LiveWell SOUTH TEES
HEALTH & WELLBEING BOARD

SOUTH TEES JSNA

Joint Strategic Needs Assessment

JUNE 2024

MISSION

We will prioritise and improve mental health and outcomes for young people.

GOAL

Improve access to mental health care and support for children, young people and families, led by needs.

Contents

1. Introduction

1.1 Mission led approach

The South Tees Health & Wellbeing Boards have agreed to a "mission-led" approach, structured across the lifecourse. Each mission is a response to a significant local challenge, one where innovation, working together and aligning resources has a big part to play in driving large-scale change. The Missions each have a set of ambitious goals that further articulate and explain the Mission.

The JSNA will provide the intelligence behind the Mission(s) – it will develop our collective understanding of the Mission(s); the issues behind and the broad contributing factors to the current outcomes experienced. We are working across the Tees Valley authorities to develop a process on that footprint that facilitates deeper engagement from the ICB.

The vision and aspirations under the lifecourse framework already exist following previous development sessions of the LiveWell Board. The lifecourse framework consists of three strategic aims – start well, live well and age well.

Vision	Empower the citizens of South Tees to live longer and healthier lives		
Aims	**Start Well**	**Live Well**	**Age Well**
Aspiration	**Children and Young People have the Best Start in Life** We want children and young people to grow up in a community that promotes safety, aspiration, resilience and healthy lifestyles	**People live healthier and longer lives** We want to improve the quality of life by providing opportunities and support so more people can choose and sustain a healthier lifestyle	**More people lead safe, independent lives** We want more people leading independent lives through integrated and sustainable support

1.2 Start well strategic aim

There are three missions within the start well strategic aim. **The first mission relates to narrowing the outcome gap for children growing up in disadvantage, the second mission relates to improving education, training and work prospects for young people and the third missions relates to improving young peoples mental health**. The second goal within the third mission, and the focus on this needs assessment looks at improving access to mental health care and support.

Aims	Mission	Goal
Start Well	**We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030**	**We want to eliminate the school readiness gap between those born into deprivation and their peers.**
		We want to eliminate the attainment gap at 16 among students receiving free school meals
	We want to improve education, training and work prospects for young people	**Extend offers of apprenticeships, training and work placements for young people to make the most of current and future local opportunities**
		We will significantly reduce the number of NEETs in South Tees by preventing disengagement and reducing/removing barriers to engagement in employment, education and training.
	We will prioritise and improve mental health and outcomes for young people	**Embed sustainable school based mental health support and support education partners in the establishment of whole school based programmes**
		Improve access to mental health care and support for children, young people and families, led by needs.

2. What is our mission and why do we need to achieve it?

2.1 We will prioritise and improve mental health and outcomes for young people

Emotional resilience and good mental health are essential for children and young people to have the best start in life and to enjoy future quality and length of life. Without good mental health the potential that most children and young people have is made redundant, leaving them with the likelihood of poor prospects and health and well-being outcomes throughout life. Stress and toxicity can effect a child pre-birth and early childhood adverse experiences have a lifelong impact.

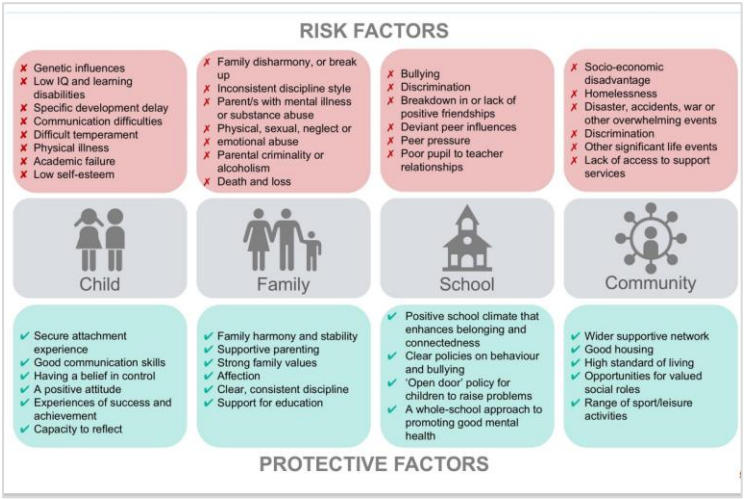
The prevalence of children and young people's mental health has continued to rise over the past 20 years and has been a growing concern at national level. This has resulted in a number of Government policies and advice. The situation has been further exacerbated in recent years by the Covid pandemic and the worsening economic climate.

Poor mental health and well-being in children and young people can have far reaching implications for the individual, family, community and society. Half of those with mental illness in adulthood experience their first symptoms by the age of 14, and this figure rises to three quarters by the time they reach 18 years of age. Research by Young Minds in 2022 found that nationally over 3.5 million 6 – 23 year olds have a probable or possible mental health disorder.

Poor emotional and mental health can manifest in many ways; self-harm, anti-social behaviour, eating disorders, school exclusion, school avoidance, sexual and gender identity, and risk-taking behaviours. All which impact on the ability of children and young people to live a happy and rewarding life.

2.2 Resilience – risk and protective factors

There are many risks, or adverse experiences that can increase the likelihood of mental ill-health; the more risks the greater the likelihood. If a child experiences four or more of these in formative years then they can also be six times more at risk of participating in underage sexual activity, eleven times more likely to smoke cannabis and sixteen times more likely to try drugs such as crack cocaine or heroin (Public Health England, 2018).

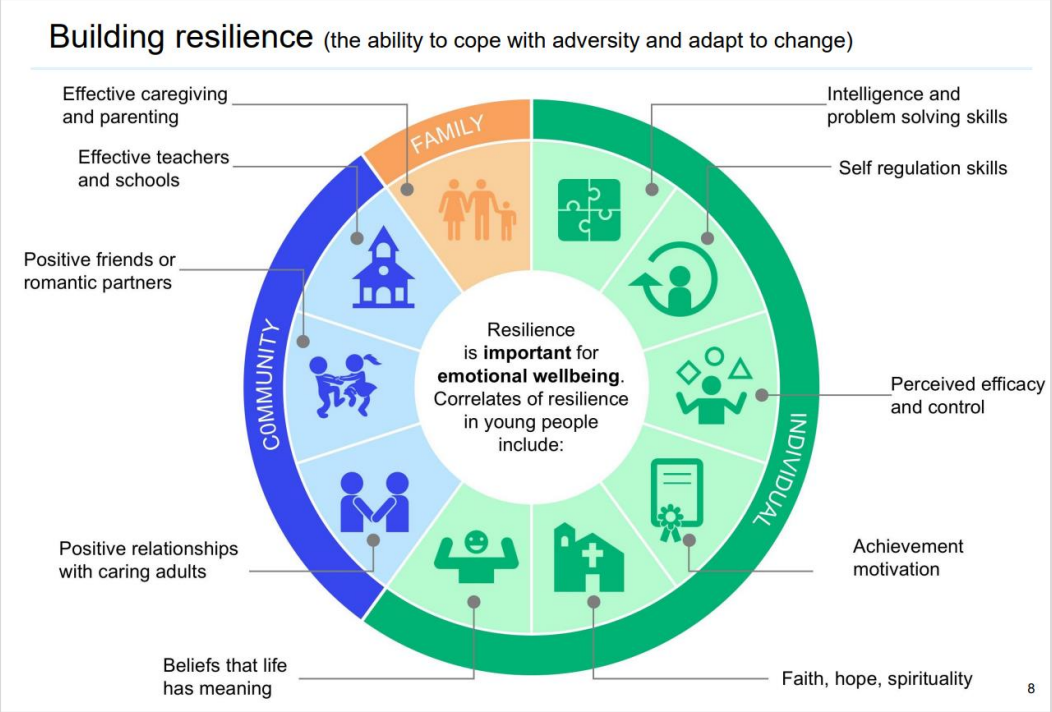


Source – PE Scholar

While exposure to risk factors increase the likelihood of poor mental health the introduction of protective factors can provide mitigation by supporting children and young people to improve resilience and overcome challenges. Again this is cumulative; the greater the risks the more protective factors are necessary.

Mitigating risk can be done in two ways –

- Reducing risk by removal from the causal situation. For example through addressing safeguarding issues or addressing bullying or victimisation by removal from the situation.
- Introducing interventions and support mechanisms to improve resilience and the ability to respond to adversity and changing circumstances.



Source – PE Scholar

A focus on robust, long-term approaches to reduce risk factors and enhance protective factors is essential to sustainable improvements in children and young people's mental health.

2.3 Local Risk Factors

2.3.1 Poverty

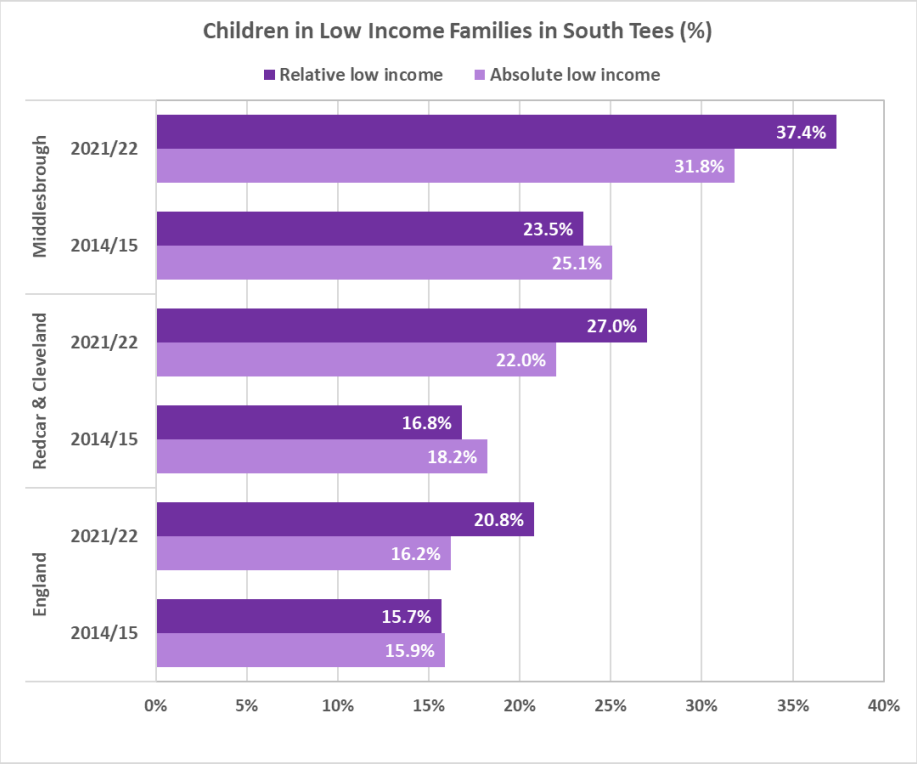
Poverty is a significant risk factor and can have a number of effects on children's physical and mental health. Families in poverty are less likely to be able to afford essentials such as food and heating. Parents in poverty cannot provide a decent standard of living or take part in enjoyable activities with their children. They also face food insecurity and cramped living situations. All these issues impact children's mental health. The Joseph Rowntree 2023 poverty report states that their latest cost of living tracker, carried out in late October and early November 2022, demonstrates the wide-ranging effect of the cost of living crisis on poorer households. For the poorest fifth of families more than 7 in 10 families are going without essentials, around 6 in 10 cannot afford an unexpected expense, more

than half are in arrears and around a quarter use credit to pay essential bills. The report further states that future projections indicate a significant worsening of poverty levels.

Figure 1 below shows the proportion of children (under 16s) who are living in low income families in South Tees in 2021/22. In Middlesbrough there were 37.4% (11,184) of children living in relative low income families and 31.8% (9,521) of children living in absolute low income families. This is significantly higher than the England rate of 15.7%. In Redcar & Cleveland there were 27% (6,538) of children living in relative low income families and 22% (5,310) of children living in absolute low income families.

The Middlesbrough rate of relative low income families is the 5th highest and the rate of absolute low income families is 3rd highest out of 150 local authorities in England. The Redcar & Cleveland rate of relative low income families is 23rd highest and the rate of absolute low income families is 19th highest out of 150 local authorities in England.

Figure 1: Children in low income families in South Tees



Source – Local Health, OHID

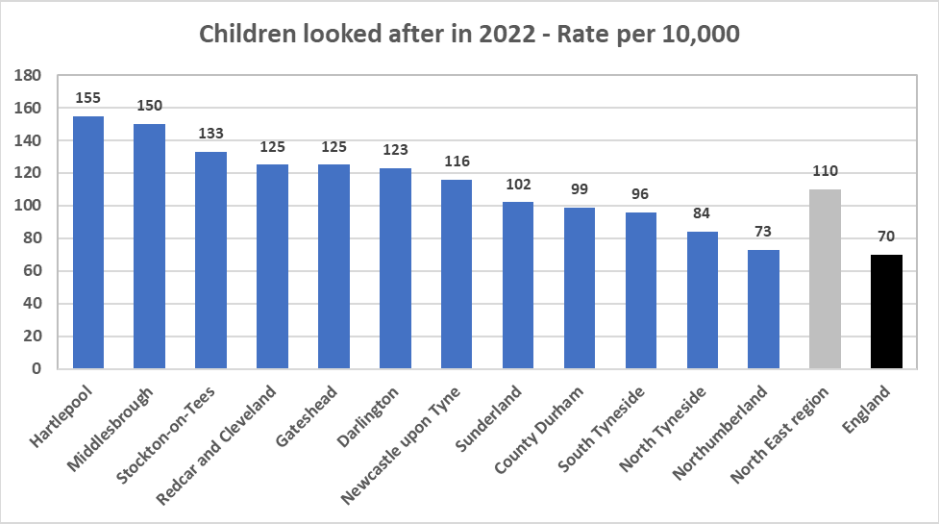
2.3.2 Children looked after

A child or young person who is being cared for by their local authority is known as a **'looked-after'** child. They might be living in a children's home, or with foster parents, or in some other family arrangement.

Research suggests that when looked after children are compared with children in the general population, they tend to have poorer outcomes in areas such as educational attainment and mental and physical health (Rahilly and Hendry, 2014).

Figure 2 below shows the rate of children who are looked after in the North East in 2022. All local authorities in the North East have a higher rate compared to England. In 2022 Middlesbrough had 502 children looked after or a rate of 150 per 10,000 compared to 70 per 10,000 in England. Redcar & Cleveland had 341 children looked after or a rate of 125 per 10,000. The Middlesbrough rate was the 6th highest and Redcar & Cleveland was the 12th highest for the number of looked after children out of 150 local authorities in England.

Figure 2: Rate of children looked after



Source – Local Health, OHID

3. What is our goal and why do we need to achieve it?

3.1 Improve access to mental health care and support for children, young people and families, led by needs

The social, moral and economic case for investment is strong. Failure to support children and young people with mental health needs costs lives and money. Early intervention prevents young people falling into crisis and avoids expensive and longer term interventions in adulthood.

Mental health problems often develop early. Research from the 2022 NHS Digital survey has indicated that there is a worsening national picture with the rates of probable mental disorder increasing significantly between 2017 and 2021. In children aged between 6 and 16 this rose from one in nine to one in six and in those aged between 17 and 19 years from one in ten to one in six. Half of all mental health problems in adulthood are established by the age of 14, with three quarters established by 24 years of age.

Those most common in the teenage years include anxiety and depression, behavioural disorders, eating disorders, and self-harm. For some mental health issues may resolve with time, though many continue to have difficulties into adulthood. A 2021 study found that the peak age of onset of mental health conditions worldwide was 14.5 years. Prompt access to appropriate support enables children and young people experiencing difficulties to maximise their prospects for a healthy and happy life.[1]

Mental health problems impact upon every aspect of a young person's life. This includes their ability to engage with education, make and keep friends, engage in constructive family relationships and find their own way in the world. Poor mental wellbeing in childhood increases the likelihood in later life of poor educational attainment, antisocial behaviour, smoking, drug and alcohol misuse, teenage pregnancy, involvement in criminal activity and mental health problems.[2]

Mental health disorders in children can by grouped into four broad categories;

- Emotional – anxiety and depressive disorders, mania bipolar disorders
- Behavioural – repetitive and persistent disruptive and violent behaviour
- Hyperactivity – hyperactivity and impulsivity
- Other less common disorders – autism, eating disorders etc.[3]

The impact of the Covid-19 pandemic on children and young peoples mental health is not fully understood as of yet. The Mental Health Foundation found that although the evidence on the direct impact of lockdown on mental health and wellbeing of younger people was mixed, most studies show increased levels of distress, worry and anxiety.[4]

Between 2020 and 2021 Young Minds undertook a survey on the mental health impacts of the Covid-19 pandemic on young people who already had mental health needs. They found that 83% of young people with existing mental health needs agreed that the coronavirus pandemic had made their mental health worse. A further 67% believed that the pandemic will have a long-term negative effect on their mental health.[5] Since the Covid-19 pandemic there have been serious concerns about the state of children and young people's mental health and their care.
Nationally there has been continued growth in the number of referrals for people aged 18 and under to children and young people's mental health services. In the six months up to February 2023, there were over 432,500 referrals – more than double the number of referrals compared to the same period in 2019/20. This compares to only a 1% increase in referrals to mental health services for adults during

the same period.[6] The case for early intervention is strong and this approach will enable children and young people to cope with difficult circumstances and prevent escalation into specialist services.

Rising mental health needs now means that demand outstrips service capacity, with the aftermath of Covid-19 placing additional pressures on provision. The Local Government Association (LGA) provides national facts and figures around access for children and young people's mental health[7]. In 2021/22, 734,000 children were referred to children and young people's mental health services, which is an 84% increase from 2018/19. This increase may in part be due to changing the methods of data collection and analysis. Analysis of NHS data by Young Minds found that the number of open referrals to NHS children and young people's mental health services reached 466,250 in May 2023, the highest number on record (Young Minds, 2023). The combination of unmet need prior to the pandemic and additional need subsequently created by the pandemic means that the scale and speed of planned improvements are insufficient, and that services are at risk of going backwards (Health and Social Care Select Committee, 2021).

Research by the Children's Society found that 34% of those who do get referred into NHS services are not accepted into treatment.[8] As the number of young people needing mental health support increases, services are overstretched, and young people may be forced to find their own way of coping. More than two thirds of young people would prefer to be able to access mental health support without going through their GP.

3.2 Home and Family

The impact of the home life on the mental health of children and young people is hugely significant. Being mentally well during childhood requires reaching developmental and emotional milestones and learning appropriate social skills and learning how to regulate emotions and to cope when there are problems or difficult circumstances to navigate. Mentally healthy children are more likely to have a positive quality of life and are more likely to function well at home, in school, and in their communities. A child's healthy development depends on their parents—and other caregivers who act in the role of parents—who serve as their first sources of support in becoming independent and leading healthy and successful lives. The vast majority of parents and caregivers want only for their children to be happy and provide a stable family life which can be defined as –

- Trusted adults who have clearly defined roles, rules and are consistent and constant.
- Being in a home environment where children are loved and valued.
- Having support to learn how to regulate emotions and cope with challenging circumstances and periods of change.
- Clear boundaries and rules.
- The opportunity to make mistakes and be supported to learn.
- Feeling and being safe.

A dysfunctional family is one which is impacted by circumstances that prevent children and young people from receiving 'good enough' parenting. There are many causes of this which can include –

- Family breakdown due to separation, bereavement, or loss.
- Living in poverty and experiencing deprivation.
- Facing discrimination.
- Parental ill-health.
- Parental mental health.

- Traumatic events or adverse experiences.
- Unsafe environments.

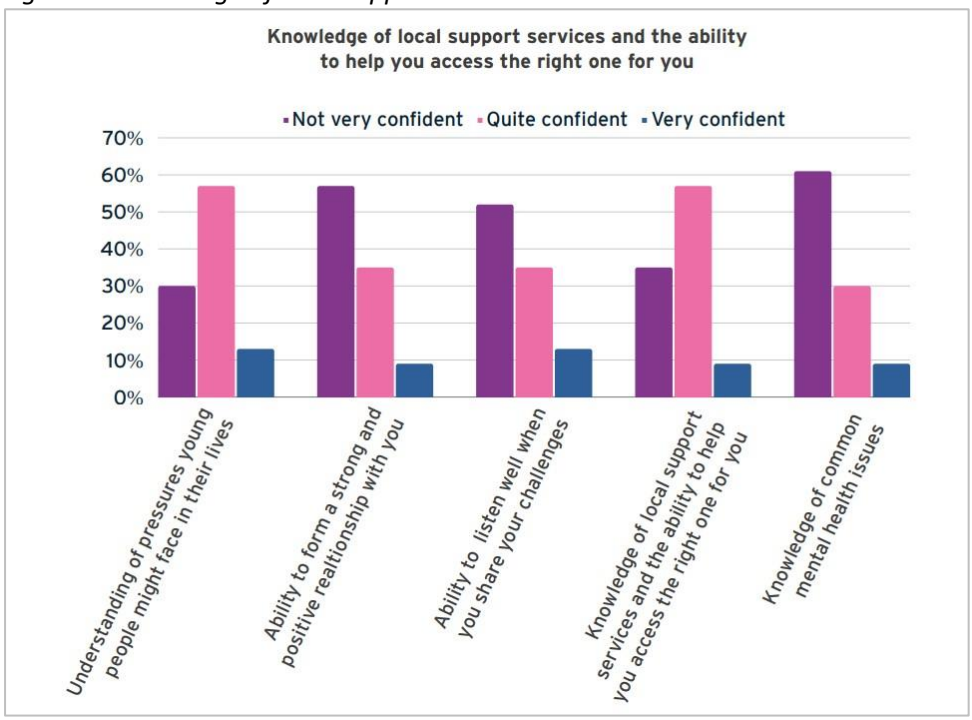
Locally it has been evidenced that parents understanding of the sources of support they can access them to better support the well-being of their children can be limited. Furthermore, the support available may not be universally available due to geography or eligibility criteria. Families living with disadvantage and trauma may be less likely to seek support as the issues they face and circumstances in which they live leave little energy to seek out services and reach out for help. There is still stigma surrounding mental ill-health and many parents feel they will be judged for being inadequate if they do ask for help.

In the 2022 Children and Young People's Mental Heath Coalition online survey parents and carers expressed concern about being able to find the right support for their child. Nearly half of parents (49.1%) who responded to the survey stated that they did not feel confident at all in securing the right support for their child's mental health.

3.3 Wider Childrens Workforce

Professionals who support children and young people have an important role to play in mental health and wellbeing. In the 2022 Children and Young People's Mental Health Coalition undertook an online survey and asked young people whether they felt confident that these professionals have the relevant skills and knowledge about young people's mental health. Overall, the young people reported that they lacked confidence in professionals' understanding of the pressures they might face in their lives (61%), in professionals' ability to listen well (52%), and in professionals' knowledge of local support services (57%) Figure 3.

Figure 3: Knowledge of local support services



Source - CYP MH Coalition

4. Key data and drivers for change?

4.1 Strategic Direction

4.1.1 NHS long term plan

The NHS Long Term Plan (2019) made the commitment that at least 345,000 more children and young people under 25 will have access to support through either NHS-funded mental health services or school/college mental health support teams by 2023 to 2024. It is part of a drive to offer a comprehensive model of care that covers children, young people and adults. It comes with the commitment to invest in new mental health support teams across 20% to 25% of schools and colleges nationwide and to ensure that crisis care is universally available 24/7 by 2023 to 2024. The NHS Mental Health Implementation Plan 2019 to 2020 to 2023 to 2024 relates to the long term plan, and provides details of a new framework to help achieve the mental health specific commitments.[3]

4.1.2 NENC Integrated Care System (ICS) strategic plan

Published in 2023 the plan contains the ICS vision that all children and young people to be given the opportunity to flourish and reach their potential, and to improve outcomes for children who face the most disadvantage. Partners within the Integrated Care Partnership will work together and through coproduction with children, young people and their families and carers, to provide a better start in life and enable all children to reach their potential through -

- Improving access to social care, physical and mental health services
- Improving pathways for children with long term conditions and life limiting illness, including access to effective psychological support
- Ensuring measures to tackle the wider determinants of health include a focus on children and young people, and in particular those from our poorest communities
- Supporting mental wellbeing through 'Mental Health First Aid' and increase early intervention and prevention for mental and emotional wellbeing
- Ensuring a focussed improvement in all tiers of child and adolescent mental health services (CAMHS), delivering and learning from the CAMHS whole pathway commissioning ‘pilot’.
- A focussed improvement in transitions from children and young people's services to adult services
- Work across sectors to more effectively commission jointly funded packages of care for children and young people with complex support needs across education, social care and health care
- Addressing the challenges and opportunities highlighted in Special Educational Needs and Disabilities (SEND) inspections across local authorities and the NHS.
- Ensuring specific support when children and young people experience adverse life events such as a bereavement, abuse, neglect, or experiencing a parent being involved in the criminal justice system.

A clinical area of focus for the ICS is to improve access rates to children and young people’s mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation doing more improve the emotional wellbeing and mental health of children and young people and breaking down the barriers between physical and mental health services.

4.1.3 Integrated Care Board (ICB)

The ICB are committed to –

- Giving every child the best start in life: including mental health and well-being.
- Supporting local systems to develop and implement integrated model of care.
- Improving parity of esteem to reduce the mortality gap for people with mental health, learning disability and autism conditions.
- Reducing the life impact of mental health, learning disability and autism conditions.
- Preventing and delivering the 'Zero suicide ambition'.
- Supporting and developing a new children's mental health workforce for earlier support through Mental Health Support Teams
- Investing into Children and Young People's Improving Access to Psychological Therapies (CYPAPT) academic programmes with Northumbria University

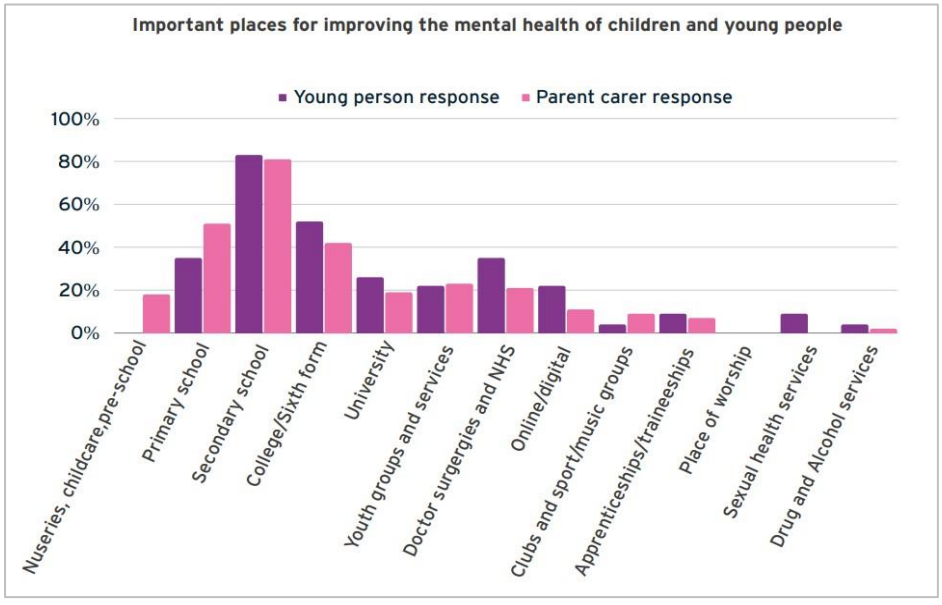
4.1.4 CORE20PLUS5

The national NHS England Core20PLUS5 for Children and Young People was launched in November 2022 and was designed to reduce health inequalities for children and young people. Mental health is an identified area of health inequality, and a focus is placed on the 5% of children and young people experiencing barriers in accessing services.

4.1.5 School Support

Over recent years there has been a focus on mental health support in schools. A range of polices and guidance from Government has been issued along with an investment to train mental health school leads and provide mental health support teams. Consultation by the Children and Young People's Mental Health Coalition established, that although educational settings were overwhelmingly the first choice of setting to receive support community provision also featured as illustrated in Figure 4.

Figure 4: Important places for improving mental health



Source – CYP MH Coalition

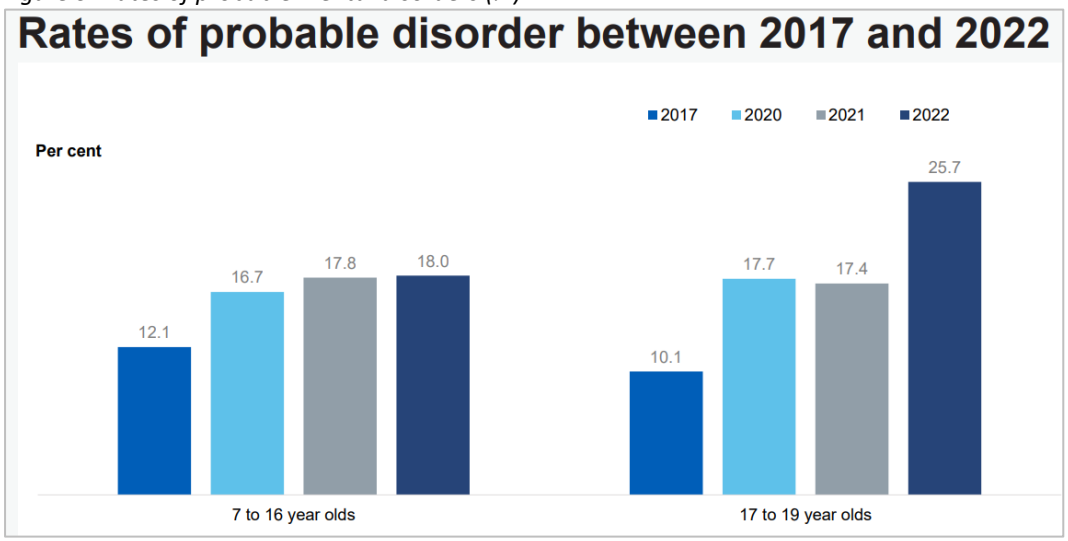
4.2 National prevalence

4.2.1 Mental health of children and young people survey

The mental health of children and young people survey for England in 2022 reported by NHS Digital and is the third in a series of follow up reports from the 2017 survey and the 2021 survey completed during the Covid-19 pandemic.[9] The sample includes 2,866 of the who participated in the 2017 survey. The key finding are;

- **One in six (18%)** of children aged 7 to 16 years had a probable mental health disorder in 2022, as shown in Figure 5. This is similar to the 2021 figure of 17.8%, but higher than the original survey in 2017 where one in nine (12.1%) had a probably mental disorder. This equates to 5 in every classroom of 30 children.
- **One in four (25.7%)** of young people aged 17 to 19 years had a probable mental health disorder. This is higher than the 2021 figure of 17.4% and significantly higher than the original survey in 2017 where one in ten (10.1%) had a probably mental disorder.
- **Four in ten (39.2%) of 6 to 16 year old and over half (52.5%) of 17 to 23 year olds** had experienced a deterioration in their mental health between 2017 to 2021.
- 11 to 16 year olds with a probable mental disorder were **less likely to feel safe at school (61.2%)** than those unlikely to have a mental disorder (89.2%).
- **One in four (29.4%)** 11 to 16 year old social media users with a probably mental disorder reported that they had been bullied online. This was more than one in eight (12.6%) among those without a probable mental disorder.
- 11 to 16 year old social media users with a probable mental disorder were **less likely to report feeling safe online (48.4%)** than those unlikely to have a disorder (66.5%).
- **One in four (28.6%)** 7 to 16 year olds with a probably mental disorder lived in households that experienced a reduction in household income in the past year. This was more than the 1 in 5 (19.9%) among children without a probable mental disorder.

Figure 5: Rates of probable mental disorders (%)



Source – NHS Digital

4.3 Local prevalence

4.3.1 Prevalence of mental health conditions

Applying the 2022 national survey result, as shown in Figure 5, to our local South Tees population we could expect to see –

- **6,290 7 to 16 year olds with probable mental disorders and**
- **2,360 17 to 19 year olds with probable mental disorders.**

Data provided by the North of England Care System's NHS (NECS) business intelligence team shows the prevalence of mental health related long-term conditions (LTCs) in the under 18s population in Middlesbrough and Redcar & Cleveland, taken from GP practice systems. The quality of the data is reliant on levels of coding within practices, which can be inconsistent. Although many adult LTCs fall within the Quality and Outcomes Framework (QOF) which encourages consistent coding, this does not cover most conditions in under 18s.

Figure 6 below shows the number and rate per 1,000 population of mental health conditions for under 18 year olds by age group, as a snapshot taken in October 2023. For all under 18s both Middlesbrough and Redcar & Cleveland has lower rates for common mental health disorders and anxiety disorders compared to the North East and North Cumbria average rate. Redcar & Cleveland has a higher rate for depression compared to the region, however the Middlesbrough rate is lower. Prevalence of mental health disorders increase significantly with age and are especially high in the 17 year old age group.

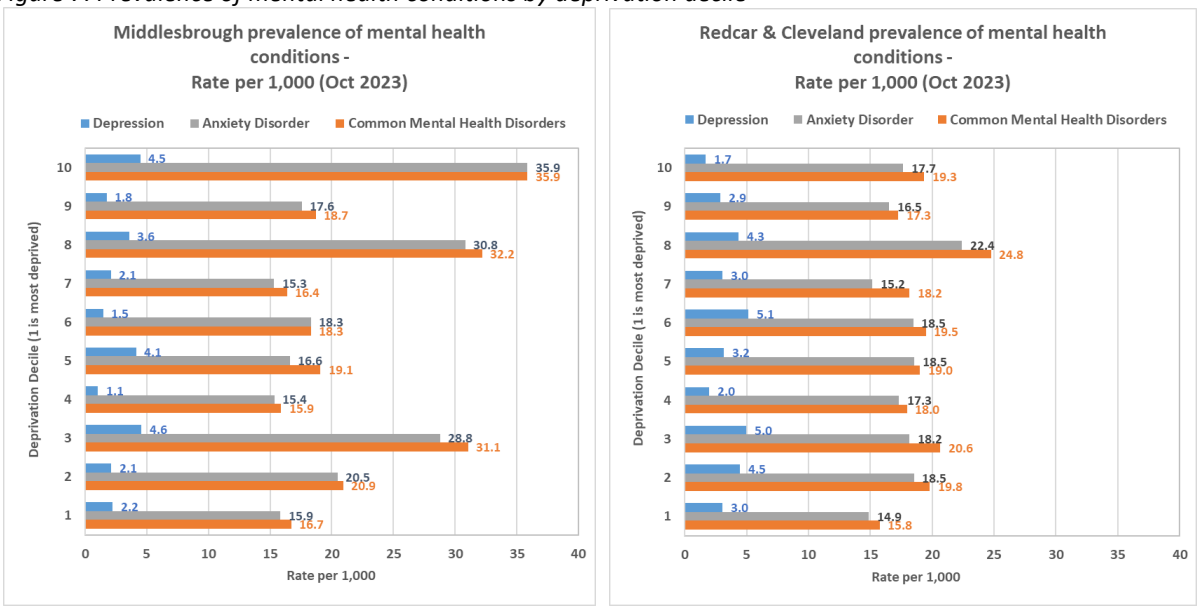
Figure 6: Prevalence of mental health conditions in under 18s by age group

Long Term Conditions (under 18s)	Middlesbrough								Redcar & Cleveland								North East & North Cumbria			
	5 to 10		11 to 16		17 only		Total		5 to 10		11 to 16		17 only		Total		5 to 10	11 to 16	17 only	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate	Rate	Rate	Rate
Common Mental Health Disorders	62	4.8	462	36.1	174	89.5	698	19.1	38	4.2	320	32.6	139	85.1	499	18.6	6.3	44.6	98.8	24.0
Anxiety Disorder	62	4.8	441	34.5	159	81.8	662	18.1	37	4.1	300	30.6	126	77.1	465	17.4	6.2	42.4	89.7	22.7
Depression	<5	0.1	48	3.8	39	20.1	88	2.4	<5	0.1	56	5.7	36	22.0	93	3.5	0.2	4.8	22.6	3.1

Source – NECS business intelligence team

Prevalence of mental health conditions in under 18s by deprivation deciles (Figure 7) show that in Middlesbrough, the highest rates across the three conditions are seen in the most affluent decile 10, followed by decile 8 and then by the more deprived decile 3. In Redcar & Cleveland the prevalence rates are more evenly distributed, with the highest rate seen in decile 8.

Figure 7: Prevalence of mental health conditions by deprivation decile



Source – NECS business intelligence team

4.3.2 Primary Care

Data supplied by NECS Business Intelligence team in Figure 8 below shows the age ranges and gender for presenting issues of children and young people attending general practitioners as of February 2024. Counts of anxiety increase significantly across both areas in the 19-25 year olds and females have greater numbers for anxiety whilst higher numbers of males for autism.

Figure 8: Primary Care Prevalence

		Primary care register for Mental Health conditions (age bands)						
Local Authority	Age Band	Anxiety	Autism	LD	Bi Polar	Pyschotic Disorder	Severe MH	Schizophrenia
Middlesbrough	05-10	59	392	31	-	-	-	-
	11-16	463	432	112	-	7	<5	-
	17-18	347	131	51	-	5	5	<5
	19-25	2,437	343	209	17	93	69	11
Redcar & Cleveland	05-10	35	250	52	-	-	-	-
	11-16	292	387	138	-	-	<5	-
	17-18	325	165	63	-	<5	<5	<5
	19-25	2,244	427	167	18	45	41	5

		Primary care register for Mental Health conditions (gender)						
Local Authority	Age Band	Anxiety	Autism	LD	Bi Polar	Pyschotic Disorder	Severe MH	Schizophrenia
Middlesbrough	Female	2,084	309	135	15	59	39	<5
	Male	1,222	989	268	2	46	36	9
Redcar & Cleveland	Female	1,811	336	129	16	28	26	-
	Male	1,085	893	291	<5	21	19	6

Source – NECS Business Intelligence Team

Figure 9 below shows the rate per 1,000 population for mental health conditions by wards in South Tees for under 18s. The table is ordered by the highest rate for common mental health disorders as registered by general practitioner surgeries. The rates for common mental health disorders and anxiety disorders follow a similar patter with the highest rate seen in Coulby Newham ward in

Middlesbrough, followed by Saltburn ward in Redcar & Cleveland. The most deprived wards in Middlesbrough of Central, Newport and North Ormesby wards have significantly lower rates. Rates of depression fluctuate more across wards in South Tees, although rates are high in Coulby Newham, Saltburn, Skelton East and Eston.

Figure 9: Prevalence of mental health conditions by ward (rate per 1,000)

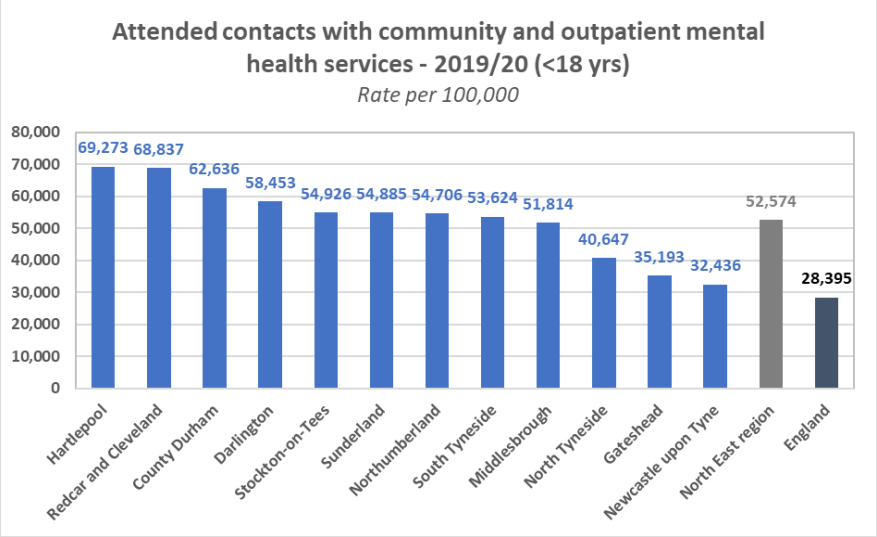
South Tees Wards	Common Mental Health Disorders	Anxiety Disorder	Depression
M - Coulby Newham	60.3	57.6	6.7
R&C - Saltburn	44.3	41.8	7.6
M - Nunthorpe	29.8	27.9	2.9
R&C - Loftus	27.4	25.7	3.5
M - Hemlington	26.5	26.5	0.7
R&C - St Germain's	25.8	21.2	5.5
R&C - Belmont	25.0	22.9	6.3
R&C - Brotton	24.0	22.3	4.1
M - Park End & Beckfield	23.4	21.8	3.7
M - Berwick Hills & Pallister	22.5	21.8	2.8
M - Stainton & Thornton	22.4	22.4	0.9
R&C - Guisborough	22.3	21.6	6.5
M - Brambles & Thorntree	21.9	19.3	5.0
R&C - Skelton East	21.9	20.6	6.9
M - Acklam	21.6	20.1	3.0
R&C - West Dyke	21.5	20.2	3.3
M - Ladgate	21.3	21.3	1.6
R&C - Skelton West	20.9	20.0	5.5
M - Longlands & Beechwood	20.4	19.5	1.9
M - Marton West	20.3	19.2	3.4
M - Ayresome	19.8	17.7	3.7
M - Trimdon	19.4	19.4	2.3
R&C - Coatham	18.8	15.9	2.9
R&C - Eston	18.7	16.5	7.2
R&C - Kirkleatham	18.3	17.1	3.1
R&C - Newcomen	18.2	18.2	2.1
R&C - Dormanstown	17.5	16.4	1.0
M - Marton East	17.1	17.1	1.4
R&C - Hutton	16.0	15.0	1.0
R&C - Zetland	15.7	14.4	5.2
R&C - Wheatlands	14.8	14.8	1.1
M - Kader	14.7	14.7	1.1
R&C - Grangetown	14.4	13.8	2.6
R&C - Ormesby	13.4	12.6	1.7
M - Linthorpe	13.0	9.7	4.1
M - Park	12.9	12.5	1.5
R&C - Teesville	12.3	10.8	3.1
R&C - Normanby	10.6	9.8	0.8
R&C - Longbeck	10.0	10.0	2.0
R&C - South Bank	9.5	8.9	0.7
M - North Ormesby	7.9	6.9	1.0
R&C - Lockwood	7.6	7.6	0.0
M - Newport	7.0	6.7	1.0
M - Central	6.7	6.7	0.3

Source – NECS business intelligence team

4.3.3 Secondary Care

The rate of attended contacts provides local health and care systems with an important measure of demand. It will help to assess how the demand reflects the mental health needs of the local population and if the demand can be met by current service provisions. Figure 10 below shows the attended contacts with community and outpatient mental health services in 2019/20 fur under 18 years olds, presented as a rate per 100,000 population. All North East local authorities have a higher rate of contacts compared to England. Redcar & Cleveland is significantly higher with a rate of 68,837 per 100,000 compared to 28,395 in England. Middlesbrough is lower compared to Redcar & Cleveland at 51,814 per 100,000 but still higher than the England rate.

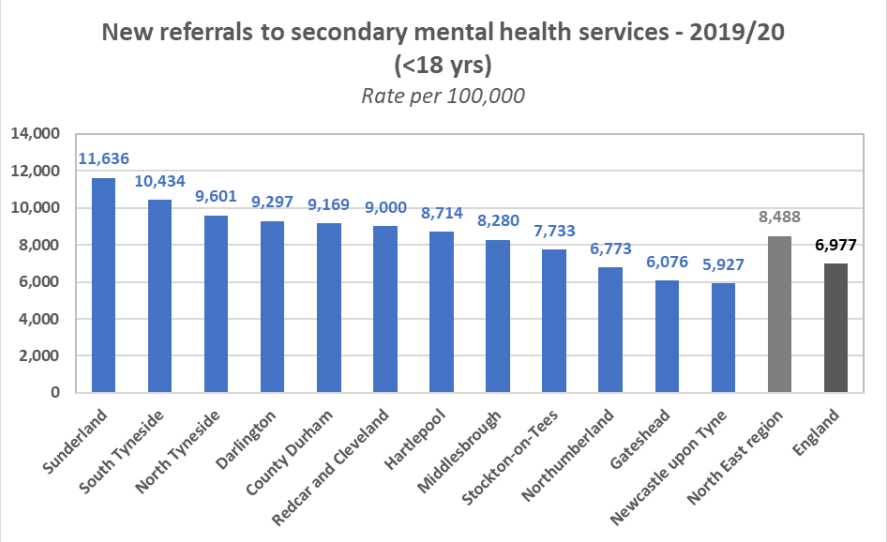
Figure 10: Contacts with community and outpatient mental health services



Source – Fingertips, OHID

Alongside the rate of contacts is the rate of new referrals to secondary mental health services which also measures the demand on services. Figure 11 below shows the new referrals to secondary mental health services in 2019/20 fur under 18 years olds, presented as a rate per 100,000 population. Middlesbrough and Redcar & Cleveland have higher rates of new referrals with 8,280 per 100,000 and 9,000 per 100,000 respectively compared to 6,977 per 100,000 in England.

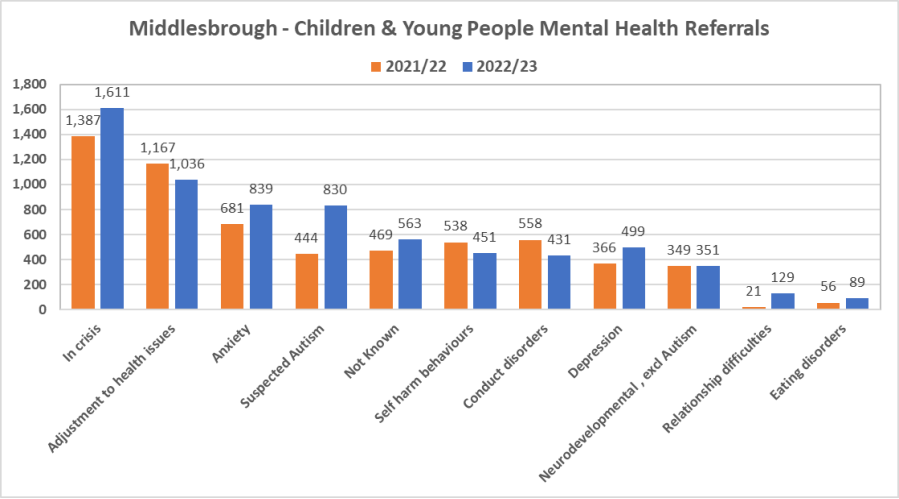
Figure 11: New referrals to secondary mental health services

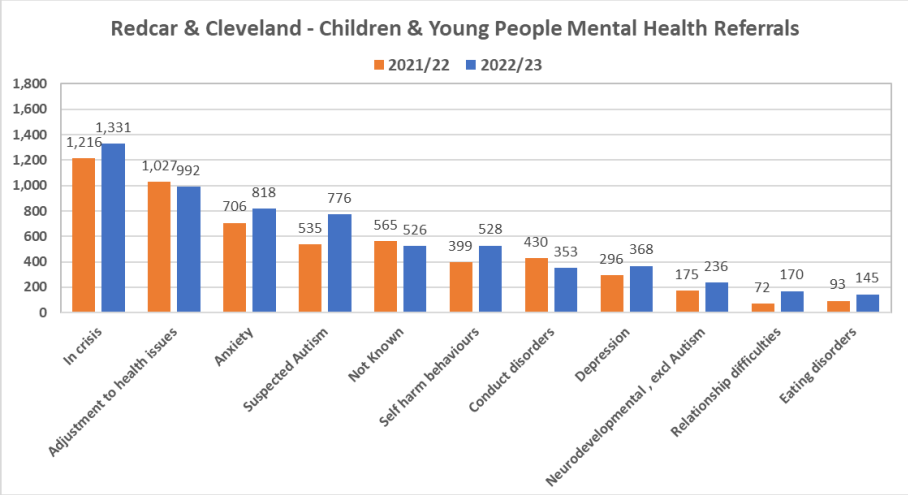


Source – Fingertips, OHID

More up to date local data provided by NECS Business Intelligence Team in Figure 12 shows the number of children and young people mental health referrals by referral reason for 2021/22 and 2022/23 for both local authorities. These most frequent reasons account for approximately 95% of all referral reasons. The most frequent referral reasons are consistent across both local authorities with 'in crisis' the most common reason, followed by 'adjustment to health issues' and 'anxiety'. Trends have shown increases in 'in crisis', 'anxiety', 'suspected autism', whilst 'adjustment to health issues' has seen a decrease.

Figure 12: CYP mental health referrals by reason





Source – NECS Business Intelligence Team

Figure 13 below shows the referral reasons by sex of children and young people. The most common reason of 'in crisis' is fairly evenly split in Middlesbrough with slightly higher proportion of females, whilst in Redcar & Cleveland the rate is higher in females. The reasons of 'adjustment to health issues' and 'suspected autism' were seen in greater proportions of males, particularly in Middlesbrough. The reasons of 'anxiety' and 'self-harm behaviours' were seen more in females.

Figure 13: CYP mental health referrals by reason and sex

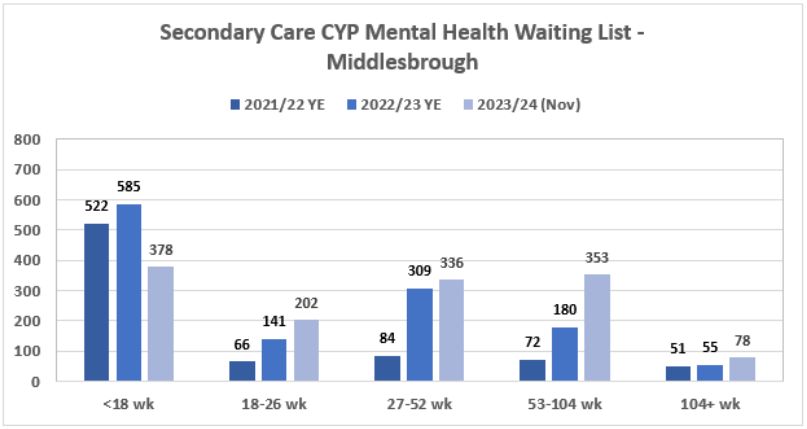
	Middlesbrough			Redcar & Cleveland		
Referral Reason	**Total**	**Males**	**Females**	**Total**	**Males**	**Females**
In crisis	1,611	48.7%	51.3%	1,331	45.9%	54.1%
Adjustment to health issues	1,036	62.5%	37.5%	992	59.0%	41.0%
Anxiety	839	41.6%	58.4%	818	34.4%	65.6%
Suspected Autism	830	63.4%	36.6%	776	58.6%	41.4%
Not Known	563	41.4%	58.6%	526	27.2%	72.8%
Self harm behaviours	451	30.4%	69.6%	528	35.0%	65.0%
Conduct disorders	431	67.7%	32.3%	353	62.9%	37.1%
Depression	499	33.1%	66.9%	368	62.0%	38.0%
Neurodevelopmental , excl Autism	351	59.5%	40.5%	236	38.6%	61.4%
Relationship difficulties	129	62.0%	38.0%	170	43.5%	56.5%
Eating disorders	89	40.4%	59.6%	145	20.0%	80.0%

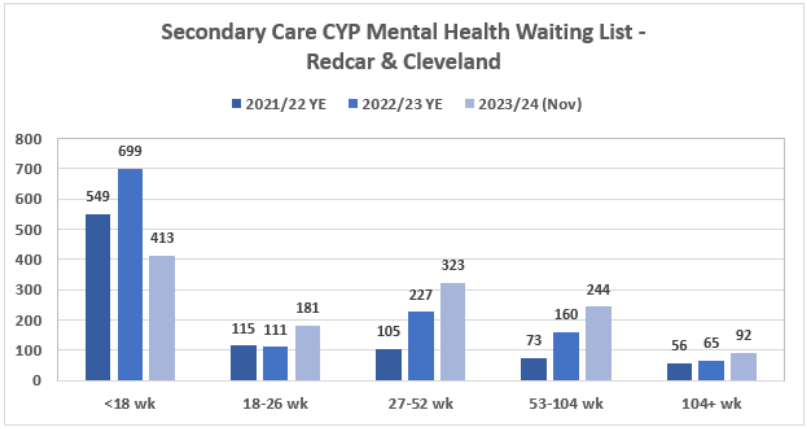
Source – NECS Business Intelligence Team

4.3.4 Secondary Care Waiting Times

Data provided by NECS Business Intelligence Team in Figure 14 shows the waiting times for mental health treatment at year end in 2021/22, 2022/23 and 2023/24 as at November 2023 for both Middlesbrough and Redcar & Cleveland. Waiting times have increased significantly, particularly in the longer wait times of 53 weeks and over across both local authority areas. As of November 2023 the number of people waiting for 53-104 weeks for treatment had increased from 72 people to 353 in Middlesbrough and 73 people to 244 people in Redcar & Cleveland.

Figure 14: CYP mental health waiting list





Source – NECS Business Intelligence Team

Figure 15 shows the waiting list numbers by primary reason for the most frequent five reasons across the time periods. It shows that the waiting list is largely consisting of suspected autism referrals, followed by neurodevelopmental conditions. The majority of those waiting for referrals for anxiety, conduct disorders and adjustment to health issues are waiting less than 18 weeks.

Figure 15: CYP mental health waiting list by reason

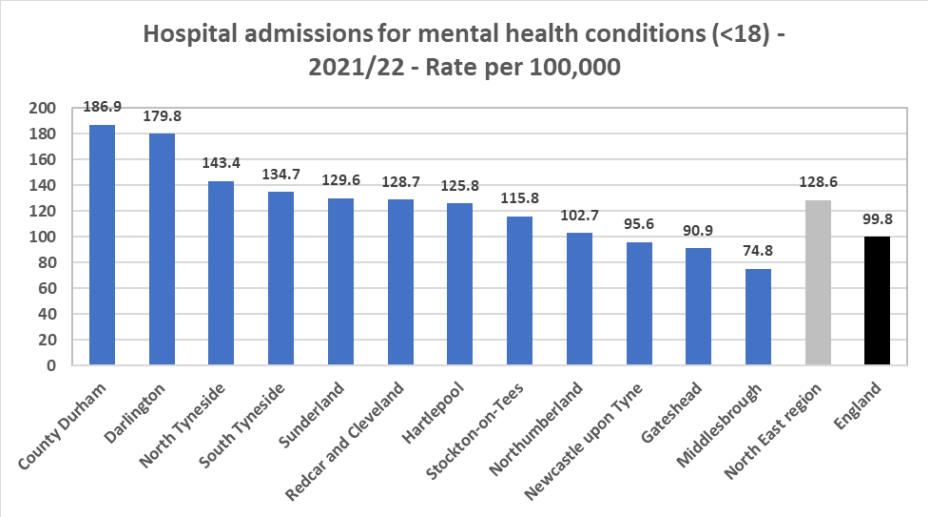
Mental health waiting list (CYP) (by Reason) - As at November 2023					
Primary reason (most frequent five)	**<18 wk**	**18-26 wk**	**27-52 wk**	**53-104 wk**	**104+ wk**
Suspected Autism	126	183	300	320	27
Neurodevelopmental Conditions, excluding Autism	34	7	14	12	9
Anxiety	65	<5	<5	<5	<5
Conduct disorders	40	<5	<5	<5	<5
Adjustment to health issues	32	<5	<5	<5	<5

Source – NECS Business Intelligence Team

4.3.5 Hospital admissions for mental health

The COVID-19 period had a significant impact on hospital admissions across the country, and data for the 2020/21 period is likely to be affected by this and other effects of COVID-19 restrictions (for example, reduced presentation to, or availability of, support and referral services during lockdown periods). In 2021/22 around 35 young people were admitted to hospital in Redcar & Cleveland with a primary diagnosis of mental and behaviour disorders - a rate of 128.7 per 100,000. This is higher that the rate for England of 99.8 per 100,000. Middlesbrough rate is lower than England at 74.8 per 100,000 (Figure 16).

Figure 16: Hospital admissions for mental health



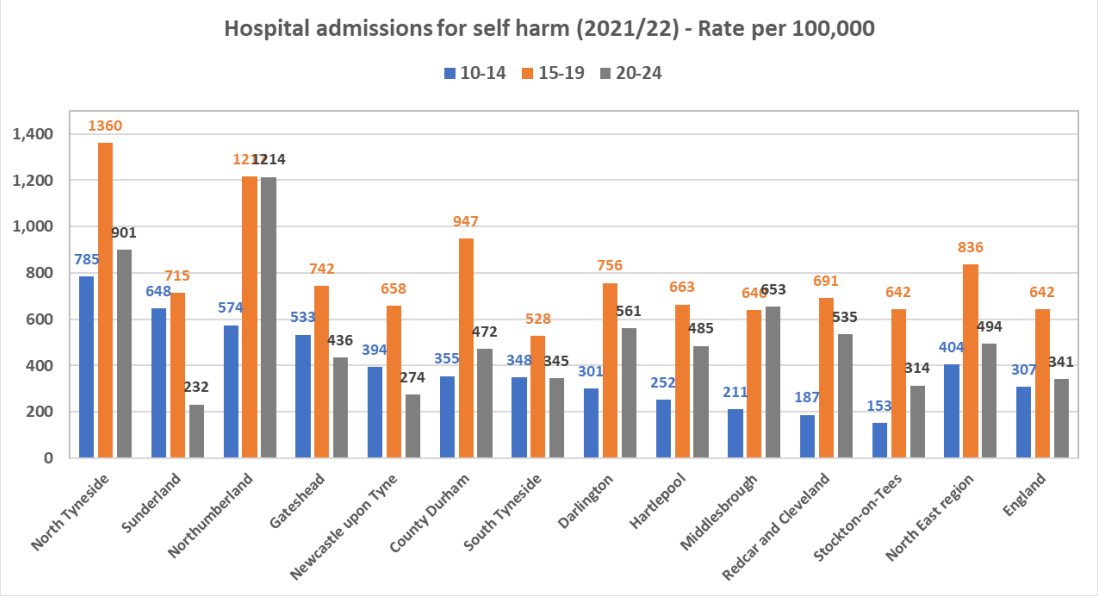
Source – Fingertips, OHID

4.3.6 Hospital admissions for self harm

The on-going Millennium Cohort Study by the Centre of Longitudinal Studies looking at more than 10,000 young people born in 2001/02 found that in 2017/18 when young people were 17 years old, 24% reported self-harming and 7% reported self-harming with suicidal intent.[10] Self-harm in itself is not a psychiatric disorder but is a sign of mental distress. Engaging in self-harm can be a maladaptive coping mechanism, as a young person may use it as a way of coping with distressing feelings.[11]

Figure 17 below shows the rate of hospital admissions for self-harm for three age groups, 10-14, 15-19 and 20-24. Admission rates in the 10-14 and 15-19 age group are similar or lower for both Middlesbrough and Redcar & Cleveland compared to England. However the rate for 20-24 year olds is significantly higher locally compared to the England rate

Figure 17: Hospital admissions for self harm



Source – Fingertips, OHID

Self harm admissions by sex shows that all admissions in the 10-14 age group locally were for females, and 80% of the 15-19 age group was for females. In the 20-24 there were less proportions of females with 54% in Middlesbrough and 43% in Redcar & Cleveland.

4.3.7 Eating Disorders

Nationally the rate of possible eating problems in 2022 was 12.9% in children aged 11 to 16 years, up from 6.7% in 2017. This rose to 60.3% in young people aged 17 to 19 years, up from 44.6% in 2017. The average waiting time for children and young people to access mental health services ranges from 13 to 80 days. The average waiting time has increased from 32 days to 40 days. In 2021/22, only 20% of children and young people started treatment within four weeks.

Local investment is allowing development of intensive home treatment and additional assessment capacity. In 2021/2297 97% of referrals were seen within 4 weeks and 100% of urgent referrals seen within a week.

5. What are we doing already in relation to this goal?

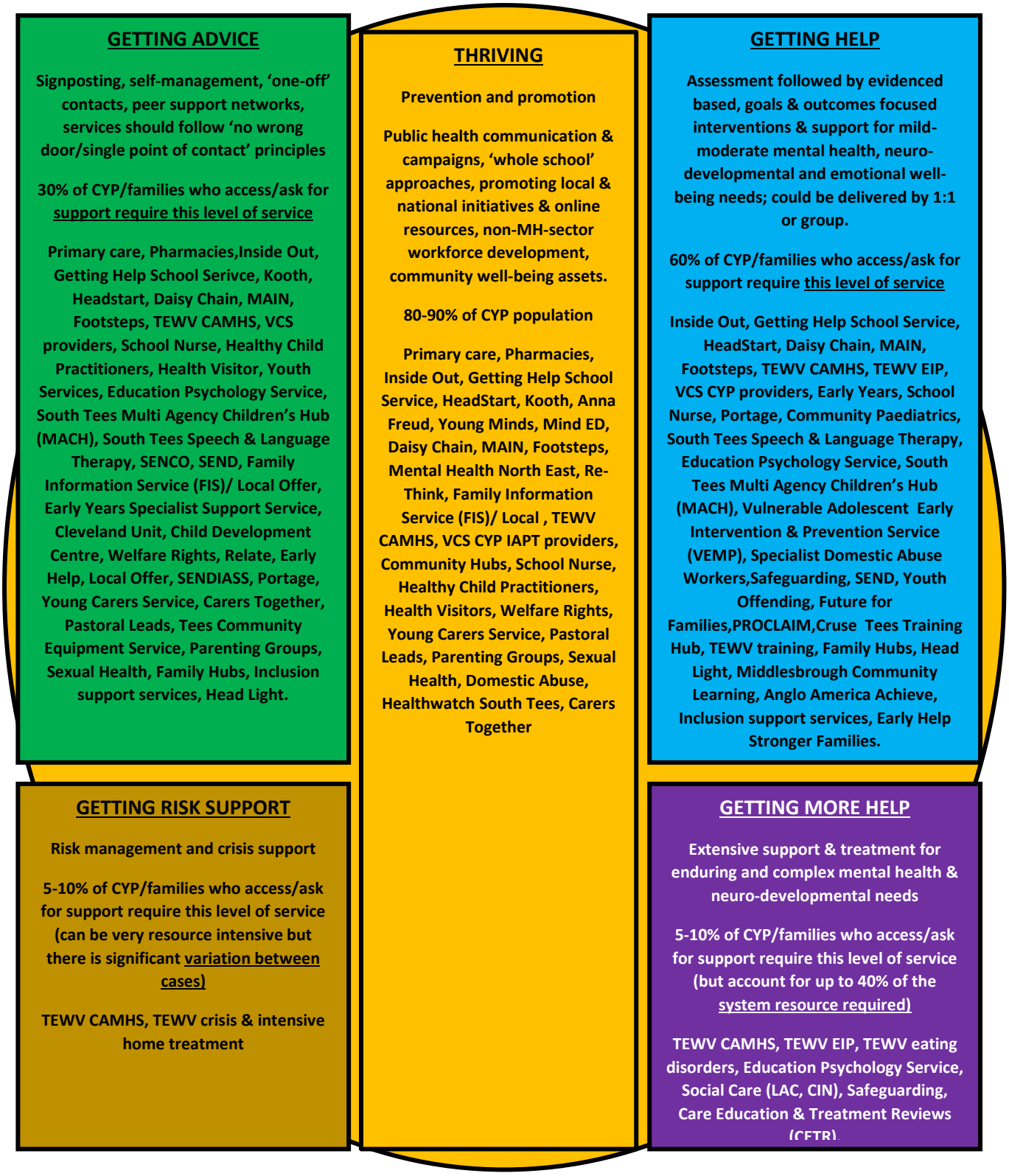
5.1 iThrive approach

Across South Tees the iThrive approach and framework is used to map and describe the children and young people's mental health system. The THRIVE Framework for system change (Wolpert et al., 2019) is an integrated, person centered and needs led approach to delivering mental health services for children, young people and their families.

The framework conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and also the promotion of mental health and wellbeing across the whole population. Children, young people and their families are empowered through active involvement in decisions about their care through shared decision making, which is fundamental to the approach. IThrive describes a system without tiers allowing children and young people to access support around the continuum. The methodology and principles are used to assess demand and need and then map and design service provision appropriately.

Many local providers deliver services that span the quadrants. This and strong provider partnerships and collaborations allow children and young people to shift around the framework more easily than the old tiered system. This is described in Figure 17.

Figure 17: Partnership Framework



5.2 Place Based Governance

Children and young people's mental health is considered everyone's business across South Tees. The public, health and voluntary sectors are progressing a collaborative, place based approach, predicated on the iThrive framework to support our children and young people with mental health difficulties ensuring earlier intervention and a right place, first time ethos.

Middlesbrough has a well-established Children and Young People's Emotional Well-being Board which strategically oversees the system and feeds into the Children's Trust and Health and Well-being Board. Comprising senior representatives from the public, health, education and voluntary sectors the board drives forward improvements. The board is committed to improving outcomes for children and young people in schools, the home and the community, building the resilience of both the system and the people within it. This approach is in development in Redcar and Cleveland.

5.3 Whole School 'Getting Help' Mental Health Support Partnership

All education settings across South Tees have access to whole school Getting Help mental health support. The Getting Help offer is a combination of service delivery by a strong local authority, voluntary and health sector partnership comprising -

- Inside Out (Mental Health Support Teams)
- Getting Help VCS Collaborative
- South Tees Public Health HeadStart
- Tees Esk and Wear Valley NHS Trust (TEWV)

5.4 Tees Esk and Wear Valley NHS Trust (TEWV) - CAMHS Transformation

TEWV are committed to the transformation of services through their 'Journey of Change' approach to improve the experience of service users. The i-THRIVE framework has been embraced as a transformed model of Clinical care for Mental Health service delivery and treatment as part of the place-based system across the Tees Valley.

- Poverty proofing -TEWV CAMHS have applied the principles of poverty proofing across all services to ensure service users are not adversely impacted due to inequality.
- Single point of contact - TEWV have developed the single point of contact (SPOC). Children, young people, their families and schools have easy, streamlined access to the 'system' when they need help and receive the most appropriate support from the most appropriate service, based on their needs by referral into the SPOC . The aim is to have easy, streamlined access to services and reduce the burden on navigating a complex and complicated system. The SPOC comprises a team of TEWV, VCS providers and local authority representatives. This team aims to have a meaningful conversation with anyone who submits a referral to triage, assess where appropriate and discuss within the partnership the most appropriate service to support our young people.
- Getting help - Support to the Getting Help early intervention offer within schools in collaboration with Public Health HeadStart and Inside Out MHST.
- Primary care network -TEWV have introduced new practitioner roles providing intervention within the South Tees Primary Care Network footprint. The role of the practitioner is to Provide specialist advice to GP's and other members of the Multi-disciplinary Team on the

particular needs of children and young people and their families including advice on symptoms, risk or the need for a referral.

5.5 Voluntary and Community Sector (VCS) Delivery

Projects and services from voluntary sector organisations are delivered across South Tees which add capacity to commissioned work. Funded via grants and trusts the VCS deliver a range of community based support dependent on their areas of interest expertise and perception of local need:

- Pathways to Wellness - early intervention and prevention emotional wellbeing project for children and young people aged 5 to 25 years delivered in partnership (The Junction - lead - The Link CiC)
- Anglo American Early Intervention emotional wellbeing Project for young people aged 15 to 25 years in Redcar and Cleveland target wards (delivered by The Junction and The Link Charitable Trust)

Partnership arrangements have evolved over recent years through the development of South Tees VCS Collaborative Partnership agreements, which demonstrate a commitment to improve access and experiences of mental health support to in children and young people across South Tees. Partnership developments have facilitated less competition in relation to available resource and the development of the sector. Work has also evolved with wider partners through developments such as TEWV SPOC and the school Getting Help Service, enabling more efficient management of referrals and cases and is a best practice example.

5.6 Workforce Development

The children and young people's workforce have access to a variety of free local training to enable them to better understand and respond to the emotional needs of children and young people and sign post to appropriate support. This includes –

- Tees Training Hub - increasing mental health knowledge and skills across a range of settings and professions in Teesside.
- Tees, Esk and Wear Valley (TEWV) NHS Trust - training for people who work with children in Teesside who already have a basic knowledge of mental health with an emphasis on multi-sector working.
- TEWV Recovery College Online provides mental health and wellbeing information, resources, as well as free online courses, available for everyone.
- South Tees Well-being Network provides training on well-being and positive psychology.

5.7 Family Hubs

Both Redcar and Cleveland and Middlesbrough have secured Government *Start for Life Grant* funding to support the development of Family Hubs until 31st March 2025. Family Hubs offer community-based support services for all the family with a focus on pre-school infants and children.

Services offered in Family Hubs include -

- Speech and language and supporting the home learning environment for parents
- Infant feeding and bonding and attachment
- Parenting programmes to offer parents with responsive parenting techniques
- Perinatal mental health support

5.8 Kooth

Kooth is a transformational digital mental health platform that launched in 2004. It gives children and young people aged between 11 and 25 immediate access to an online community of peers and a team of experienced, accredited counsellors. Kooth has no thresholds for support, has no waiting times and is completely anonymous.

5.9 South Tees Youth Justice Service (STYJS)

The Trauma Informed Model of working with young people developed in partnership between the STYJS Cleveland area Youth Justice Services and TEWV NHS Trust continues to show a high level of success and has transformed how they work with young people. All STJYS staff have opportunities for reflective group supervision, relevant training opportunities and has established clinical supervision to assist staff in their work with young people.

5.10 Thrive at 5

Thrive at 5 is a Redcar and Cleveland initiative which will work in target communities to support children up to the age of 5 to reach a good level of development. Thrive at 5 brings together multi-disciplinary teams to bring about improvements to local systems and strengthen networks to shape early childhood.

5.11 Neurodevelopmental Pathway

The primary focus of this pathway is to assess for Autism or Attention Deficit Hyper Disorder and forms part of the Getting Help multi-agency triage huddle. Referrals will be subject to multi-agency assessment and diagnosis. A teacher/professional hotline is available for consultation on referrals and any required support. Young people on the pathway or post diagnosis with ongoing co-morbidity (one or more additional medical conditions) may be seen by the InsideOut MHST, Getting Help teams or Getting More Help team. Approximately 45% of referrals are not accepted onto the pathway as the needs associated with these referrals are predominately aligned with trauma and/or adverse childhood experiences (ACEs). As a response, a trauma offer is being developed.

5.12 Anglo America - Redcar and Cleveland

Anglo America are piloting a community based emotional resilience project. The pilot programme will go live from January 29th 2024 for a 2 years, providing preventative based, non-clinical support to approximately 250 15-21 year olds across Redcar & Cleveland and Scarborough who are showing signs of struggling with their emotional health and wellbeing. The pilot will be delivered by frontline teams from The Junction Foundation and The Link Charitable Trust with the primary objective of improving the emotional resilience and wellbeing of young people on the programme using a coaching model. The ambition across the 2-year period is to build an evidence base to inform the delivery and intervention model for a longer-term young person preventive mental health programme which can gain additional public and private funding support.

5.13 Middlesbrough Youth Mutual

A collaboration led by voluntary sector youth organisations the mutual brings together multi-sector stakeholders to –

- Improve the understanding of provision to support young people in Middlesbrough, through mapping and more effective ways to promote the whole offer to young people and services that support them.
- To better coordinate provision to identify gaps and opportunities that exist within current provision and resource.
- Come together to share knowledge, resource and experience, as well as supporting each other to learn and improve to deliver better services for young people.
- To develop better communication across organisations to prevent duplication and develop more effective working relationships.
- To connect to local, regional and national agendas around supporting young people to improve practice, increase the resource in Middlesbrough and keep up to date with developments in the field.
- Explore potential partnerships and joint endeavours.
- Identify key barriers to effective services locally and work together to explore solutions this may include issues around workforce, development, sharing learning and best practices or resources.
- To develop a joint voice in relation to youth support services in Middlesbrough.

Health and well-being, including mental health and social isolation, have been identified by young people as a key priority for the youth mutual

5.14 Parenting Support

Via the Getting Mental Health Support offer **TEWV** offer a range of evidence based parental interventions open to the CAMHS Getting Help or Getting More Help Teams. Treatment offered as a group or individual, based on complexity and delivered by specialist workforce.

The Getting Help collaborative providing support within educational settings (HeadStart, Inside Out, TEWV NHS Trust, VCS providers) provide a therapeutic parenting offer which includes:

- PLCBT Anxiety to support Parents and carers to apply cognitive behavioural therapy (CBT) principles to help empower your child, build confidence and reduce anxiety. Brief intervention consisting of 5 sessions, these tend to be offered in groups online.

- PLCBT Conduct to support parents with evidence-based strategies to manage and prevent the escalation of behavioural and emotional difficulties. Brief intervention consisting of up to 6 sessions, these tend to be offered in groups online.
- Incredible Years – an evidence-based early intervention parenting programs focus on strengthening parenting competencies and fostering parent involvement in children's school experiences, to promote children's academic, social, and emotional skills and reduce conduct problems.

Middlesbrough Family Hub parent and carer panels (renamed Community Champions by Middlesbrough parent/ carers) are the forum where parents and carers will work together with local service commissioners to co-design and evaluate family hub services. This provides a good opportunity for parents and carers to become familiar with the family hubs, see what services are on offer and how to access them and be involved in the on-going development of the hubs.

Support for parents in Redcar and Cleveland

- Health Visitors offer a face to face 'Preparation for Parenthood' group for targeted parents (first time Mums and any with identified vulnerabilities)
- New Parents groups run across some of the Family Hubs providing opportunities for peer support and facilitated by trained early years staff who can offer advice and information on being a new parent.
- Health Visitors deliver the Solihull parenting programme on a one-to-one basis for those they identify as requiring additional support in the parent's homes from birth.
- Family Hub staff undertake home visits to parents referred by Health Visitors who need parenting advice around routines and boundaries for their pre-school aged children, which is based on the Family Links Parenting Puzzle programme.
- Early Years SEND Practitioners provide one to one support to parents of children with complex SEND needs in the family home to give them individualised support and advice about meeting their child's specific needs. They also invite them to attend portage family groups which provides peer support and opportunities to play and receive therapy from SALT and physiotherapy teams.
- Health Visitors and Family Hubs staff deliver a HENRY 8-week parenting programme to help tackle childhood obesity and promote healthy eating and exercise messages for parents of pre-school aged children. This is on a group and one to one basis currently.
- There is an online Reducing Parental Conflict programme which Health Visitors and Family Hubs staff can refer families to (and issue them logins for).

6. What are the key issues?

6.1 Waiting Lists

Waiting lists for mental health support services have increased significantly across South Tees. Evidence shows that COVID had a significant impact on mental and emotional health and improvements to the referral and triage process, through the introduction of the Single Point of Referral (SPOC), has likely increased the numbers requiring assessment and treatment.

6.2 Economic Climate

The current economic climate and cost of living crisis is impacting on all communities. There is growing evidence to suggest 'professional' poverty is gripping previously more affluent families.

6.3 System Data, Access and Sharing

A good range of data is collected from the system, but this is not held at a single point and not easily accessible. Access relies on the co-operation between partners. Up to date and comprehensive data is essential for the design, commissioning and evaluation of children and young people's mental health services. A simplified process needs to be developed to allow for data access and sharing.

6.4 Community Settings

A national and local focus of the provision of Getting Help support in educational settings has related in lack of attention on the preventative and early support that can be provided in community settings. Not all children and young people want to access mental health support in schools due to various reasons and so further consideration needs to be given to community provision to provide options.

6.5 Navigating the System

We currently have a comprehensive offer for emotional health across South Tees, however feedback from professionals, CYP and families has shown that understanding and navigating the whole ithrive system is a concern. A comprehensive, easily understood guide covering the whole ithrive system is not available for CYP, families and professionals.

6.6 Funding/commissioning

Limited community service delivery is largely due to the availability of funding, with much VCS support subject to short term grants and contracts.

Current provision needs to be assessed against need and the knowledge used to inform service design and commissioning intentions rather than funding determining delivery.

6.7 Targeted/Specialist Support in Communities

There is little community provision for targeted or specialised support. For example, those children and young people who are neuro diverse, experience complex trauma or those who are NEET.

6.8 Workforce Training

There is a need to further develop workforce training to include trauma informed and attachment aware practice across all sectors and disciplines.

6.9 Access

Local intelligence from service providers indicates that families from more disadvantaged communities who experience multiple adverse conditions and trauma are less likely to seek out or access support for their children's mental health. This is potentially evidenced in primary care referral data.

6.10 iThrive - 'No wrong door'

The 'no wrong door' concept needs to be across the entire system and not confined to certain services to thoroughly embed the ithrive approach.

6.11 Children's Services

Local authority Children's Services have limited options in accessing therapeutic support – particularly for those children and young people who are experiencing trauma or adverse experiences. This is both in the availability of appropriate interventions and budgets to commission them.

7. What is the current evidence base?

Title: Mental health and care needs of British children and young people aged 6-17

Reference: Fledderjohann J, Erlam J, Knowles B and Broadhurst K (2021). 'Mental health and care needs of British children and young people aged 6-17'. *Children and Youth Services Review.* ***126*** 1-10.

Highlights: The scoping literature review included 51 UK-based research articles published since 2004, focusing on children between 6-17. Three main mental health issues were apparent throughout the studies, "emotional problems", "conduct problems" and "hyperactivity disorder". Socioeconomic disadvantage, family instability and parental mental health (MH) had significant and consistent association with CYP MH, highlighting these as crucial for service planning. Other consistent findings found clinical populations and CYP with additional needs at greater risk of mental distress. Medicalised and problematising language used in much of the extant literature was pejorative and stigmatising. Significant gaps were also found within the body of literature.

Recommendations

- Overall, an abundant body of research documents significant portions on the UK's CYP suffer from mental distress. However, several concerning gaps were found in the literature including the experiences of LGBTQ, BAME, children in care, disabled and migrant CYP. As the experiences of these CYP are omitted from the evidence-base it is unclear what their specific needs and challenges are and whether their specific needs are being met by CYP MH services. A more inclusive approach is needed to address potential unmet needs.
- More large-scale longitudinal evidence is needed to strengthen the evidence-base.
- Assessment tools maintain a medicalised nomenclature and approach to distress. Greater diversity and revision of such resources is needed.
- Social care interventions to support CYP, such as school-based methods, may be an efficacious supplement to existing services to ensure mental distress is not permitted to adversely interfere with CYPs educational trajectories and life chances.

Title: Behavioural and emotional disorders in childhood: A brief overview for paediatricians

Reference: Ogundele MO (2018) 'Behavioural and emotional disorders in childhood: A brief overview for paediatricians'. *World Journal of Clinical Pediatrics.* **7**(1) 9-26.

Highlights: Mental health problems in children and adolescents include several types of emotional and behavioural disorders including disruptive, depression, anxiety and pervasive developmental disorders, characterised as either internalising or externalising problems. The prevalence of such with their related disorders have significant impacts on the individual, the family and society. They are commonly associated with poor academic, occupational and psychosocial functioning. It is important that healthcare professionals are aware of the range of presentation, prevention and management of common mental health problems in children and adolescents.

Recommendations:

- Identification of appropriate treatment strategies depend on careful assessment of the prevailing symptoms, the family and the caregivers influence, wider socio-economic environment, child's developmental level and physical health. It requires multi-level and

multi-disciplinarian approaches, and use of pharmacotherapy is usually considered only in combination with psychological and other environmental interventions.

- Traditional supportive school strategies for children with EBDs have focused on classroom management, social skills and anger management but it is argued that academically focused holistic interventions may be most effective. Alternative educational policies and procedures also need to be implemented for school age children and adolescents. Policies such as suspension and expulsion can be harmful for children with EBDs.
- Prevention and management of EBD is not easy, and it requires an integrated and multidisciplinary effort by health care providers at different levels to be involved in assessment, prevention and management and to also provide social, economic and psycho-emotional support to the affected families.

Paper: Improving Mental Health Services for Children and Young People (2022)

Reference: Grimm, F. Alcock, B. Butler, JE. Fernandez Crespo, R. Davies, A. Peytrignet, S. Piroddi, R. Thorlby, R. Tallack, C. on behalf of the Networked Data Lab., 2022. *Improving Mental Health Services for Children and Young People*. The Health Foundation

Summary: This briefing presents background on mental health disorders and an analysis of trends and patterns of mental health service use from the Networked Data Lab (NDL), which is a collaborative network of analytical teams from across the UK. This briefing also discusses how local NDL teams used linked data to improve services in their area. Lastly, existing evidence from NDL findings is assessed along with recommendations for national and local policymakers.

Recommendations:

- The results suggest more resources need to be directed at prevention among those most at risk of developing mental health illness. The burden of the increasing mental health problems in the most deprived areas as well as among female adolescents in the UK means that services should be specifically targeted at these populations.
- At a national level, there are still data gaps and so linked data sources and data sharing across sector and organisational boundaries are vital to improve services. There have been recognised gaps in children and young people's mental health data both regarding service provision and experience and outcomes and so producing local analyses from the NDL across the UK, suggests progress is possible using local, linked datasets.
- The implementation of the Integrated Care Systems (ICS) in England and it's focus on data-driven population health management means that data can be analysed showing areas for improvement such as comparing referral to CAMHS data with acceptances to CAMHS treatment.
- More work needs to be done to improve the data quality due to the prevalence of incomplete CAMHS data and incomplete clinical data but also improving data for NHS mental health services provided outside the NHS to give an accurate and clear picture of those accessing any type of mental health support.
- In addition to more regular prevalence surveys, national bodies should also investigate the feasibility of collecting more detailed data on groups more likely to develop mental illness or who are most disadvantaged from accessing services. An enquiry of local inequalities in access for CYP in the West Midlands found that children from more deprived areas faced problems in accessing support such as parental difficulty in navigating services as well as problems with transport.

Gap in research:

- During the research, it was noted that there is no specific information available regarding the exact data on the number of children and young people on waiting list for the mental health treatments.
- There was no information available on the waiting lists by disease category or the reason for this back log.
- There is no comparison available for the CYP MH waiting list data between the local and national areas.

Recommendations:

- Further funding required to start/extend less wait pilot schemes (like 4 weeks wait pilot) for local population.
- Improved access to supportive therapies and counselling for children and young people and their parents/carers.
- Further funding and training of child wellbeing practitioners and they can provide patient-centred support and guidance while waiting for the treatment and during the treatments as well.
- Establishment/further enhancing of a local crisis service which can be access 24/7 for anyone who needs to access in case of emergency.
- Roll out of provider collaboratives to support place-based commissioning into CYPMH.

Paper: The psychological burden of waiting for procedures and patient-centred strategies that could support the mental health of wait-listed patients and caregivers during the COVID-19 pandemic: A scoping review (2021)

Reference: Gagliardi, A.R. et al. (2021) 'The psychological burden of waiting for procedures and patient-centred strategies that could support the mental health of wait-listed patients and caregivers during the COVID-19 pandemic: A scoping review', Health expectations: an international journal of public participation in health care and health policy, 24(3), pp. 978–990. Available at: https://doi.org/10.1111/hex.13241.

Summary:
9 databases and 51 studies were researched in a scoping review by (Anna Gagliardi, 2021) to synthesise research on waiting lists and mental health in the COVID-19 context. The paper suggested that relevant patient-centred strategies are required to support mental health while the patients and caregivers are waiting.

Recommendations:

- There is a need for both policy and practice in implementing strategies that support the mental health of waiting patients and caregivers.
- More need may be required for women and immigrants, young people, patients from lower socio-economic status, or with relative less coping ability or longer waiting times.
- The main patient-centre strategy will cover the support from peers to help the patients through the waiting period and to provide routinely updates about their position in waiting list.

Paper: Watching the Watchmen: Assessment-Biases in Waiting List Prioritization for the Delivery of Mental Health Services (2022)

Reference: Kreiseder, F. and Mosenhauer, M. (2022) 'Watching the Watchmen: Assessment-Biases in Waiting List Prioritization for the Delivery of Mental Health Services', European journal of management issues (Online), 30(1), pp. 3–16. Available at: https://doi.org/10.15421/192201.

Summary:
In an article published in "European journal of management issues", (Kreiseder, 2022) conducted an externally validated study by considering real-life treatments in the field. They compared the demand of the mental health services in terms of efficient distribution using a statistical procedure for detecting rater-biases in patient prioritisation tools.

Recommendations:

- The study provides a starting point for further deeper, causally focused studies in mental health waiting times.
- Focusing on the priority scores of the waiting patients can decrease the unwanted discrimination and unjustifiable prolonged waiting times for some patients resulting in fair and equitable prioritisation on patients.
- Mental health practitioners can be trained on raters targeting the training on pitfalls involved in decision-making processes.
- There is inconsistency research regarding clinical judgement for the prioritisation of mental health patients waiting lists.
- More research is required about the quality of patient prioritisation tools used in mental health settings.

Paper: You're on the waiting list': An interpretive phenomenological analysis of young adults' experiences of waiting lists within mental health services in the UK (2022)

Reference: Punton, G., Dodd, A.L. and McNeill, A. (2022) '"You're on the waiting list": An interpretive phenomenological analysis of young adults' experiences of waiting lists within mental health services in the UK', PloS one, 17(3), pp. e0265542–e0265542. Available at: https://doi.org/10.1371/journal.pone.0265542.

Summary:
This research article features the interpretive phenomenological analysis of lengthy waiting times (up to 18 weeks) in young adults within mental health services in the UK. Young patients consider the present waiting times to be barriers to mental health support and intervention which sometimes even result in further negative psychological and behavioural consequences.

Themes and Codes			
Thematic Level	**Theme One**	**Theme Two**	**Theme Three**
Super-Ordinate Themes	T1. Reliance on Alternative Methods of Support	T2. Inability to Function Sufficiently	T3. Emergence of Negative Beliefs, Emotions and Thoughts
Sub-Ordinate Themes	a. Seeking Alternative Intervention b. Development of Coping Mechanisms c. Reliance on Social Support	a. Decline in Mental State and Existing Symptoms b. Impact Upon Lifestyle & Physical Ability	

https://doi.org/10.1371/journal.pone.0265542.t001

Three super-ordinate themes were presented in the study as outlined in the above diagram. Delays in treatment were found to exacerbate existing mental and physical health symptoms.

Recommendations:

- While waiting for the mental health treatment, the patient can be offered alternative methods of support.
- There is a need of systemic change regarding the support provisions for those experiencing delays for mental healthcare.
- Supporting the young adults through college or university mental health services can make a difference to the lives of these young patients who are waiting for their treatment.

8. What do local people say?

8.1 NHS Long Term Plan Survey

Healthwatch carried out a survey across South Tees to explore how the NHS Long-term Plan is relates to the people of South Tees. Geographically, engagement work focused in the Redcar & Cleveland area on the experiences of children and young people with autism and learning disability. This was undertaken mainly from the perspective of parents/carers, although a few young people also took part. Mental health issues were prominent for those aged under 25. (Healthwatch South Tees 2019).

8.2 JSNA Best Start in Life Workshop

Partners and stakeholders attending a JSNA Best Start in Life workshop in September 2023 reported

- Identified a need for more effective working practices between health, education and social care. Despite the improvements within the system there is still a lack of effective and meaningful collaborative practices between professionals.
- Data sharing between disciplines would improve our intelligence relating to service delivery and facilitate improved support for children, young people and families.
- Professionals don't know what data exists or how to access it.
- The system of support needs to be more easily navigable for children, families and professionals.
- The system needs to be clearly articulated so children and families understand the pathway and the roles and responsibilities of those organisations comprising the system.
- Front line staff have first hand experience of need and the issues effecting communities. They need to be more involved in decision making and budget setting.
- Engagement and co-production with children, young people and families is inconsistent and not representative of communities.
- School attendance is key to good outcomes – attending school will improve all outcomes for young people across the life course.
- Support for children and family's needs to start in infancy, link to nursery and continue throughout the school years.
- Current economic climate is resulting in 'professional poverty'. We need to provide support in schools with a traditionally affluent catchment area to prevent long term implications.
- Services that have proven outcomes need to be sustained and a move away from short-term commissioning arrangements is essential.
- Commissioning should be informed by need and not designed based the level of funding available.
- Training should be provided across the whole children's workforce – resilience approaches, trauma informed and attachment aware.
- Poor parental mental health is generally under reported. Referrals to the local perinatal mental health service are much lower than national prevalence estimates. Less than one parent per ward per month gets support from the local perinatal mental health service.
- Upon entry to school speech and language and social, emotional and mental health (SEMH) needs are key needs and demands for support as risen dramatically in the last two years.
- Organisations and services are still not sharing data and intelligence regarding families to better co-ordinate support.
- Commissioning and budget setting should be informed by what families need and how they want to receive them in the spirit participatory budgeting.

- Front line workers need to be involved in strategic priority setting as they have direct experience of need.
- Improving transitions, we know it is an area of challenge but still haven't improved as much as we would have liked.
- A more positive and promoting environment is still needed in some schools rather than out-of-date punitive approaches that are out of touch with much of our local children and young people.
- Proportionate literacy support for new arrivals is a key area of need.
- Poverty proofing toolkit is not taken up enough by services and educational settings.
- Those families most in need of support are the least likely to access it due to the barriers caused by disadvantage.

8.3 Middlesbrough Parents Forum

Middlesbrough parents' forum- Parents4Change - have identified that families require a range of support to meet the needs of children and young people. This support includes access to good training/support on a wide range of issues including mental health.

Feedback from families often highlights the difficulties or understanding of what support is available in the local area to meet needs. Greater and accessible information would enable families and professionals understand what is available and how to access it.

8.4 Co-Production Workshop with Young People

The Junction organisation had a co-production workshop with the young people accessing their Pathways Project as part of a service redesign in September 2023.
The young people who attended wanted –

- Service delivery to offer both face to face and on-line sessions.
- Person centred approaches.
- An identified trusted adult providing support.
- Mixed methods of engagement to suit needs.
- An holistic approach that addresses a multitude of the issued experienced by young people.
- A good range of access times.
- Peer support delivered in social environments.

8.5 Healthwatch Survey

A local Healthwatch survey of children and young people in April 2020 showed that the main factors contributing to poor mental health included stress and pressure, school, bullying, social media and family.

8.6 Youth Organisations

Voluntary sector youth organisations across Middlesbrough have joined forces to develop a Youth Mutual Strategy co-produced with the children and young people accessing their services. The young people identified health and well-being, including mental health, as a key priority.

9. What are the recommendations?

9.1 Waiting Lists

Waiting lists for mental health support have significantly increased.

Using the iThrive approach develop a response to better support those waiting for triage, support and treatment to prevent further escalation and crisis.

9.2 Poverty Proofing

Families living with adverse conditions and trauma experience barriers that prevent them from accessing support.

To introduce the concept of poverty proofing as standard practice with all service providers.

9.3 System Data

A good range of data is collected from the system but this is not held at a single point and not easily accessible

To develop a greater understanding of the data collected across the system.

To develop data sharing agreements across sectors to facilitate a greater understanding of need and more effective design and commissioning of services.

9.4 Community Based Support

Not all children and young people want to access mental health support in schools for various reasons and so further consideration needs to be given to community provision to provide and enhance options.

To explore opportunities to improve access to community-based support for older children and young people spanning the iThrive continuum - including extending Family Hub provision.

Explore opportunities to model the school mental health Getting Help offer in community settings.

Extend whole pathway funding streams to support community service provision.

9.6 Workforce Development

Consult on and review current training pathways for the wider children's workforce to upskill in emotional and mental health support practices.

Develop a training model to meet needs for all professionals and settings and includes access to mental health first aid and trauma informed and attachment aware training.

9.7 Parent/Family Offer

Co-production of services and support with parents needs to be consistent across all providers and all services need to listen and respond to needs.

Access to training and support for parents/carers relating to supporting the emotional well-being of their children and young people is patchy and inconsistent.

A full understanding of the needs of families and available support across the system.

Develop a comprehensive offer for parents/families to enable them to better support their children and young people's mental health and well-being.

Develop a comprehensive, easily understood guide on services within the iThrive system to include –

- **Organisation and the service provision.**
- **Access points**
- **Roles and responsibilities of staff**
- **Descriptions of services and interventions.**

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