

## Developing Well

# Emotional Health and Wellbeing of Children

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### Introduction

The concept of wellbeing encompasses a number of different elements: emotional wellbeing (feeling happy and confident), psychological wellbeing (feeling in control of ones life, being resilient and assertive) and also social wellbeing (having good relationships with family and friends). A child's emotional health and wellbeing can influence their cognitive development and learning, along with their physical and social health. Poor social and emotional wellbeing in childhood can lead to negative outcomes in adolescence, such as poor mental health.

The Children's society has identified six priorities for children's wellbeing:

- Conditions to learn and develop
- A positive view of themselves and an identify that is respected
- Have enough of what matters
- Positive relationships with family and friends
- A safe and suitable home environment and local area
- Opportunity to take part in positive activities to thrive.

Educational attainment can be affected for children with mental health problems, for example children with conduct disorder are twice as likely as other children to leave school without qualifications. Mental health conditions are also associated with other lifestyle behaviours such as smoking, drug and alcohol abuse and risky sexual behaviour which can further impact on both physical and emotional health. The majority (75%) of adult mental health problems start by the age of 18 years – by intervening early it can help to avoid a crisis for young people and avoid longer term interventions being required in adulthood. Despite this, a national review of the Child and Adolescent Mental Health Service (CAMHS) in 2008 found that less than 25-35% of those with a diagnosable mental health condition were accessing support.

It is increasingly recognised that poor mental health has an impact on individuals, their families and society as a whole. In view of this, the cross-government mental health strategy "No health without Mental health" (2011) set out an ambition for mental health services to be put on an equal footing with physical health services. In 2014, the Health Select Committee published a report of the inquiry into Child and Adolescent Mental Health Services (CAMHS). The report describes "serious and deeply ingrained problems with the commissioning and provision of Children's and adolescent's mental health services". Following this, the children and young peoples' mental health taskforce was created, publishing "Future in mind" in 2015. This includes a number of recommendations to promote positive mental health and

wellbeing for children and young people, particularly emphasising the need for a coordinated and comprehensive CAMHS which can meet the needs of children and young people from vulnerable backgrounds.

Locally, the shared Public Health team for Berkshire have produced a CAMHS Needs assessment for West Berkshire on Children and Young People's social and emotional wellbeing (2015) which is intended to support local commissioners and providers in the development of their local CAMHS Transformation Plans. This JSNA chapter is based upon that needs assessment.

### **What do we know?**

Young people's social and emotional wellbeing is influenced by a number of factors including biological, family background, the community where they live and the wider society. Poor mental health in childhood is associated with poorer health, poorer social skills and lower educational attainment. It also leads to a higher risk of self-harm, suicide, risky behaviours such as substance abuse, future unemployment, crime and violence and adult mental disorder. One in ten children needs support or treatment for mental health problems ranging from a short depressive episode or anxiety through to severe and persistent conditions.

Traditionally, CAMH services have been provided through a network of services arranged in tiers as follows:

- Tier 1: Universal services, for example early year services and primary care
- Tier 2: Targeted services for example YOT, primary mental health workers
- Tier 3: Specialist community CAMHS
- Tier 4: Highly specialist services, for example inpatient services.

However, there are concerns that the tiered system can lead to barriers to treatment.

There is evidence that particular subgroups of the population are more likely to have poor wellbeing and mental health problems. This includes children and young people who:

- Have a long term physical illness or disability
- Have an intellectual disability
- Have an Autistic Spectrum Disorder (ASD)
- Are a Looked After Child (LAC)
- Have suffered from abuse or neglect
- Are in contact with the criminal justice system.
- Have a parent with a mental health problem
- Have a parent with a substance or alcohol misuse problem
- Have a parent in prison
- Live in low income households
- Are a refugee or asylum seeker
- Are from the traveller community

- Are lesbian, Gay, Bi-sexual or Transgender (LGBT).

In addition, children who are transitioning between children and adult services may find their particular needs are not met, with 1 in 3 16-17 year olds facing five or more risk factors including risky behaviours and poverty.

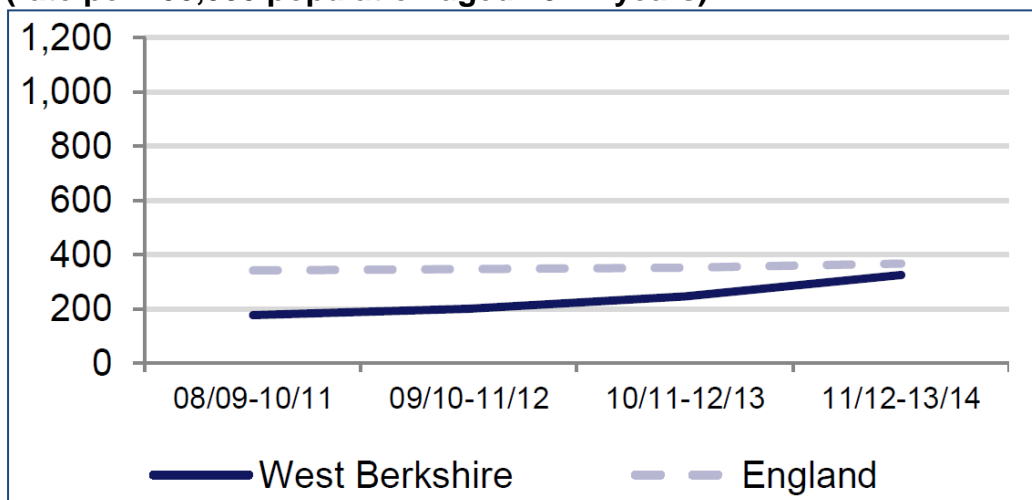
### What is the data telling us?

Mental health problems are common in children and young people with 1 in 10 children aged 5-16 years having a mental health problem. Common mental health issues include conduct disorders (5.8%), anxiety (3.3%), depression (0.9%) and hyperkinetic disorder (1.5%) (Department of health and NHS England 2015). Adolescence is a particular time during which mental health needs can intensify. Depression and anxiety are common during this stage and it is also a time when eating disorders and psychosis can start to appear.

Although 1 in 10 children will need support or treatment for a mental health condition, only a quarter of children and young people with a diagnosable mental health problem actually receive treatment.

Children and Young people under the age of 20 years make up 25% of the population of West Berkshire (Child Health Profile 2015). The health and wellbeing of children in West Berkshire is generally better than the England average. In 2013/14, the rate of children in West Berkshire who were admitted to hospital for self-harm was 394 per 100,000 (young people aged 10-24 years). This was a similar rate to that in England as a whole (figure 1). There were 59 hospital admissions for mental health per 100,000 children (0-17 years) over the same time period, also a similar rate to that for the whole of England.

### Young people aged 10-24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)



Source: Child Health Profile 2015 (data from Hospital Episode statistics, Health and Social Care Information Centre)

**Prevalence of mental health problems in children and young people**

| <b>Indicator</b>   | <b>West Berkshire</b> | <b>South East</b> | <b>England</b> | <b>Year</b>   |
|--|-----------------------|-------------------|----------------|---------------|
| Perinatal mental health: estimated number of women requiring support during pregnancy            | 224                   | n/a               | n/a            | 2012          |
| Estimated prevalence of any mental health disorder: % population aged 5-16                       | 8.1                   | 8.5               | 9.3            | 2014          |
| Estimated prevalence of emotional disorders: % population aged 5-16                              | 3.2                   | 3.3               | 3.6            | 2014          |
| Estimated prevalence of conduct disorders: % populated aged 5-16                                 | 4.7                   | 5.1               | 5.6            | 2014          |
| Prevalence of hyperkinetic disorders among young people: % population aged 5-16                  | 1.3                   | 1.4               | 1.5            | 2014          |
| Prevalence of potential eating disorders among young people: estimated number of 16-24 year olds | 1,914                 | 126,533           | n/a            | 2013          |
| Prevalence of ADHD among young people: estimated number of 16-24 year olds                       | 2,036                 | 134,099           | n/a            | 2013          |
| Fixed period exclusion due to persistent disruptive behaviour: % of school pupils                | 0.7                   | 1.2               | 1.0            | 2011/<br>2012 |
| Fixed period exclusion due to drugs/alcohol use: % of school pupils                              | 0.07                  | 0.13              | 0/10           | 2011/<br>2012 |
| Children who require Tier 3 CAMHS: estimated number of children <17                              | 660                   | n/a               | n/a            | 2012          |
| Children who require Tier 4 CAMHS: estimated number of children <17                              | 30                    | n/a               | n/a            | 2012          |

Source: Public Health England profiles available at <http://fingertips.phe.org.uk>

**Prevalence of future mental health problems in adults in West Berkshire**

| Indicator  | 2012 | 2016 | 2021 |
|--|------|------|------|
| Future prevalence of Generalised anxiety disorder: estimated % of population aged 16-74  | 3.22 | 3.22 | 3.2  |
| Future prevalence of Depressive episode: estimated % of population aged 16-74            | 1.66 | 1.65 | 1.65 |
| Future prevalence of all phobias: estimated % of population aged 16-74                   | 0.98 | 0.97 | 0.96 |
| Future prevalence of Obsessive Compulsive Disorder: estimated % of population aged 16-74 | 0.61 | 0.60 | 0.60 |
| Future prevalence of Panic Disorder: Estimated % of population aged 16-74                | 0.63 | 0.64 | 0.64 |

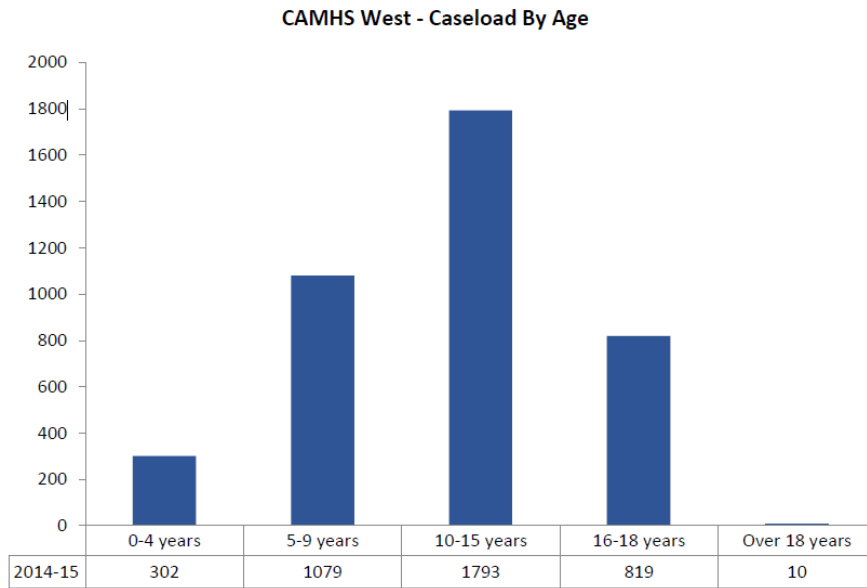
Source: Public Health England profiles available at <http://fingertips.phe.org.uk>

CAMHS service use in Berkshire West: There are over 3,000 children and young people with a mental health disorder in West Berkshire. The Child and Adolescent mental Health service (CAMHs) has been provided by BHFT, funded by West Berkshire Council, to provide support for these children. At present, children are referred to a CAMHs single common point of entry. They are then either referred to a Primary CAMHs worker (tier 2) or for more intense and specialist Tier 3&4 interventions. However, many children have had to wait over a year to be seen by a mental health professional which may impact on their clinical condition. Of those children referred through the CPE, approximately 20% require Tier 3 services, with 80% remaining in the community for support.

The ADHD, ASD, Anxiety and Depression, Specialist Community, CAMHS Common Point of Entry and Urgent Care services are commissioned by the four Berkshire West CCGs. This includes NHS Newbury and district CCG, NHS North & West reading CCG, NHS South Reading CCG and NHS Wokingham CCG.

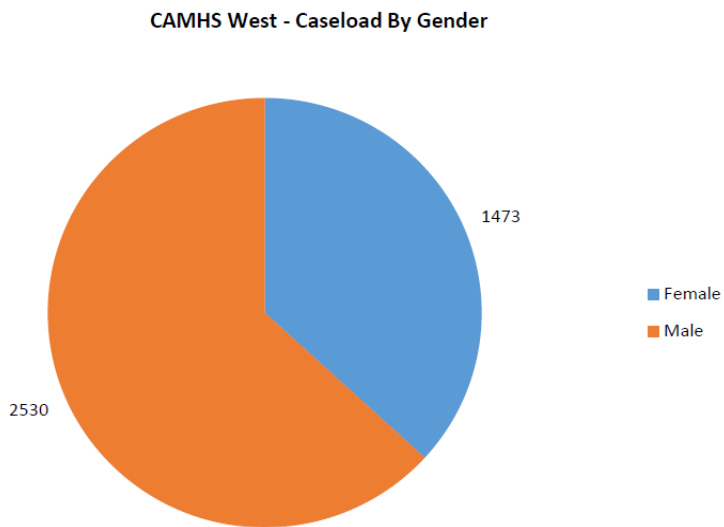
Between April 2014 and March 2015 the total caseload for CAMHs in Berkshire West was 4,003. The breakdown of caseload by age, gender and ethnicity can be seen in figures 2-4 below.

**CAMHS caseload by age across Berkshire West in 2014/15**



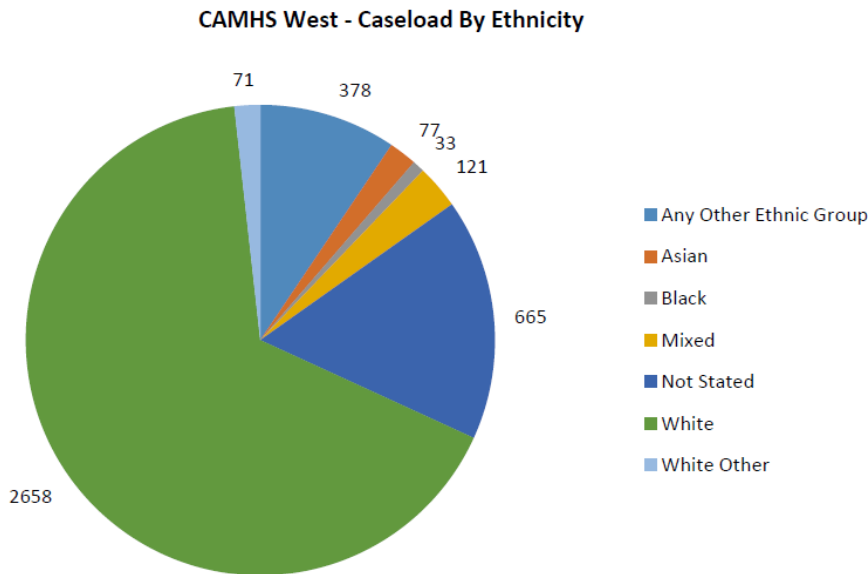
Source: Children & Adolescent Mental health Service. April 2014-March 2015 report. Berkshire Healthcare NHS Foundation Trust

**CAMHS caseload by gender across Berkshire West in 2014/15**



Source: Children & Adolescent Mental health Service. April 2014-March 2015 report. Berkshire Healthcare NHS Foundation Trust

**CAMHS caseload by ethnicity across Berkshire West in 2014/15**



Source: Children & Adolescent Mental health Service. April 2014-March 2015 report. Berkshire Healthcare NHS Foundation Trust

**Referrals and Patients in 2014/15 by CCG in West Berkshire**

| CCG                      |               | 2014/15 | Child protection | Looked after child |
|--------------------------|---------------|---------|------------------|--------------------|
| NHS Newbury and district | No. Referrals | 668     | 12               | 27                 |
|                          | No. Patients  | 650     |                  |                    |
| NHS North & West Reading | No. Referrals | 606     | 19               | 20                 |
|                          | No. Patients  | 588     |                  |                    |

Source: Children & Adolescent Mental health Service. April 2014-March 2015 report. Berkshire Healthcare NHS Foundation Trust

The number of referrals can exceed the number of patients as some individuals may have had more than one episode requiring referral. This table also demonstrates the numbers of Child Protection and Looked After Children who required referral to CAMHS services during the same time period.

Mental health problems in children and young people are common. The importance of children’s social and emotional wellbeing is increasingly recognised. Poor mental health in childhood is associated with poorer health and social skills, lower education attainment, higher risk of self harm, suicide and risky behaviours such as substance misuse.

The CAMHS service is facing many challenges at present (NHS England 2015). These include

- A gap in data and information and delays in the development of payment systems
- A gap in the number of children needing treatment who are receiving it
- Difficulties in access with children experiencing long waiting times

- Complex commissioning arrangements and lack of leadership and accountability
- Variable access to crisis service across the country

### **Recommendations for consideration**

#### General mental health and wellbeing:

- Commission the use of evidence based public mental health interventions
- Move away from a tiered system of service delivery
  - One point of access to a wide range of services which young people and parents are able to self-refer into
- Ensure the delivery of mental health promotion and prevention through universal services such as Health Visiting and school nursing
- Children, young people, their families and carers should be involved in the designing of services
- Improve communication between universal and specialist services using multi-agency and multi-professional training
- Curriculum teaching and learning should promote resilience and support social and emotional learning
- Schools should continue to take a whole-school approach to mental wellbeing and consider a named mental health lead
- PSHE should focus on developing children's resilience, confidence and ability to learn.

### **Other services and partner organisations**

Berkshire Foundation NHS Trust  
NHS Newbury & District CCG  
NHS North & West Reading CCG  
Children's services, West Berkshire Council

### **National and local strategies**

The Children and Young People's Mental Health and Wellbeing Taskforce was established in September 2014 with a remit of improving how children and young people's mental health services are organised, commissioned and provided. Their report was published 2015: [Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing](#). The main themes were as follows:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce



By 2020, the Government's aspirations are improved public awareness and understanding with less fear and stigma surrounding mental health conditions for children. In addition, that in every part of the country children will have access to clinically effective mental health support when they need it with services delivered in a model built around the needs of children and their families rather than the historical "tiered model" of support. The intention is to make mental health support more visible and easily accessible for children and young people leading to improved care for children and young people in a crisis making sure they are treated in the right place at the right time. Through enhancing existing maternal, perinatal and early years services and parenting programmes, this will help to strengthen parent-child attachment, build resilience and improve behaviour.

Local Transformation plans for children and young people's mental health and wellbeing: Guidance and support for local areas (NHS England 2015)  
This provides guidance for local areas on the development of local transformation plans for children and young people's mental health and wellbeing. It also sets out the vision for the next five years in terms of developing a sustainable local service

The Healthy child programme from 5-19 years includes a framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Early in childhood, the Health Child programme and Health visiting service has an important role in promoting childhood wellbeing. Health visitors have a duty to identify factors in a child's life that may impact on their social and emotional wellbeing for example; parental capacity to provide a nurturing environment may be affected by external circumstances such as housing. Interventions that can improve childhood wellbeing include parenting support programmes, emotional health and wellbeing in schools, access to green spaces and opportunities to be active.

**Other guidance that has been produced is as follows:**

[Guidance for commissioning public mental health services](#) (joint commissioning Panel for Mental health, 2013)  
[Social and Emotional health and Wellbeing for Children and Young People pathway](#) (National Institute for Health and Care Excellence, 2015)  
[Social and emotional wellbeing: early years](#) (National Institute for Health and Care Excellence, 2012)  
[Promoting children and young people's emotional health and wellbeing: a whole school and college approach](#) (Public Health England 2015)  
[Mental Health and Behaviour in schools](#) (Department for Education, 2015)  
[Counselling in schools: a blueprint for the future](#) (Department for Education, 2015)  
[Teacher guidance: preparing to teach about mental health and emotional wellbeing](#) (PSHE Association, 2015)  
[Model specification for child and adolescent mental health services: targeted and specialist levels](#) (Tiers 2/3) (NHS England 2015)  
[Achieving emotional wellbeing for looked after children](#) (Bazalgette, Rahilly, & Trevelyan, 2015)

**Local Strategies: The Emotional Health Academy**

Following the review of CAMHS services in West Berkshire, the formation of a new Emotional Health Academy has been proposed. This will use newly qualified staff who can engage with children at a much earlier stage. Staff will be based in the West

Berkshire Council offices but will provide services in the wider community alongside Universal and Tier 2 partners. The intention being that these emotional health workers will provide Tier 2 emotional health support and intervention and so build community resilience and support emotional health within local communities. The Emotional Health Workers will deliver group work, 1 to 1 support, school support, family mentoring, training to partners, online resources, and group interventions among other elements.

While the Emotional Health Academy is being formed, a multi-agency Triage system is currently in place for the short term. This includes Primary CAMHs workers, along with other professionals and colleagues from West Berkshire Council and the voluntary sector. Once the Emotional Health Academy is established this will shift the emphasis towards prevention and early intervention with a reduction in the need for 1:1 interventions at this level.

### **Other chapters you might be interested in**

Mental Health (Adults)

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on [publichealthandwellbeing@westberks.gov.uk](mailto:publichealthandwellbeing@westberks.gov.uk) or 01635 503437