK BEHAVIOURS: SUBSTANCE MISUSE

Drug use affects a parent's mental health and their capacity to prioritise and care for their child.

Children of problem drug users experience multiple adverse health outcomes.¹

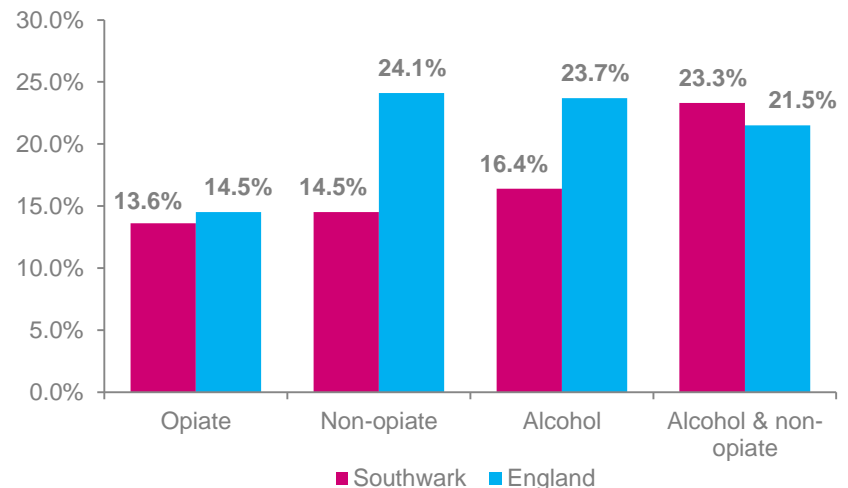
- They are susceptible to a range of emotional and behavioural issues
- They are more likely to become involved with drugs at an earlier age
- In adolescence, there is a lack of a suitable role model and greater risk of low self-esteem and self-blame, which may increase the risk of suicide
- Furthermore, drug misuse is strongly associated with low socio-economic status, a risk factor for poor mental wellbeing

Children who misuse drugs themselves are at risk of feeling depressed or anxious, or of developing disruptive behaviour.^{2, 3}

- Users may have already been more vulnerable
- Homelessness, exclusion from school, and criminal offence increase the risk of youth drug use

Cannabis remains the most commonly consumed drug by school-aged children in England.²

Proportion of new presentations to drugs and alcohol treatment who live with children under 18 years in Q2 2017/18⁵



1. Advisory Council on the Misuse of Drugs (2011) Hidden harm
2. NHS Digital (2014) Smoking, drinking and drug use among young people in England, 2014
3. Patton, GC. *et al.* Cannabis use and mental health in young people: cohort study BMJ 2002; 325 :1195
4. Becker J and Roe S Drug use among vulnerable groups of young people: findings from the 2003 Crime and Justice Survey, 2005
5. National Drug Treatment Monitoring System, Public Health England, 2017/18 data set

Young people who use cannabis regularly are at a greater risk for mental health disorders

RISK BEHAVIOURS: CANNABIS

Cannabis is a drug frequently presented to young people.¹

- 12% of Year 10 students in Southwark reported having used cannabis
- 6.6% of school-age children in Southwark reported taking cannabis in the last month; this is higher than both the London (5%) and national average (4.6%)³
- Half of young people who use cannabis at least once a month have a mental health disorder⁴

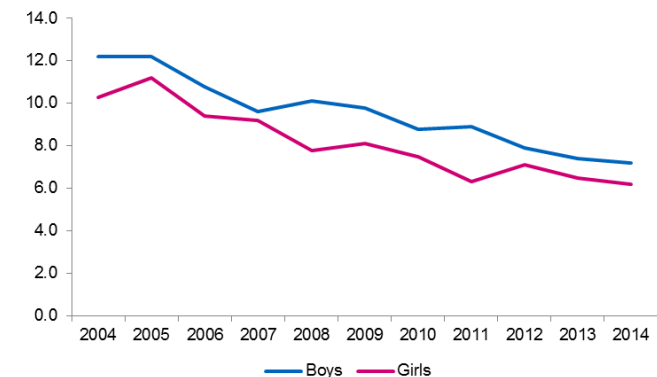
Among young people in specialist substance misuse community services in Q2 2017/18, the most common characteristics were:⁶

- cannabis use
- being aged 13-14
- early onset of use
- not being in education, employment or training

Frequent cannabis use during teenage years is associated mental health disorders later in life.

- Teenage girls who used cannabis weekly or more frequently were found to have a two-fold increased risk of depression in early adulthood⁷

Percentage of pupils in England who have taken cannabis in the last year: 2004-2014⁵



1. Ipsos MORI (2015) Health and Wellbeing of 15 year olds in England: Findings from the What About YOUth? Survey 2014

2. SHEU (2016) Supporting the health and wellbeing of children and young people in Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016

3. PHE Fingertips – Child Health Profiles and Children's and Young People's Mental Health and Wellbeing. Accessed October 2017

4. Children and Young People. Southwark and Lambeth's JSNA. Southwark Council: London, 2015

5. NHS Digital (2014) Smoking, drinking and drug use among young people in England, 2014

6. National Drug Treatment Monitoring System, Public Health England, 2017/18 data set

7. Patton, GC. *et al.* Cannabis use and mental health in young people: cohort study BMJ 2002; 325 :1195

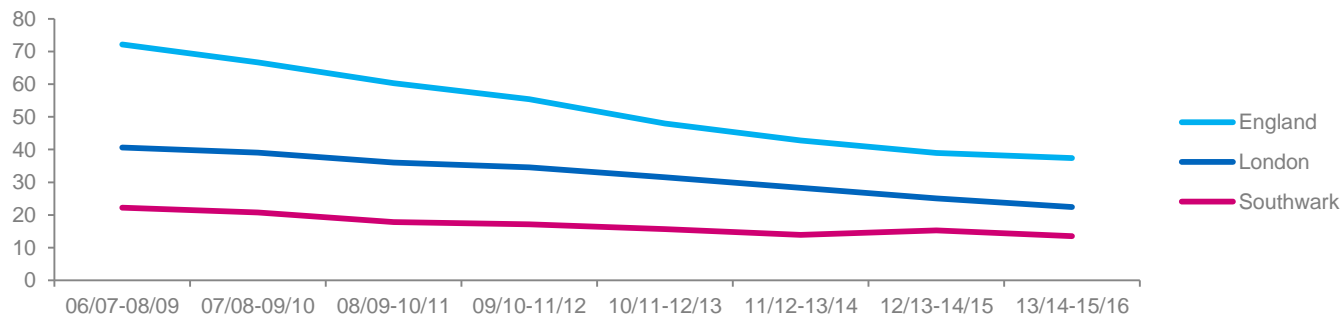
Alcohol use in young people is associated with poor mental health, though consumption is falling

RISK BEHAVIOURS: ALCOHOL

Nationally, the proportion of children aged 11-15 who have ever had an alcoholic drink fell to 38% in 2014, the lowest since 2003.^{1,2}

- However, the proportion of young people in England drinking remains well above the European average
- Students with self-reported low wellbeing were more likely to have drunk alcohol in the past week
- In Southwark, 8% of secondary students who responded to the SHEU survey reported having at least one alcoholic drink in the past week³

Admission episodes for alcohol-specific conditions in under 18 year-olds⁴



Alcohol use in adolescence may be a result of poor mental health, but it may also be a risk factor for developing depressive conditions.

- A large cross-sectional study identified an increase in symptoms of depression, hyperactivity, and inattention when students reported having been intoxicated on over 10 occasions⁵
- Conversely, in a cohort of ~500 students, self-reported depressive symptoms were positively associated with alcohol use in the subsequent year⁶

1. Children and Young People. Southwark and Lambeth's JSNA. Southwark Council: London, 2015

2. NHS Digital (2014) Smoking, drinking and drug use among young people in England

3. SHEU (2016) Supporting the health and wellbeing of children and young people in Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016

4. PHE Fingertips –Local Alcohol Profiles for England. Accessed December 2017

5. Skogen JC *et al.* Alcohol and drug use among adolescents and the co-occurrence of mental health problems. Unghordaland, a population-based study. *BMJ Open* 2017; 4(9)

6. McCarty CA *et al.* Developmental consistency in associations between depressive symptoms and alcohol use in early adolescence. *J Stud Alcohol*

Drugs. 2012 ;73(3): 444-453

Children now face a plethora of social, psychological, and interpersonal pressures that may affect body image

OUTCOMES: BODY IMAGE

44% of UK students aged 8-15 have expressed a desire to lose weight¹

A recent study of 1400 students suggested that increasing social media use among young people may lead to feelings of anxiety and poor body image.²

- Instagram and Snapchat were most often ranked as negatively affecting body image and as inciting a “fear of missing out”
- Young people were twice as likely to experience cyber-bullying on Facebook than any other social media platform³

Eating disorders impact the physical and mental health of those affected.⁴

- Tooth decay, brittle bones, and kidney stones are consequences of these illnesses
- Often employed as a way of coping, eating disorders can heighten anxiety and obsessive behaviours
- Depression is a common comorbidity⁵

Eating disorders affect both girls and boys but girls are significantly more likely to have both anorexia nervosa (under-eating) and bulimia nervosa (binge-eating).⁴

1. SHEU (2016) Supporting the health and wellbeing of children and young people in Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016

2. Royal Society for Public Health (2017) Status Of Mind: Social media and young people’s mental health

3. Ditch the Label (2013) The annual cyberbullying survey

4. PHE (2016) The mental health of children and young people in England

5. American Psychiatric Association (2006) Practice guideline for the treatment of patients with eating Disorders

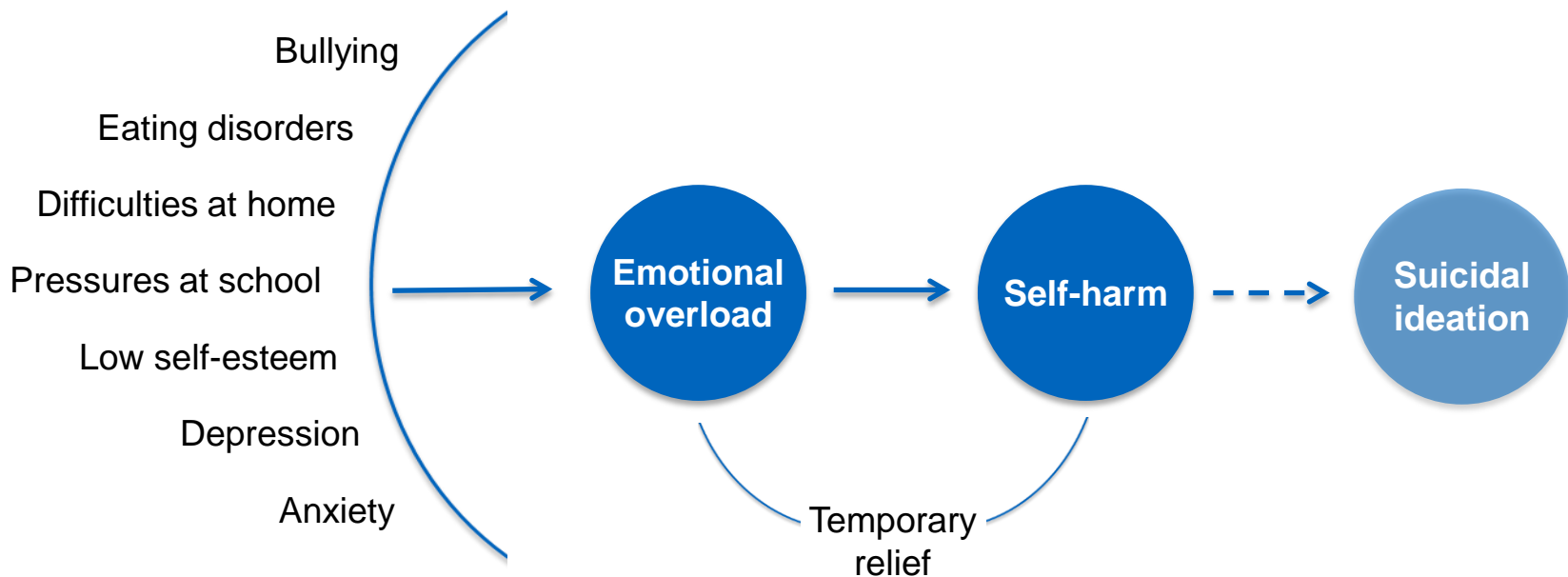
Self-harm may be used by young people as a way of coping

OUTCOMES: SELF-HARM

The majority of those who self-harm will not end up in hospital and so the prevalence is underestimated.

- Since 2007, the national rate of both self-reported and hospital-recorded self-harm has risen
- One in five young women aged 16-24 have reported having self-harmed at some point in their life

Some, but not all, who self harm may develop suicidal ideations.



1. Paul, T., *et al.* Self-injurious behavior in women with eating disorders. *The American Journal of Psychiatry*, 2002;159(3):408-411
2. Mental Health Foundation (2006) Truth about self-harm
3. Royal College of Psychiatrists (2012) Mental health and growing up factsheet
4. Hagell A *et al.* Key Data on Young People. Association for Young People's Health, 2017
5. NHS Digital (2014) Adult Psychiatric Morbidity Survey

Southwark has a large population of vulnerable children who's needs may not be met

SUMMARY OF LOCAL PICTURE

- Southwark has a higher estimated prevalence of mental health disorders among children aged 5-16, compared to both London and England. Available data are likely an underestimation of the true picture as those who seek treatment are only a subset of those affected
- Many CYP who live through adverse experiences in childhood are not identified by services and thus their mental health needs are difficult to quantify
- Children and young people with learning disabilities and autism are more likely to suffer from poor mental health, however, services are often ill-equipped to deal with children with complex needs
- Only a small proportion of Southwark's vulnerable looked after children and young carers are actually being seen by support services. Other minority groups, such as BAME and LGBTQI+ children, face difficulties in accessing mainstream support
- The rate of under 18 conceptions in Southwark is among the highest in London but our teenage parents do not have access to sufficient perinatal mental health support
- Youth crime is a significant issue in Southwark and can be both a driver and an outcome of poor mental health
- Southwark has more parents accessing treatment for opiate and non-opiate drugs, and alcohol than the England average. Substance misuse by parents and/or by young people can affect a young person's mental wellbeing
- The number of CYP who self-harm has been rising nationally, but quantifying the prevalence in Southwark is a challenge due to under-reporting

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Resilience training should be universally available but some children will need additional mental health support

THE SOUTHWARK RESPONSE

All children and young people may benefit from universal programmes on resilience and improving mental wellbeing.

- In the current landscape, this is largely provided through schools

Some children have greater mental health needs and require targeted or specialised support and treatment. In particular, children exposed to multiple ACEs with multiple morbidities.

Seven multidisciplinary teams within Southwark Children and Adolescent Mental Health Services (CAMHS) provide services to children suffering from poor mental health.

- Teams are specialised to treat children of different age groups, looked-after children, and children with neuro-developmental difficulties
- South London and Maudsley (SLaM) NHS Foundation Trust is the main provider of CAMHS
- Recent financial constraints have threatened the Council's ability to commission these critical services

CAMHS Specialist Assessment and Treatment Services

Adolescent Service: high-risk CYP aged 12-18 years

Carelink: looked after children

Child and Family Service: children up to 12 years with a mental health problem, parents and families, and CYP who have been sexually victimised (up to age 18)

Neurodevelopmental Service: CYP with learning disabilities, autism spectrum disorders, ADHD, and associated mental health problem

Integrated work within Early Help and Families First: intervention in community settings

Paediatric Liaison at Kings College Hospital: under18s and their families presented in crisis in emergency department or on the ward. Also skill-up staff involved

Parental Mental Health Team: mental health support, identification and intervention of mental health problems to parents (including those aged 20-24)

Health and social care workers can help identify and support children at risk for ACEs

SERVICES: EARLY YEARS (0-5)

The environment in which a child lives and grows has enormous impact on their development and wellbeing.

- The Parental Mental Health team and Early Help Localities service work to achieve early intervention and support for children and families, including young parents.¹ Their work may help reduce the number of ACEs a child is exposed to early in life
- For children with a diagnosed mental health problem, specialist treatment is available through the CAMHS

Health visitors and Family Nurse Partnerships are well-placed to identify issues such as poor maternal health, that impact a child's mental wellbeing.²

- Health visitors universally promote positive health behaviours and strong attachment in early years but can also provide targeted support for families with complex needs (substance misuse, domestic violence)³
- They may also identify developmental delays early on and be able to support parents in receiving treatment. This is especially important given the early onset of speech, language and communication difficulties

There are 16 children's centres in the borough, providing universal children and family health services.

- Again, these play a key role in general mental health promotion and prevention as they reach a range of children. They also provide opportunities to signpost families to related health and social services⁴

Wider social services play a role in improving parental circumstances responsible for ACEs and that affect a child's mental wellbeing, for example improving housing or employment opportunities.

1. Southwark Council (2017) Early Help Service. Available from: <https://www.southwark.gov.uk/schools-and-education/information-for-parents/early-help-service>

2. NICE (2014). Health Visiting. Local Government Briefing 22

3. DOH and PHE (2014) Health Visiting and School Nurse Programme: Supporting implementation of the new service offer: Promoting emotional wellbeing and positive mental health of children and young people

4. DOH and NHS England (2015) Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing

Mental wellbeing programmes in schools are numerous and tend to focus on staff training and resilience

SERVICES: SCHOOL-AGED CHILDREN (6-15)

Children spend about a third of their time in school. Schools therefore present a critical opportunity in addressing the mental health needs of CYP.¹

- Mental and emotional health promotion in schools may be through the PSHE curriculum or the school nursing health promotion offer (e.g. assemblies and classroom sessions)
- Schools participate in several programmes that link to mental wellbeing, including PATHS+, MindUp, Cues-Ed and Discover. These are directly provided by external partners
- 87 schools in Southwark actively participate in the Healthy Schools London initiative, an awards scheme aimed at improving children and young people's wellbeing

Southwark Council and CCG are part of The Children and Young People's Health Partnership (CYPHP), which aims to improve the physical and mental wellbeing of CYP in Southwark and Lambeth.

- Together with The Training Effect, have developed an emotional resilience training programme to be offered to primary and secondary schools in Southwark and Lambeth, called 'Head-First'

Head-First is a free, evidence-based programme supporting the mental wellbeing of CYP in schools.²

- Provides a targeted programme at each key stage in school, along with staff training in Head-First delivery and mental health first aid
- Conducts audits to assess the mental wellbeing and resilience of pupils and allows for comparisons between schools and at the borough level
- In Southwark, 13 schools have participated and 16 staff members trained. This compares to 31 schools in Lambeth and 156 staff trained. Preliminary data on Southwark primary students revealed that:³
 - ¼ of respondents said *'I've been feeling happy about the future **only some of the time**'*
 - Only 20% felt they have *'been able to manage problems well **all of the time**'*; this proportion dropped to 10% among secondary school students

1. The health of school-aged children and young people in Southwark. Southwark's JSNA. Southwark Council: London. 2017

2. Head-First. Available from: <https://www.head-first.org.uk/>

3. Data from The Training Effect for 2016/17

Mental wellbeing programmes in schools are numerous and tend to focus on staff training and resilience

SERVICES: SCHOOL-AGED CHILDREN (6-15)

In 2016, the CAMHS Transformation Fund provided a non-recurrent sum to be spent on school-based programmes for emotional and mental health and wellbeing.

- Schools were encouraged to apply for this funding. For an application to be successful, it needed to emphasise collaboration with other schools, have a good understanding of local services, and pilot innovative ideas
- 19/33 applications were granted with a total reach of 65 schools (primary and secondary)
- Proposals were school-led and based on their own perceived needs and what works for their pupils.
- Successful bids included a range of interventions, including mentoring, mindfulness, and therapeutic storytelling
- Most schools started their programme in September 2016 and are in the process of evaluating their impact

Social organisations provide additional support for children who may or may not be attending school.

- Southwark Council commissions Imago to support young carers
- COVO Connecting Voices, through the Southwark Wellbeing Hub, works with children unable to attend mainstream schools who have emotional and social difficulties, to reengage with their education

Southwark's new young people's integrated service supports mental wellbeing and related health issues

SERVICES: YOUNG PEOPLE (16-24)

A new young people's integrated wellbeing service termed 'HYP (Healthy Young People)' has been established in Southwark, as of 1 December 2017.

- Provided jointly by Brook and CGL, the new service is a mixed model of hub and community outreach accessible to young people aged 10-24
- Holistic treatment encompassing substance misuse, sexual health, and mental health
- Universal as well as specialist care provision, supporting access to CAMHS services and other local mental health provision (e.g. IAPT, youth counselling)

The Southwark Wellbeing Hub¹ hosts a variety of charities aimed at supporting CYP mental wellbeing, including:

- BEAT – beating eating disorders provides a helpline, along with support groups and specific projects (e.g. for emotional overeating)
- YoungMinds, the national charity, provides expert knowledge and resources to parents, professionals, and young people
- Faces in Focus provides counselling services across Southwark and Lambeth to address depression, loneliness, gender issues, among others. In Southwark, it is the only holistic service available and is the next-line of referral after SLAM and Early Help. As such, their waitlists are extensive³
- They also host organisations that tackle wider determinants of poor mental wellbeing, such as homelessness, support for disabilities, training, employment, and education

The Southwark Youth Offending Service provide opportunities for mental wellbeing improvement and keep trauma at the focus of their practice.

- There is a designated Health & Wellbeing worker at the YOS
- 'Peer Navigators' are based at hubs across the borough and are trained in emotional intelligence and trauma support for their peers

1. Southwark Wellbeing Hub. Children and Young People. Available from: <http://www.together-uk.org/southwark-wellbeing-hub/the-directory/hub-category/children-young-people-mental-health/>

2. Faces in Focus. Available from: <http://facesinfoocus.org.uk/>

3. Engagement with Southwark CCG – Brenda Bartlett

4. Cambridge House. Youth Empowerment. Available from: <http://ch1889.org/our-work/youth-empowerment/>

Wider social improvements can bolster young people's mental wellbeing

SERVICES: YOUNG PEOPLE (16-24)

Stand-Up Southwark works with disadvantaged children to empower them and build resilience.⁴

- Hosted by Cambridge House, the programme works with CYP to overcome emotional factors that are barriers to success and educational attainment
- Outcomes include broadened horizons and improved self-image

Strong social networks, opportunities for impactful and valued roles, and a good standard of living all contribute to a young person's mental wellbeing.¹

- Southwark's youth centres provide young people with a place to meet and socialise
- Youth Ink, a peer-led programme working with Youth Offending Services, works to improve social and emotional skills for life and work. Preliminary internal reviews of the programme have demonstrated its impact on both the young people running and participating in the programme

Employment helps foster a sense of purpose and achievement, which builds resilience and promotes positive mental wellbeing¹

- Southwark Council and other local businesses offer apprenticeship programmes as career opportunities for young people.
- For young people not in education, employment or training, Southwark Choices works with them to re-engage and learn, work, and train for future opportunities²

1. PHE (2016) The mental health of children and young people in England, December 2016

2. Southwark Council (2018). Southwark Choices. Available from: <http://www.southwark.gov.uk/jobs-and-careers/southwark-choices>

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CYP have expressed a lack of understanding of mental health and of the support available

COMMUNITY & STAKEHOLDER VIEWS

The Office of the Children's Commissioner recently commissioned a report on the qualitative experiences of children with mental health needs.¹ Several themes emerged from the literature:

- Children conceptualise mental illness in negative terms (*'crazy', 'horrible', 'criminal', 'out of control'*) and they associate it with significant stigma. This has led to a fear of accessing services and a mistrust of counsellors who might share information with teachers
- Children diagnosed with a mental health condition reported feelings of guilt and shame, lowering their self-esteem; they felt they were *'bad children'* and wanted *'to be like everyone else'*
- There is often a limited understanding of mental health among children and they find it difficult relating their own experiences to their notion of mental illness
 - Age-appropriate descriptions of difficulties a child might face were suggested to improve their identification of poor mental health
- Strong relationships with friends and family are among the most significant sources of support for children with mental health needs

Healthwatch Southwark's 'Young Voices on Mental Health'² compiled students' recommendations for mental health services.

- Desire for mental health organisations to delivery information directly to schools to normalise the discussion
- Advice focused on prevention, sharing of personal experiences, and beginning early in Year 5-6
- Use less frightening words, such as *'emotional wellbeing'*
- Peer counselling with a focus on confidentiality

1. Children's Commissioner (2017) Children's Voices: A review of evidence on the subjective wellbeing of children with mental health needs in England

2. Healthwatch Southwark (2016) Young Voices on Mental Health

Engaging with young people is key to developing effective, accessible services

COMMUNITY & STAKEHOLDER VIEWS

Parliament's Education and Health Committee published a report to the House of Commons on the role of education in children's mental wellbeing¹, after visiting with schools and mental health professionals in London.

- Recommended that promoting mental wellbeing be embedded throughout by senior leadership
- Training of school staff to better recognise the warning signs of poor mental health may improve referrals to further assessment and support
- Inclusion of social media education and risk management

A 2010 report by the National Autism Society² highlighted gaps in training and understanding among CAMHS staff of children with developmental disorders. They spoke with both parents and staff and found that:

- Many psychologists don't get enough experience or training with children with autism to feel comfortable treating them
- Standard approaches and interventions have to be adapted to best reach this group of children
- In order to be most effective, treatment should involve parents as well as schools, where possible

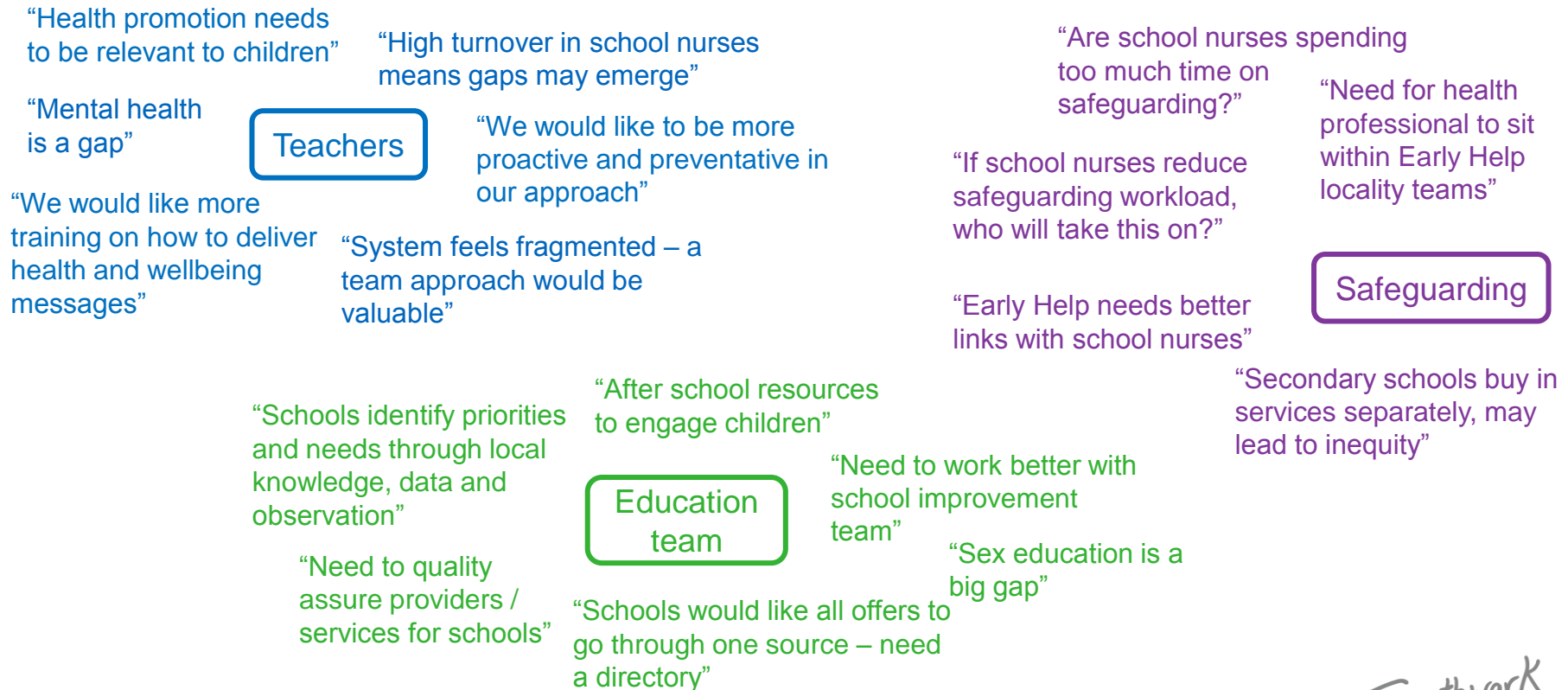
1. The Education and Health Committee (2017) Children and young people's mental health — the role of education

2. Madders T (2010). You Need to Know. The National Autistic Society

Professionals have identified gaps in CYP mental health and wellbeing services

COMMUNITY & STAKEHOLDER VIEWS

A 2017 school-based health needs assessment of CYP by Southwark Council summarised the experiences of professionals working with CYP:¹



Professionals have identified gaps in CYP mental health and wellbeing services

COMMUNITY & STAKEHOLDER VIEWS

A 2017 school-based health needs assessment of CYP by Southwark Council summarised the experiences of professionals working with CYP:¹

“Imago is a well-known and trusted service for young carers that is responsive and effective; school nursing can learn from this”

“Health promotion in schools needs to be strategic, with a ‘must do’, ‘should do’ and ‘could do’ tiered service”

“Lack of accountability / governance structure around health promotion”

“Very little partnership working with other service providers”

Health / GP

School nurses

“Work is largely reactive, not proactive”

“Mental health interventions is an area where quality assurance is particularly important”

“Not enough health promotion for complex needs children”

“Evident fragmentation of health promotion services”

“We should leverage pupil premiums as a mechanism for focusing school budgets on health and wellbeing”

“Difficult to assess impact of interventions”

External partners

“Education, health and social care working in silos, lack of collaboration and communication”

“We should be considering joint commissioning across sectors”

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Significant logistical challenges remain in implementing best-practice programmes and services

EVIDENCE REVIEW

Promoting positive mental wellbeing in children is largely done through school-based programmes. However, for children with a diagnosable mental health disorder, access to support may be lacking.

What Works

- Whole-school, multi-element approaches beginning as early as possible are more successful in promoting good mental wellbeing
- Support should be young people-friendly and be delivered in a welcoming, non-threatening environment and lessons should be engaging and creative
- There should be cohesive working amongst schools, nurses, and other health professionals to deliver multi-agency support
- Models of care should be trauma-informed, meaning that care should be integrated across providers while maintaining ACEs as a strategic priority
- Services should be person-centred by involving CYP and their families in their practice and providing innovative, flexible treatment

Key Challenges

- Children who do not meet a defined threshold will not be identified as requiring care, despite experiencing adversity in childhood
- Current commissioning arrangements are complex, leading to a lack of clear accountability of care
- There are significant gaps in access to support and treatment among those with a diagnosable mental health disorder and, when granted, access is rarely timely
- A lack of awareness of the importance of student's mental wellbeing among school staff is a barrier to improved provision
- There remains a 'cliff-edge' transition from CAMHS to adult mental health services that disrupts continuity of care

1. Department of Health (DOH) and NHS England (2015) Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing
2. Green H, *et al.* (2005) Mental health of children and young people in Great Britain, 2004. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive
3. Royal College of Psychiatrists (2016) Values-based child and adolescent mental health system commission: what really matters in children and young people's mental health
4. Ofsted (2005) Healthy minds: promoting emotional health and well-being in schools
5. DfE (2016) Mental health and behaviour in schools: departmental advice for school staff

6. Healthwatch Southwark (2016) Young Voices on Mental Health
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8. Department of Health (DOH) and NHS England (2015) Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing
9. Care Quality Commission (2017) Review of children and young people's mental health services. Phase One Report

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Mental health issues in children are diverse and impactful but more data are needed

KEY FINDINGS

- The estimated prevalence of mental health disorders among CYP in Southwark is higher than the London average. Due to underreporting, the true prevalence is likely to be even higher and thus these numbers may represent only the tip of the iceberg
- The mental wellbeing of young children under five should not be overlooked as adverse experiences in infancy may have a lasting impact on a child's development. Quantifying this adversity remains a challenge
- Southwark has a high proportion of high-risk groups for poor mental wellbeing, including young carers, BAME and/or LGBTQI+ children, children with SEND, and looked after children. However, only a minority are seen by services
- Poor mental health and wellbeing are significant risk factors for outcomes such as exploitation, the development of eating disorders, and engaging in self-harm. These factors can be addressed and improved through school-based interventions
- Because of the breadth of providers of mental wellbeing services, there must be a holistic espousal of responsibility for the success and effectiveness of such programmes

This JSNA has provided a broad overview of the mental health needs of CYP in Southwark, our vulnerable populations, and what services are provided to support them. It has identified gaps in our services and will help direct and inform future, in-depth assessments on specific issues and population groups.

A number of opportunities have been identified to improve CYP mental wellbeing (1 of 4)

RECOMMENDATIONS

Recommendation	Details	Suggested Owner
EARLY YEARS (0-5)		
ACEs needs assessment	Further evaluate the landscape of ACEs locally to identify gaps in mental health and resilience support	Public Health
Improved capture of vulnerabilities	Improve data collection and identification of ACEs in all universal and targeted services to quantify the picture of ACEs in Southwark	Children's Centres, Nurseries, Health Visiting, Maternity, Social Services
Parental mental health	Improve identification and support for parents with poor mental wellbeing to ensure children grow up in a healthy, supportive environment	Health Visiting, Social Services
Early intervention with speech & language difficulties	Promote awareness of the need to identify and treat speech, language, and communication difficulties early on and evaluate the availability of support services	Health Visiting

A number of opportunities have been identified to improve CYP mental wellbeing (2 of 4)

RECOMMENDATIONS

Recommendation	Details	Suggested Owner
SCHOOL-AGED (6-15)		
Adapt SHEU questionnaire	Include additional, more nuanced questions on mental health and wellbeing, and coping mechanisms to the SHEU survey in Southwark	Public Health
Refresh school nursing specification	Explore opportunities to develop a refreshed vision for school nursing that integrates mental health promotion within the wider health offer	Public Health
Edge of care needs assessment	Evaluate the health of CYP at the edge of care who are likely being missed by services to better support their mental wellbeing needs	Public Health
Evaluate the Healthy Schools London (HSL) programme	Identify points of improvement for staff mental health training	Public Health
Support Head-First uptake	Encourage schools to participate in the Head-First programme, promoting its free mental health first aid training and applicability to HSL accreditation	Education

A number of opportunities have been identified to improve CYP mental wellbeing (3 of 4)

RECOMMENDATIONS

Recommendation	Details	Suggested Owner
SCHOOL-AGED (6-15)		
Online support	Explore online mental health support services to reach CYP populations under-represented in traditional services or those unwilling to engage with mainstream support	Southwark CCG
YOUNG PEOPLE (16-24)		
Earlier intervention	Improve access to mental wellbeing support for young people to build resilience and prevent crisis, by integrating this with other young people's health services (HYP Southwark)	Southwark CCG
Suicide prevention	Support the implementation of the Southwark Suicide Prevention Strategy and Action Plan	[see action plan]
Improve data quality	Encourage improved IT and qualitative data collection among SLAM services to better inform service design	SLAM
Extend perinatal mental health support	Amend the Parental Mental Health service specification to provide perinatal mental health support to parents of all ages to meet the identified gap in teenage parents' mental health needs	Southwark Council

A number of opportunities have been identified to improve CYP mental wellbeing (4 of 4)

RECOMMENDATIONS

CROSS-CUTTING RECOMMENDATIONS		
Child health strategy	Develop a comprehensive public health strategy to include the wider determinants of children's (mental) health in the borough	Public Health
Data on ethnicity, sexual orientation, and SES	Improve collection of ethnicity, sexual orientation, and SES data in support services and school-based surveys to better understand the influence of these factors on mental wellbeing outcomes and the prevalence of poor mental wellbeing in Southwark's vulnerable groups	Southwark CCG & YOS, Education, Public Health
Joined-up service provision	Ensure improved transition from child to adult mental health services in re-designing CAMHS services	Southwark CCG
Trauma-informed services	Using the results of the ACEs needs assessment, support an understanding of the importance of trauma and of ACEs by service providers and support staff to ensure children who do not meet the requirements for mental health support are still identified and have their mental wellbeing needs met through	Southwark CCG & YOS, Education, Public Health
Clear pathways for patients and parents	Consolidate all available services for children and young people's mental wellbeing in a clearly presented platform for parents to facilitate seeking the appropriate support	All commissioners of mental health services

Summary of mental wellbeing programmes available for children and young people in Southwark in FY2017/18

APPENDIX

The following tables outline the programmes available to children and young people in Southwark in financial year 2017/18, in support of good mental wellbeing

	Stage of mental wellbeing support			Age group eligible		
	Prevention/ Resilience	Structured interventions/ Clinical treatment	Wider Determinants	Early years	School age	Young people
Council-Commissioned						
Functional Family Therapy		✓			10-15	16-17
Health Visiting			✓	0-5		
School Nursing	✓				6-15	
Youth Offending Services	✓	✓	✓		11-15	16-17
Imago	✓		✓		6-15	16-24
HYP Healthy Young People	✓	✓ *	✓		10-15	16-24

*Southwark CCG have set out their intention to build mental health support into this service

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Jointly-Commissioned by the Council and the CCG						
CAMHS Adolescent Team		✓			12-15	16-18
CAMHS Carelink		✓		0-5	6-15	16-18
Social Care Clinical Practitioner Provision		✓	✓	0-5	6-15	16-18
CAMHS Neurodevelopmental Team		✓		0-5	6-15	16-18
CAMHS Child and Family Service		✓		0-5	6-12	
Parental Mental Health Team		✓				19-24+
			✓	0-5		
Early Help Localities Service	✓	✓	✓	0-5	6-12	19-24
Family Nurse Partnership			✓		10-15	16-19, or up to 24 if in care
			✓	0-2		

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Voluntary sector†						
School-based programmes (MindUp, PATHS+, Cues-Ed, Discover, Head-First)	✓				6-15	
Faces in Focus	✓	✓	✓		11-15	16-24
COVO – Connecting Voices		✓		0-5	6-15	16-24
BEAT – Beating Eating Disorders		✓			6-15	16-24
Stand Up Southwark	✓		✓			16-21
Gendered Intelligence	✓	✓	✓		6-15	16-21
Southwark Choices			✓			16-19
YoungMinds		✓		0-5	6-15	16-19

†This list is not exhaustive owing to the breadth of voluntary sector providers working with children and young people in the borough. Their services range from prevention, intervention and treatment, to tackling the wider determinants of poor mental wellbeing by improving housing, education, employment, and providing outlets for creative expression.

For more information about services provided by the voluntary sector in Southwark, please visit the Southwark Wellbeing Hub: <http://www.together-uk.org/southwark-wellbeing-hub/the-directory/>

Find out more at
southwark.gov.uk/JSNA

Children and Health Protection Section
Southwark Public Health

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