



North Durham Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group

County Durham Children & Young People's Mental Health, Emotional Wellbeing and Resilience

Transformation Plan
2015- 2020

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1. Foreword

The Children and Young People Mental Health, Emotional Wellbeing and Resilience plan for County Durham was developed by the Children and Young People Mental Health and Wellbeing Development Group consisting of key partners, children, young people and families. It is based on comprehensive identification of needs and identifying evidence based practice to promote good mental health and prevention of mental ill-health, early intervention, care and recovery.

This transformation plan outlines the implications for County Durham in light of the recent guidance from Department of Health *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*¹.

The plan recognises that the foundations for lifelong wellbeing are being laid down before birth and aims to prevent mental ill health, intervene early when it occurs and improve the quality of mental health care and recovery for children, young people and their families. The focus on a whole child and whole family approach and developing systems which ensure children and families are at the centre of prevention, care and recovery will improve our children and young people population mental health and wellbeing.

Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work, and to achieving our potential. Good mental health is the foundation for well-being and the effective functioning of individuals and communities. It impacts on how individuals think, feel, communicate and understand. It enables us to manage our lives successfully and live to our full potential. Through promoting good mental health and early intervention we can help to prevent mental illness from developing and mitigate its effects.

The plan aims to build a healthier, more productive and fairer society for children, young people and their families which builds resilience, promotes mental health and wellbeing and ensures they have access to the care and support to improve their mental health when and where they need it thus reducing health inequalities.



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¹ Future in Mind (2015)

2. Vision and Objectives

The vision: *Children, young people and their families within County Durham to be supported to achieve their optimum mental health and wellbeing.*

2.1 Key objectives

Promoting Mental Health and Build Resilience

- Objective 1: Improve mental health and wellbeing of children, young people and their families through engagement, information, activities, access to services and education.
- Objective 2: Improve access to interventions which support attachment between parent and child, avoid early trauma, build resilience and improve behaviour.
- Objective 3: Improved public awareness and understanding about mental health issues for children and young people and reduce stigma and discrimination.

Prevention of Mental Ill-Health

- Objective 4: Prevention of mental ill-health through targeted interventions for groups at high risk
- Objective 5: Improve access to information about what to do and where to go for support; this includes self-care through digital technology.

Early Identification of those at risk of Mental Ill-Health

- Objective 6: Improve early detection and intervention for children and young people experiencing poor mental health
- Objective 7: Ensure ease of access to support based on the needs of children, young people and their families, when and where needed through services that have clear joint working arrangements including agreement of the Lead Professional role who will navigate and co-ordinate support and services needed.

Care for the most vulnerable

- Objective 8: Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together.
- Objective 9: Crisis support to be available whatever the time of day or night and be in a safe place suitable to child or young person needs and as close to home as possible.
- Objective 10: Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.

Recovery from Mental Ill-Health

- Objective 11: Develop a person centred recovery approach when agreeing care/interventions which include involvement of children, young people, families and carers (including siblings within the family) through early provision of a range of interventions which promote mental health and emotional wellbeing.

Accountability and Transparency

- Objective 12: Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.
- Objective 13: Increase transparency through developing robust metrics on service outcomes and clearer information about the levels of investment into children and young people mental health services.

Developing the workforce

- Objective 14: Sustain a culture of continuous service improvement delivered by a workforce with the right mix of knowledge, skills and experience.

3. Introduction

This document sets out the Five-year Children and Young Peoples Mental Health, Emotional Wellbeing and Resilience Transformation Plan for County Durham and supersedes the County Durham Interim CAMHS Strategy 2014-16.

This Transformation Plan will support local implementation of the national ambition and principles set out in *Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing*². The implementation plan aims improve mental health, emotional wellbeing and resilience of young people, make it easier for children, young people and their families to access help and support when needed and improve mental health services for children and young people.

This plan adopts the *Mental Illness and Mental Health: The Two Continua Model Across the Lifespan*¹ (figure 1) This model moves past the concept that mental health is the absence of mental illness and believes that mental health can be enhanced regardless of a diagnosis of mental illness. Delivering mental health improvement programmes to those with mental illness requires moving beyond a simplistic categorisation of people as either mentally healthy or mentally ill. In many cases, symptoms of acute mental illness are episodic in nature and surrounded by periods of recovery or wellness. A person can experience mental well-being in spite of a diagnosis of mental illness or, conversely, be free of a diagnosed mental illness but still be experiencing poor mental health.

Figure 1 demonstrates a model with four possible options which individuals may experience.

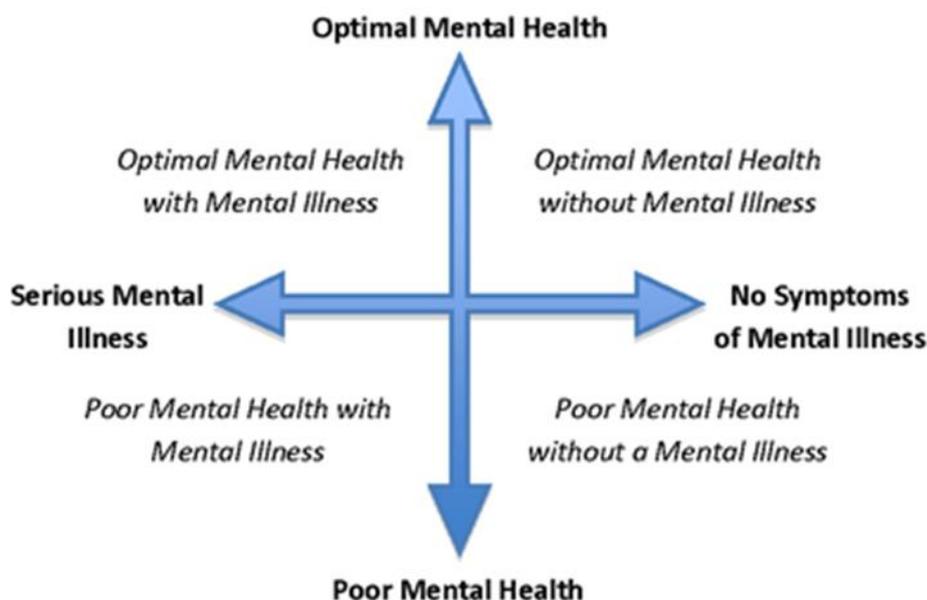


Figure 1: The Mental Health/Illness Continuum

² Ref: Future in Mind (2015)

Future in Mind is clear in its vision that 'more of the same is simply not an option'. An increased focus on prevention, building resilience, promoting good mental health and early intervention across the whole system will make real change to children and young people's mental health and wellbeing. There is a need to reduce risk factors associated with poor mental health at individual and community level; improve the mental health and wellbeing of children and young people, and to reach out to the groups at greatest risk of poor mental health.

This plan adopts core beliefs to ensure effective delivery including joined-up working between community and voluntary, statutory and business sectors; commitment to engagement and consultation with local community, children, young people and families; commitment to achieving and sharing evidence based practice; population and targeted approach to delivering strategy.

Successful implementation of the plan will result in:

- An improvement in the emotional well-being and mental health of all children and young people.
- Multi-agency approaches to working in partnership, promoting the mental health of all children and young people, providing early intervention and also meeting the needs of children and young people with established or complex problems.
- All children, young people and their families will have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

4. The Economic Cost of Mental Illness

Most mental illness has its origins in childhood. The most important modifiable risk factors for mental illness and the most important determinants of mental wellbeing are childhood ones. The most important opportunities for prevention of mental illness and promotion of mental health therefore lie in childhood, many of them in the context of the family.

Children with mental health problems are at greater risk of physical health problems; they are also more likely to smoke than children who are mentally healthy. Children and young people with eating disorders and early onset psychosis are particularly at risk, but it is important to note that many psychotropic drugs also have an impact on physical health.

The figures on mental illness in childhood are stark:

- half of all mental disorder first emerges before the age of 14 years and three quarters by age 25 years³
- up to 25% of children show signs of mental health problems more than half of which track through into adulthood⁴
- 10% of children have a clinically diagnosed mental disorder at any one point in childhood. Only a minority of such children are in touch with services⁵
- the most common childhood mental disorder is conduct disorder with a prevalence of 5%.

Social relationships can be affected both in childhood and adolescence and in adult life. Other increased risks include drug and alcohol use. Conduct disorder and ADHD are also both associated with an increased risk of offending and conduct disorder in girls with an increased risk of teenage pregnancy.

Those with acute conduct disorder incur substantial costs above those with some conduct problems, but not conduct disorder. A study⁶ estimated additional lifetime costs of around £150,000 per case – or around £5.3bn for a single cohort of children in the UK. Costs relating to crime are the largest component, accounting for 71% of the total, followed by costs resulting from mental illness in adulthood (13%) and differences in lifetime earnings (7%). More widely, in 2012/13, it was estimated the total NHS expenditure on dedicated children's mental health services was £0.70bn.

The impact of mental health disorders extends beyond the use of public services. Taking this wider societal viewpoint, it has been estimated that the overall lifetime costs associated with a moderate behavioural problem amount to £85,000 per child and with a severe behavioural problem £260,000 per child.⁷

³ Kessler R, Berglund P, Demler O et al. Lifetime prevalence and age of onset distributions of DSM-IV disorders in the national comorbidity survey replication Arch. Gen. Psych. 2005;593-602

⁴ Green H, McGinnity A, Meltzer H, Ford T, Goodman, R. Mental health of children and young people in Great Britain, 2004 Palgrave Macmillan 2005

⁵ Sawyer MG, Arney FM, Baghurst PA et al. The mental health of young people in Australia: key findings from the child and adolescent component of the national survey of mental health and well-being. Australian and New Zealand Journal of Psychiatry; 35: 806–814

⁶ Friedli L, Parsonage M (2007). Mental Health Promotion: Building an Economic Case. Northern Ireland Association for Mental Health.

⁷ Parsonage M, Khan L, Saunders A (2014). Building a better future: the lifetime costs of childhood behavioural problems and the benefits of early intervention. London: Centre for Mental Health.

Despite this burden of distress, it is estimated that as many as 60-70% of children and adolescents who experience clinically significant difficulties have not had appropriate interventions at a sufficiently early age.⁸ Evidence shows that, for all these conditions, there are interventions that are not only very effective in improving outcomes, but also good value for money, in some cases outstandingly so, as measured by tangible economic benefits such as savings in subsequent costs to public services.⁹

There is a strong link between parental (particularly maternal) mental health and children's mental health. Maternal perinatal depression, anxiety and psychosis together carry a long term cost to society of just under £10,000 for every single birth in the country.

Although the cost of mental ill health is forecast to double over the next 20 years, some of the cost could be reduced by greater focus on whole-population mental health improvement and prevention, alongside early diagnosis.

The inescapable fact is that failure to prevent and treat children and young people's mental health problems comes at a heavy price, not only for the wellbeing of the children concerned and their families, but also for taxpayers and society because of increased future costs.

⁸ Children's Society (2008) *The Good Childhood Inquiry: health research evidence*. London: Children's Society

⁹ Fonagy P, Cottrell D, Phillips J, Bevington D, Glaser D, and Allison E (2014). *What works for whom? A critical review of treatments for children and adolescents* (2nd ed.). New York, NY: Guilford Press.

5. The Cost Benefit of Public Mental Health

Interventions that promote mental health and wellbeing usually also prevent mental illness however this is not always true for the reverse. Public mental health interventions produce a broad range of benefits associated with improved wellbeing.

One study estimates that promoting mental wellbeing in a single year cohort of children in Wales could lead to benefits worth over £1billion, while this figure could be nearly £24billion for the whole of the UK¹⁰ Since benefits accrue across the lifecourse, promoting mental wellbeing in children provides more economic benefits than promoting mental wellbeing at other ages.

Improving mental health impacts on wide range of domains which results in considerable cost savings.

Evidence-based parenting support for families and at-risk children prevents mental health problems in later life and results in better outcomes in health, education, employment, education and relationships¹¹.

Interventions in families with children at higher risk of conduct disorder would cost £210 million but save £5.2 billion.

The type of savings which can be made from public mental health interventions are highlighted by a recent Department of Health report. This found that for every £1 invested, the net savings were¹²:

- £84 saved – school-based social and emotional learning programmes
- £44 saved – suicide prevention through GP training
- £18 saved – early intervention for psychosis
- £14 saved – school-based interventions to reduce bullying
- £12 saved – screening and brief interventions in primary care for alcohol misuse
- £8 saved – early interventions for parents of children with conduct disorder

¹⁰ Friedli L, Parsonage M, Promoting mental health and preventing mental illness: the economic case for investment in Wales. All Wales Mental Health Promotion Network. 2009.

¹¹ Foresight Mental Health and Wellbeing Report (2008)

¹² Department of Health (2011) Mental health promotion and mental illness prevention: the economic case

6. National Policy Drivers

National policy over recent years has focussed on improving outcomes for children and young people by encouraging services to work together to protect them from harm, ensure they are healthy and to help them achieve what they want in life.

No Health without Mental Health¹³ the cross-Government mental health strategy for people of all ages takes a life course approach to improving mental health outcomes for people of all ages with a strong focus on early and effective intervention in emerging emotional and mental health problems for children and young people.

The national mental health strategy sets out a clear and compelling vision for improving the mental health and wellbeing of England through six objectives which emphasise the importance of the wider influences on mental health including housing, education, criminal justice system, physical health and employment. Six objectives are:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

Children and Families Act (2014)¹⁴ focusses on improving services available to vulnerable children and families. The Act includes provision across a number of different areas of children's services, which will contribute to the achievement of improved mental health outcomes. Key elements include transformation of systems for children and young people with special educational needs and disabilities and providing children, young people and their parent's greater control and choice in decisions and ensuring their needs are properly met.

In 2015 the NHS England and the Department of Health published a joint report Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing. This report provides a broad set of recommendations that, when implemented, would facilitate greater access and standards for mental health services, promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

Future in Mind guidance suggests local transformation plans be developed by Clinical Commissioning Groups and Local Authorities working closely with their Health and Wellbeing Boards. Local Transformation Plans to support improvements in children and to deliver on the 49 recommendations while based on local needs and developed in collaboration with children, young people and their families.

The Department of Health and NHS England national ambitions within Future in Mind that they wish to see realised by 2020 are detailed below.

- People thinking and feeling differently about mental health issues for children and young people, with less fear and discrimination.

¹³ Department of Health No Health without Mental Health (2011)

¹⁴ HM Government: Children and Families Act 2014

- Services built around the needs of children, young people and their families so they get the right support from the right service at the right time. This would include better experience of moving from children's services to adult services.
- More use of therapies based on evidence of what works.
- Different ways of offering services to children and young people. With more funding, this would include 'one-stop-shops' and other services where lots of what young people need is there under one roof.
- Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible. For example no young person under the age of 18 being detained in a police cell as a 'place of safety'.
- Improving support for parents to make the bonding between parent and child as strong as possible to avoid problems with mental health and behaviour later on.
- A better kind of service for the most needy children and young people, including those who have been sexually abused and/or exploited making sure they get specialist mental health support if they need it.
- More openness and responsibility, making public numbers on waiting times, results and value for money.
- A national survey for children and young people's mental health and wellbeing that is repeated every five years.
- Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.

Future in Mind identifies key themes fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people.

- 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

The report further sets out of 49 recommendations that, if implemented, would facilitate greater access and standards for Children and Adolescent Mental Health Services (CAMHS), promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

Also of relevance to this plan is implementation of County Durham Mental Health *Crisis Care Concordat*¹⁵. The concordat is an agreement between key organisations including police and mental health trusts supported by County Durham Joint Health and Wellbeing Board to drive up standards of care for people, including children and young people experiencing mental health crisis.

¹⁵ HM Government Mental Health Crisis Care Concordat (2014)

6.1 Starting well

Future in Mind and No Health without Mental Health emphasise the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. The social and biological influences on a child's health and brain development start even before conception and continue through pregnancy and the early years of life.

Parental mental health is an important factor in determining the child's mental health. Better parental mental health is associated with better outcomes for the child, including better relationships, improved learning and academic achievement, and improved physical health.

Children and Young Peoples Outcomes Strategy¹⁶ mental health thematic report describes the outcome indicators to support delivery of each of the six objectives from No Health without Mental Health^{and} identifies key areas including:

More children and young people will have good mental health

- Fewer children and young people will develop mental health problems by starting well, developing well, learning well, working and living well.

More children and young people with mental health problems will recover

- More children and young people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they needs for living and working, improved chances in education, better employment rates and a suitable and stable place to live as they reach adulthood.

More children and young people with mental health problems will have good physical health and more children and young people with physical ill-health will have better mental health:

- There will be improvements in the mental health and wellbeing of children and young people with serious physical illness and long-term conditions.

More children and young people will have a positive experience of care and support:

- Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give children and young people and their families the greatest choice and control over their own lives and a positive experience of care.
- Fewer children and young people will suffer avoidable harm
- Children and young people and their families should have confidence that care is safe and of the highest quality.
- Fewer children and young people and families will experience stigma and discrimination
- Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to children and young people with mental health problems will decrease.

¹⁶ Children and Young People Outcomes Strategy (2012)

6.2 Developing Well

As part of the national strategy the Government has committed to take forward detailed plans to extend the Improving Access to Psychological Therapies (IAPT) programme to children and young people. This service transformation for children and young people's mental health care will embed best evidence based practice, training staff in validated techniques, enhanced supervision and service leadership and monitoring of individual patient outcomes.

7. Local Policy Drivers

As well as national policy and strategy it is important that key linkages are made to local policies and strategies including:

- County Durham Joint Health and Wellbeing Strategy 2014-2017
- County Durham Interim Joint CAMHS Strategy 2014-2016
- County Durham Mental Health Crisis Care Concordat 2014
- The County Durham Alcohol Harm Reduction Strategy 2015 - 2017
- County Durham Drug Strategy 2014 - 2017
- County Durham and Darlington Dual Needs Strategy 2015-2018
- County Durham Children, Young People and Families Plan 2015-2017
- County Durham Public Mental Health Strategy 2013-2017
- Safe Durham Reducing Reoffending Strategy 2011-2014
- County Durham Mental Health Strategy 2014-2017
- Safe Durham Partnership Plan 2014-17
- Joint Protocol for Tackling Anti-Social Behaviour where Mental Health is an issue (2013)

7.1 County Durham Joint Health and Wellbeing Strategy

The Health and Social Care Actⁱⁱ places clear duties on local authorities and Clinical Commissioning Groups to prepare a Joint Strategic Needs Assessment and [Joint Health and Wellbeing Strategy](#) which will influence commissioning strategies for health and social care, to be discharged through the Health and Wellbeing Board. The County Durham Joint Health and Wellbeing Strategy is a document that aims to inform and influence decisions about health and social care services in County Durham so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing.

The County Durham Joint Health and Wellbeing Strategy¹⁷ strategic objective 4 aims to improve mental health and wellbeing of the population through:

- Develop and implement programmes to increase resilience and wellbeing through practical support on healthy lifestyles.
- Work together to find ways that will support ex-military personnel who have poor mental or physical health.
- Ensure that people using mental health services who are in employment have a care plan that reflects the additional support needed to help them retain this employment.
- Implement a multi-agency Public Mental Health Strategy including Suicide Prevention for County Durham.
- Continue to improve access to psychological therapies.
- Develop a more integrated response for people with both mental and physical health problems, in particular supporting people with common mental health problems (such as depression or anxiety).

¹⁷ County Durham Joint Health and Wellbeing Board Strategy 2015-2018

8. Mental Health Profile - National

Mental illness has a range of significant impacts with 20% of the total burden of disease in the UK attributable to mental illness (including suicide), compared with 17% for cardiovascular diseases and 16% for cancer. This burden is due to the fact that mental illness is not uncommon:

- At least one in four people will experience a mental health problem at some point in their life.
- One in ten children aged between 5-16 years has a mental health problem, and many continue to have mental health problems into adulthood.
- Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s.
- One in ten new mothers experiences postnatal depression. Over a third (34%) of people with mental health problems rate their quality of life as poor, compared with 3% of those without mental illness.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm
- More than half of all adults with mental health problems were diagnosed in childhood - less than half were treated appropriately at the time
- Number of young people aged 15-16 with depression nearly doubled between 1980s and 2000s
- Proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999
- 72% of children in care have behavioural or emotional problems
- Almost 60% of looked after children in England have emotional and mental health issues and a high proportion experience poor physical health, educational and social outcomes after leaving care.
- 95% of imprisoned young offenders have a mental health disorder

Levels of mental illness are projected to increase. By 2026, the number of people in England who experience a mental illness is projected to increase by 14%, from 8.65 million in 2007 to 9.88 million. However, this does not take account of the current economic climate which may increase prevalence.

8.1 Lesbian, Gay, Bisexual, Transgender and Mental Health

Gay men and lesbians report more psychological distress than heterosexuals, despite similar levels of social support and physical health as heterosexual men and women¹⁸

Anxiety, depression, self-harm and suicidal feelings are more common among lesbian, gay and bisexual people than among heterosexual people.

There is a strong association between homophobic bullying and mental ill health, including low self-esteem, fear, stress and self-harm¹⁹

¹⁸ King M, McKeown E (2003). Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales. London: Mind.

¹⁹ Stonewall (2007). Education for all: research: facts and figures: mental health

8.2 Learning Disabilities, Behavioural Conditions and Mental Health

An estimated 25-40% of people with learning disabilities also have mental health problems²⁰. Mental health problems such as depression tend to be under-diagnosed in people with learning disabilities. Many symptoms of mental illness are wrongly regarded as challenging behaviour and so do not receive appropriate treatment²¹

Prevalence of anxiety and depression in people with learning disabilities is the same as for the general population, yet for children and young people with a learning disability, the prevalence rate of a diagnosable mental illness is 36%, compared with 8% of those who do not have a learning disability²²

8.3 Children and Young People and Mental Health

Children and young people with emotional disorders are almost five times more likely to report self-harm or suicide attempts; four and half times more likely to rate themselves or be rated by their parents as having 'fair/bad health', and over four times more likely to have long periods of time off school.

Comorbidity of disorders is common – children and young people frequently have both emotional and behavioural conditions and mental illness and physical health problems²³.

8.4 Stigma and discrimination in mental health

Nearly 9 out of 10 people with mental health problems have been affected by stigma and discrimination and more than two thirds reported that they have stopped doing things they wanted to do because of stigma.

Public attitudes to mental ill health are gradually improving, with less fear and more acceptance of people with mental ill-health.

However, according to the annual national surveys of attitudes to mental illness in England:

- 36% of people think someone with a mental health problem is prone to violence (up from 29% in 2003)
- 48% believe that someone with a mental health problem cannot be held responsible for their own actions (up from 45% in 2009)
- 59% agree that people with mental illness are far less of a danger than most people suppose

Direct social contact with people with mental health problems is the most effective way to challenge stigma and change public attitudes²⁴

²⁰ Department of Health (1993). Services for people with learning disabilities, challenging behaviour or mental health needs. Project group report. London: Department of Health.

²¹ Equality and Human Rights Commission.

²² Foundation for People with Learning Disabilities (2003). Health needs of people with learning disabilities. London: Foundation for People with Learning Disabilities.

²³ Green H, McGinnity A, Meltzer H et al (2005). Mental health of children and young people in Great Britain, 2004. London: Office for national Statistics.

9. Mental Health Profile for County Durham

Current information in relation to mental wellbeing is poor. Assessing need in relation to mental health and wellbeing is complex and there are a number of ways in which this challenging problem may be tackled. It is essential to consider sources of information which tell us who and where in our communities are receiving support for mental health issues alongside the range of wider determinants which impact on mental health wellbeing and cause individuals to be more vulnerable to poor mental health.

It is well recognised that social and health inequalities can both result in and be caused by mental ill health. Many of the acknowledged risk factors for mental illness are linked to deprivation. Measures of deprivation can help to identify geographical areas where the need for mental health services is likely to be greatest. County Durham has some of the most deprived areas in the country.

Young people aged 16-18 years old who are not in education, training or employment (NEETS) are more likely to have poor health and die an early death. They are also more likely to have a poor diet, smoke, drink alcohol and suffer from mental health problems. County Durham is significantly worse than the England average with a rate of 7.1 per 1000 population compared to 5.3 nationally.

County Durham Children's Trust used the following definition when researching children and young people relationships²⁵. Good relationships are when '*children state that they have one or more good friends, and state that they are able to talk about worries, talk to their parents and friends but not another adult*'.

- 56.3% of respondents in County Durham reported good relationships in 2009 compared to 60.3% in 2008.
- Derwentside experiences the highest rate of children and young people that report they have good relationships, 65.4%. Compared to the lowest in Easington, 54.4%.

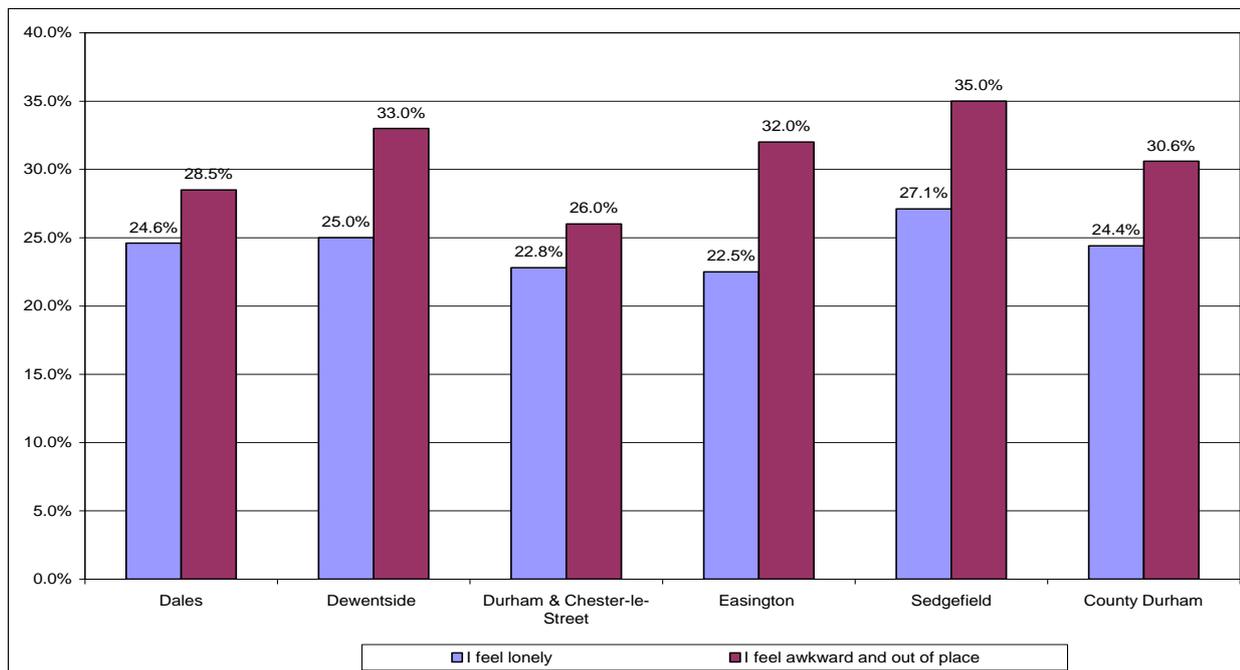
Percentage of children and young people that report they feel lonely, awkward and out of place (Figure 1)

- 24.4% of respondents felt lonely and 30.6% awkward and out of place.
- Sedgefield reported the highest proportion of children and young people feeling lonely 27% and awkward and out of place 35%. This was followed closely by Derwentside with 25% who felt lonely and 33% who felt awkward and out of place.

²⁴ TNS UK for CSIP 2010, Attitudes to mental illness 2010: research report. London: Department of Health.

²⁵ County Durham Childrens Trust (2008) Children and Young People Relationship

Figure 1: Percentage of children and young people that report they feel: lonely; awkward and out of place – Children and Young People’s Survey.

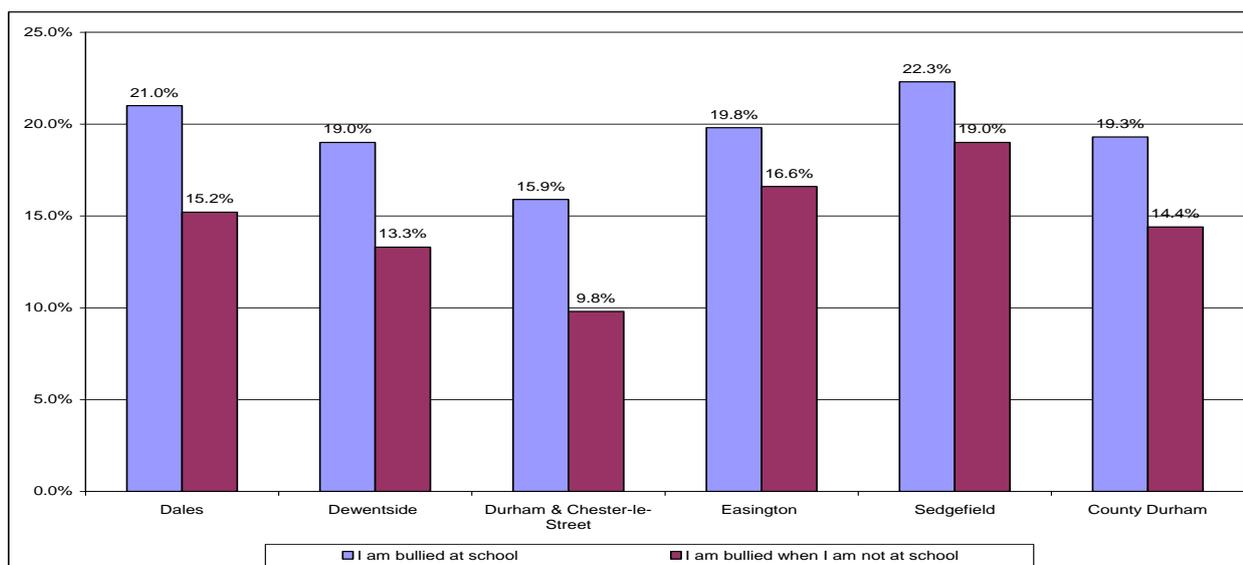


Source: County Durham Children’s Trust Children and young people’s survey.

Percentage of children and young people that report they are bullied at school and bullied when not at school (Figure 2)

- All areas reported the majority of bullying occurred in school environment.
- Sedgefield reported highest levels of bullying both in and out of school.

Figure 2: Percentage of children and young people that report they are bullied at school and bullied when not at school – Children and Young People’s Survey.



Source: County Durham Children’s Trust Children and young people’s survey, 2008

Public Health England have recently produced (June 2015) Children and Young People's Mental Health and Wellbeing Profiling Tool. It has been developed to support an intelligence driven approach to understanding and meeting need. It collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It provides commissioners, service providers, clinicians, services users and their families with the means to benchmark their area against similar populations and gain intelligence about what works. Profile for County Durham is available in Appendix 1.

The mental health and well-being outcomes for children and young people are greatly shaped by a wide variety of social, economic and environmental factors (such as poverty, housing, ethnicity, place of residence, education and environment). It is clear that improvements in mental health and wellbeing outcomes cannot be made without action in these wider determinants.

Key findings from the profile include:

- Children and young people under the age of 20 years make up 22.1% of the population of County Durham; 3.8% of school children are from a minority ethnic group.
- The health and wellbeing of children in County Durham is generally worse than the England average.
- Infant and child mortality rates are similar to the national average.
- The level of child poverty is worse than the England average, with 22.7% of children under 16 years living in poverty.
- Children in County Durham have worse than average levels of obesity: 10.7% of children aged 4-5 years and 21.4% of children aged 10-11 years are classified as obese.

Estimated prevalence of children and young people mental health disorders have could include conduct, emotional, hyperkinetic and less common disorders²⁶. Figure 3 shows the estimated prevalence of children with conduct, emotional, hyperkinetic and less common disorders by Clinical Commissioning Group and County Durham. It should be noted that some children and young people may be diagnosed with more than one mental health disorder.

The most common mental health disorders in children and young people in County Durham are conduct disorders. Data indicates that almost 4200 young people being diagnosed with a conduct disorder compared to 2600 young people with emotional disorders during 2014.

²⁶ National Child and Maternal Health Intelligence Network (2015)

CHiMAT estimates of prevalence 5-16 (2014)

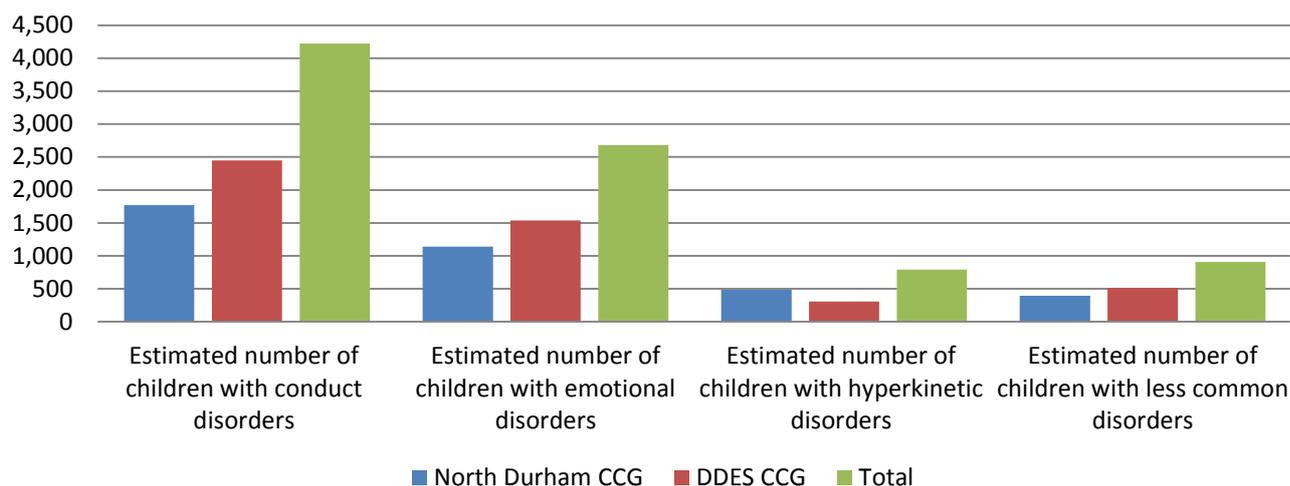


Figure 3: Estimated prevalence of children with conduct, emotional, hyperkinetic and less common disorders by Clinical Commissioning Group and County Durham 2014.

People with learning disabilities demonstrate the complete spectrum of mental health problems, with higher prevalence than found in those without learning disabilities. The incidence of children with mild to severe learning disabilities is expected to rise by 1% year on year for the next 15 years due to a number of factors and 40% of these children have a diagnosable mental health problem. Across County Durham there are approximately 1000 children and young people with a learning disability and of these 390 will have mental ill-health, rising to 450 over the next 5 years.

Suicide among children and young people in County Durham is relatively uncommon occurrence however when a young person does take their own life the impact on friends, family and the community can be devastating. Reliable, timely and accurate suicide statistics are essential to inform an effective suicide prevention strategy for County Durham. To facilitate this, a systematic suicide audit programme has been in place locally since 2002.

Demographically, 81% of those who took their own life between 2005 and 2012 were male, with a peak age of 40-49. 62% were divorced and 32% lived alone. Hanging was identified as the most common method used. A significant number of suicides were found to have diagnosed mental health problems (58.9%). Furthermore, 30% were recorded as alcohol dependent, 13% were recorded as users of illicit drugs, and 39.2% had a history of self-harm.

Triggers for suicide are complex and may be a combination of factors. Through the County Durham Suicide Audit some key factors were identified; 26% experienced a relationship or family breakdown; 17% recently bereaved and 12% were in financial difficulty.

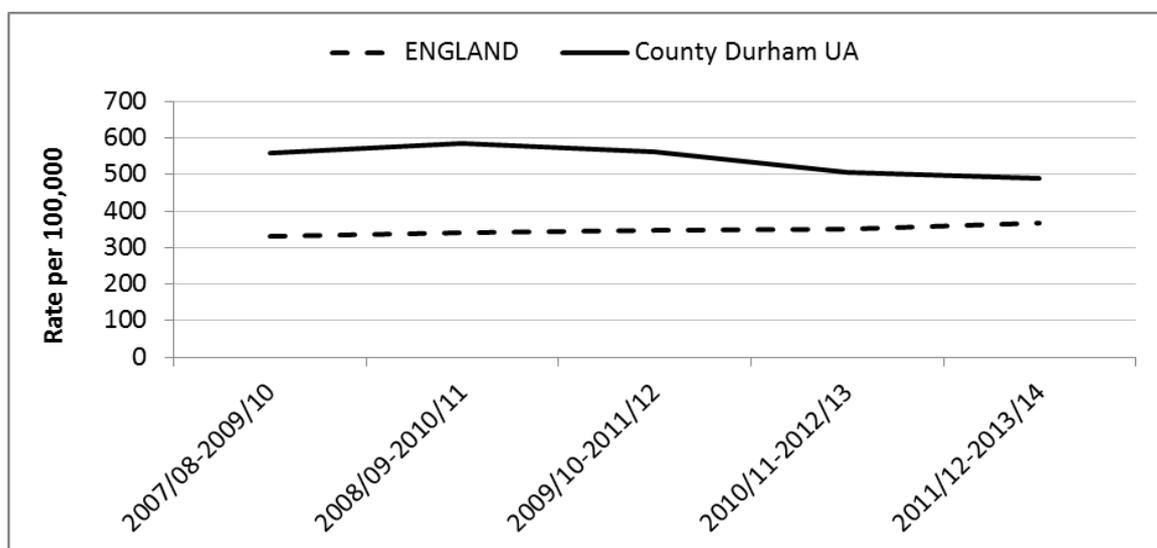
Those bereaved by suicide are at a significantly higher risk of taking their own lives than the general population. For young people who have been bereaved by suicide either through the loss of a parent, family member or friend postvention support systems are important in reducing their risk of suicide and improving their mental health and wellbeing.

Self-harm is an expression of personal distress. It can result from a wide range of psychiatric, psychological, social and physical problems and self-harm can be a risk factor for subsequent suicide. Self-harm occurs in all sections of the population but is more common among those who are socio-economically disadvantaged, have poor coping skills or those experiencing emotional distress. Self Harm among Children and Young People in County Durham is significantly higher than England however this is difficult to measure as most self harm is hidden and many children and young people do not access health services for support for their self harm behaviour.

Incidents of children and young people who self harm and access support through emergency departments are counted as FFCE's (First Finished Consultant Episodes).

The number of FFCE's in County Durham for under 18 years is relatively low. Figure 4 shows the pooled rate for under 18 self-harm hospital admissions as a result of self-harm (three year pooled)

Figure 4: Three year pooled financial year emergency hospital admissions for Intentional Self-Harm for those aged under 18 years 2007/08-2009/10 to 2011/12-2013/14 (Public Health England, Northern & Yorkshire Knowledge & Intelligence Team)



10. Priority groups

Those children and young people at higher risk of poor mental health have been identified through needs assessment and are included as vulnerable and at risk within the transformation implementation plan.

Priority vulnerable and at risk groups include children and young people within County Durham include those:

- who are part of the Looked after system
- from low income households and where parents have low educational attainment
- with disabilities including learning disabilities
- from Black and Minority Ethnic groups including Gypsy Roma Traveller community
- who identify as Lesbian, Gay, Bisexual or Transgender
- who experience homelessness
- who are engaged within the Criminal Justice System
- whose parent (s) may have a mental health problem
- who are young carers
- who misuse substances
- who are refugees and asylum seekers
- who have been abused, physical and/or emotionally
- transition from services.

When commissioning and implementing programmes to improve and support emotional and mental health outcomes and build resilience for all children and young people targeted provision will focus on those young people most at risk group.

Developing a greater understanding of the emotional and mental health of children and young people within County Durham could be improved through specific focus within the County Durham Joint Strategic Needs Assessment.

11. National Evidence of Effective Interventions

There is good quality evidence for the benefits of improving mental health and wellbeing for children, young people and their families and the cost effectiveness of interventions which can:

- promote wellbeing and resilience with resulting improvements in physical health, life expectancy, educational outcomes, economic productivity, social functioning, and healthier lifestyles
- prevent mental illness, health risk behaviours and associated physical illness, inequalities, discrimination and stigma, violence and abuse, and prevent suicide
- deliver improved outcomes for people with mental illness as a result of early intervention and evidence based mental health care and recovery approaches.

County Durham Children and Young People Mental Health and Emotional Wellbeing Transformation Plan will embed evidence based practice and 'best buy' interventions to ensure the best outcomes for our children, young people and families.

NICE quality standards relating to mental health and emotional wellbeing of children and young people which will be included throughout the implementation of this transformation plan are noted appendix 2.

12. Engagement and partnership

In the past 12-months, the North Durham and Durham, Dales, Easington and Sedgefield Clinical Commissioning Groups with Durham County Council have developed consultation and engagement plan for to improve involvement of children, young people families, carers and wider stakeholders around improving mental health, emotional wellbeing and resilience. Recent activity include:

- Children and Young Peoples engagement events
- Healthwatch Survey and engagement
- Young People's Youth Councils
- Investors in Children agenda days
- Parent support groups
- Mental Health and Emotional Wellbeing network
- School survey

Key themes from engagement to date are included within transformation action plan. In order to develop a true co-production model a continuous programme is underway to maintain momentum.

Organisations who have been involved in the development of this transformation plan are included in Appendix 3 and include local NHS, Public Health, Local Authority, social care, Youth Justice, education and the voluntary sector. NHS England Specialist Commissioning teams have been involved and attended consultation and engagement events.

13. How we are going to achieve our vision

The County Durham Transformation Plan has been developed to bring about a clear coordinated change across to the whole system enabling better support and improved mental health and wellbeing for children and young people.

A *whole system* approach to improvement has been adopted. This means health organisations, local authority, schools, youth justice and the voluntary sector working together.

Fundamental to the plan, is partnership working and aligned commissioning processes, to foster integrated and timely services from prevention through to intensive specialist care. Also through investing in prevention and intervening early in problems before they become harder and more costly to address

14. Towards a model of transformation in County Durham

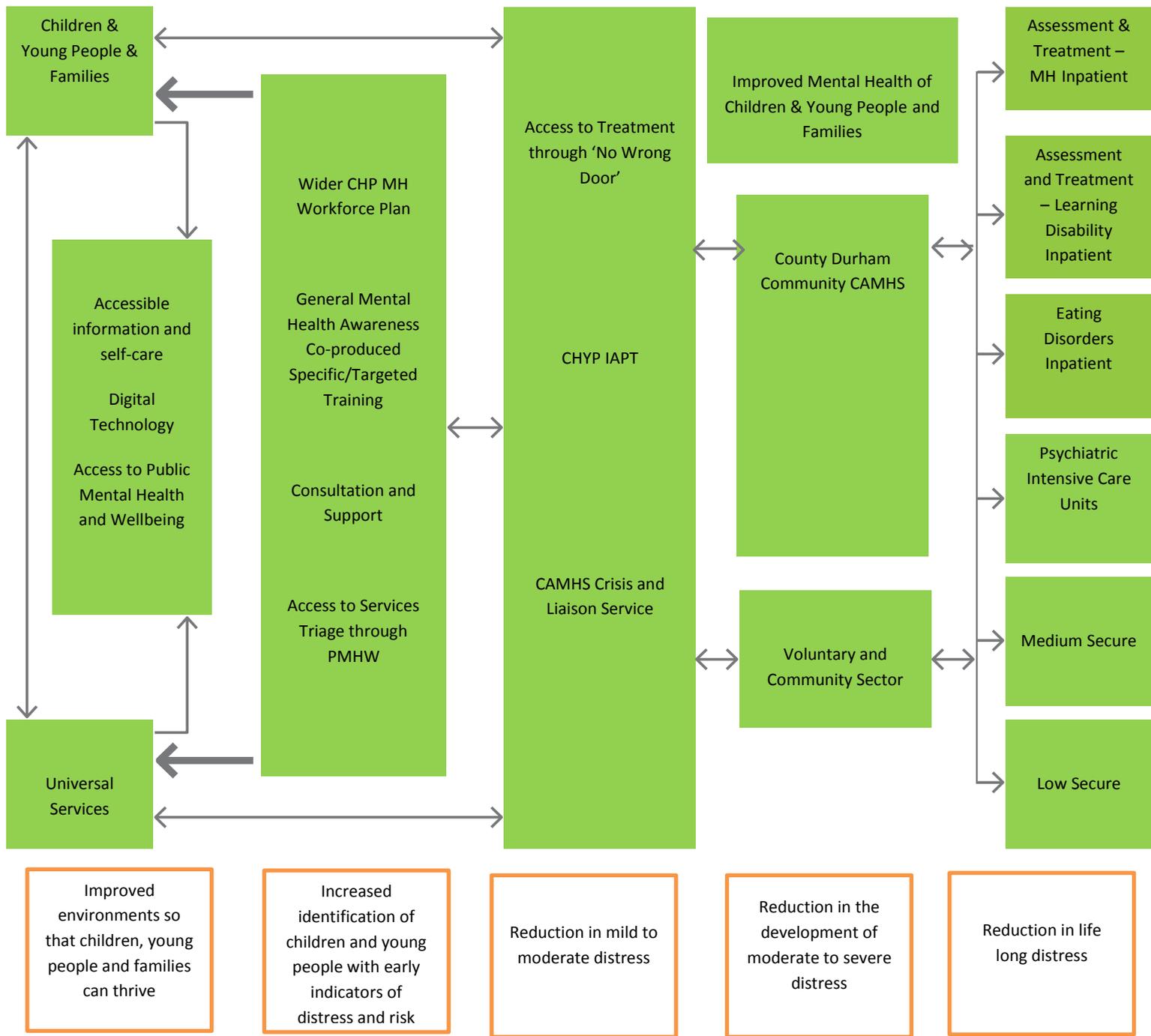
Based on recommendations within Future in Mind and examples of effective service design, County Durham Transformation Plan aims to re-design mental health services for children and young people from a targeted, tiered model which focuses on services working in specific areas (BME, LAC, 16-18, early years) to an integrated comprehensive pathway of care for all children and young people. This transformation supports the principle of developing a system to work for children, young people and their families. This means placing the children and their family 'at the centre' of what we do.

This re-design will be co-produced with children, young people and families as well as stakeholders and will look to develop a strong partnership between the statutory and voluntary sector and mental health services. The re-design will remove confusion that a tiered model can produce and ensure services are accessible to all children and young people

Central to the local implementation of Future in Mind and the development of a system without tiers is a framework which provides guidance to services for coordinating the care and support of children and young people based on their needs and the needs of the families including siblings. This approach differs from medical based model of care and will develop an approach where the child, young person and family are at the center of care and support.

The model will aspire to a system where a child or young person presenting with mental health needs to a service, that service will ensure they access the most appropriate support. A commitment should be made by stakeholders to ensure that any child or young person is supported and safely handed over to the appropriate lead agency rather than simply signposting to other services. That the lead agency will identify a lead professional to guide and support that young person and family through their care for as long as they feel this is needed.

Over the course of this five-year plan, we aim to remove confusion that a tiered model can produce and ensure services are accessible to all children and young people. There is an aspiration to develop a service model which provides guidance to services for coordinating the care and support of children and young people based on their needs (rather than diagnosis) and the needs of the families including siblings.



15. Strategic Framework and Performance Measures

15.1 Mental Health Strategic Framework

A performance management framework will be developed based on the objectives with this transformation plan and will align to the priorities identified within No Health Without Mental Health. The Children and Young People Mental Health, Emotional Wellbeing and Resilience Transformation Plan is accountable to the County Durham Mental Health Partnership Board (appendix 4). Progress on delivery of the strategic objectives and action plan will also be reported on a quarterly basis to the County Durham Children and Families Partnership and to the Health and Wellbeing Board.

The County Durham Mental Health Partnership Board has recently developed an implementation plan in response to 'No Health without Mental Health: the cross Government mental health strategy for people of all ages'. The County Durham Mental Health implementation plan will take a life course approach to improving mental health outcomes for people of all ages. There is a strong focus on early and effective intervention and will build upon the Public Mental Health strategy and include more information about mental health care and quality.

The national Mental Health Crisis Care Concordat (Crisis Care Concordat) was launched in February 2014. This aims to develop joined up service responses to people who are in mental health crisis (all age). This plan is accountable to the County Durham Mental Health Partnership Board.

The Children and Young People Mental Health, Emotional Wellbeing and Resilience Transformation Plan will submit a quarterly performance report which contains a range of indicators (to be developed). A Transformation Implementation Group will be formed from key signatories to further develop and maintain an action plan appropriate to the issues raised from the performance report. Any key issues are escalated to the County Durham Mental Health Partnership Board.

15.2 How we will measure success

A performance framework will be developed to support implementation of this transformation plan.

Measurable key performance indicators will be agreed to enable monitoring of progress and demonstrate improved outcomes. This will form part of the assurance process required by NHS England.

Involvement and feedback from children, young people and their families on experience of services.

15.3 Collaborative Commissioning approach

Joint commissioning and service redesign detailed in the transformation plan will be led by the County Durham Joint Commissioning Group for Mental Health and Learning Disabilities and includes representative from NHS England. This group is accountable to the County Durham Mental Health Partnership Board.

15.4 Investment

Efforts are being made to establish the level of investment by all local partners commissioning children and young people's mental health services for the period April 2014 to March 2015 will aid local decision making. Detail to follow when available.

Partner organisation	Description	2014/15 Spend (£)	Additional information
NHS England	Specialist in-patient care for children and young people		
North Durham and Durham, Dales Easington and Sedgfield CCG			
Durham County Council			
Education	Contribution to SEND; additional services commissioned by individual settings e.g. counselling		
Criminal Justice			
Police & Crime Commissioner			

16. Our priorities for the next 12 months

A phased approach to implementation of this plan will be adopted.

Priorities within the first year are balanced between national requirements and local need.

National priorities, which are supported by additional funding:

- Development of detailed implementation plan and engagement plan to develop co-production approach.
- Building capacity and capability across the system so that we can work towards closing the health and wellbeing gap and make sustainable improvements in children and young people's mental health outcomes by 2020.
- Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) so that by 2018, CAMHS across the country are delivering a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people. The additional funding will also extend access to training via CYP IAPT for staff working with children under five and those with autism and learning disabilities.
- Developing evidence based community Eating Disorder services for children and young people with capacity in general teams released to improve self-harm and crisis services.
- Improving perinatal care, as there is a strong link between parental (particularly maternal) mental health and children's mental health. Maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one year cohort of births in the UK – nearly three quarters of this cost relates to adverse impacts on the child rather than the mother. Allocation for this will be made separately and commissioning guidance will be published before the end of the financial year.

Local priorities determined by local need of children and young people and their families include:

- Develop a parental support network
- Access to peer support programmes within schools
- Prioritise resilience and support within the school curriculum
- Access to Mindfulness programme within communities and schools
- Development of bereavement support for children and young people
- Take forward the recommendations from the review of CAMHS services
- Develop a care leavers strategy
- Development work with providers to highlight flexibility in transitions
- Develop an integrated 0-19 Healthy Child Programme to enable a whole systems approach to health improvement services and service delivery

Appendix 1: Mental Health profile



CHYP MH EW
Appendix 1.pdf

Appendix 2: NICE guidance table

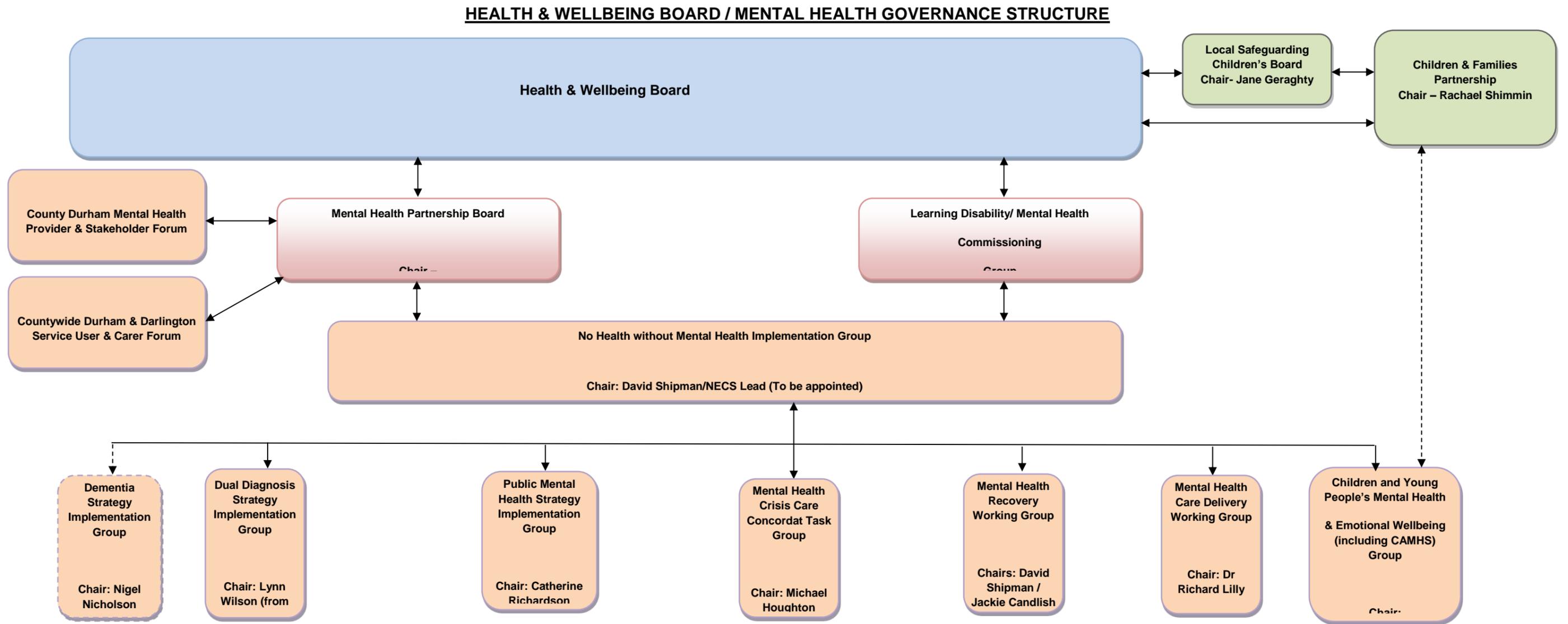
NICE quality standards relating to mental health and emotional wellbeing of children and young people.				
NICE Quality Standard/ Guidelines number	Title and link	Published	Review	Age range
QS31	Health and wellbeing of looked-after children and young people	April 2013	Apr 2018	0–18
QS34	Self-harm	June 2013	June 2018	Children and young people from 8 and adult
QS39	Attention deficit hyperactivity disorder	July 2013	July 2018	Children and young people from 3 and adult
CG28	Depression in children and young people	Sept 2005	Dec 2015	<18
QS48	Depression in children and young people	Sept 2013	Sept 2018	5–18
QS51	Autism	Jan 2014	Jan 2019	Lifespan
CG 128	Autism diagnosis in children and young people	Sept 2011	Nov 2014	<18

Appendix 3: List of organisations

North Durham Clinical Commissioning Group (CCG)
Durham, Dales, Easington & Sedgefield (DDES) CCG
Darlington CCG
NHS England
Durham County Council (DCC) Local Authority (LA)
Darlington Borough Council (DCB)/Darlington Health & Wellbeing Board
County Durham Health & Wellbeing Board/County Durham Mental Health Partnership Board
Sub Groups:- <ul style="list-style-type: none"> - County Durham Mental Health Provider & Stakeholder Forum - No Health without Mental Health - Learning Disability/Mental Health Commissioning Group - Dual Diagnosis Strategy Implementation Group - Public Mental Health Strategy Group - Children & Young People's Mental Health & Emotional Wellbeing - CCG Mental Health Care Delivery Working Group
Healthwatch Darlington, Darlington Mental Health Network Healthwatch County Durham
County Durham & Darlington NHS Foundation Trust (CDDFT)
Tees Esk & Wear Valley NHS Foundation Trust (TEWV)
North Tees & Hartlepool NHS Foundation Trust (NTHFT)
City Hospital Sunderland NHS Foundation Trust (CHSFT)
Drug & Alcohol Services (Lifeline – County Durham, Darlington)
Family Action
Cruse North East
The Samaritans
Pioneering Care Centre
Durham Probation
Durham Tees Valley Probation
Derwentside Homes
Breathing Space
Relate North East
Durham Carers
British Legion
Waddington Street Centre
Durham & Chester le Street Mind
Durham Constabulary
HM Prisons
Ifyoucareshare Foundation
Home Group
East Durham Trust
Moving on Durham

British Legion
Whitworth Park School
Investing in Children
Disc
Mental Health North East
Welfare Rights
Relax Kids
Relate
Living Mindfully
Durham Police

Appendix 4: MHPB structure



Currently under review

KEY:

Working Relationship

