**Member meeting summary note:**

**Children and Young People’s Mental Health**

28 June 2021

**Background**

The pandemic has had a dramatic impact on the mental health and wellbeing of many children and young people (CYP) across the capital.

Lead Members were joined by a number of guest speakers from different agencies to discuss services for CYP mental health and how partners can work together to improve young people’s mental health.

**Overview of mental health issues in London: Ian Lewis, the Local Authority Advisor for Child Mental Health at Healthy London Partnership**

Ian provided an overview of mental health issues affecting children and young people in London.

Historically, there was underinvestment in mental health, with CYP mental health being particularly underfunded. Over the last 10 years there has been increased interest in the NHS around mental health including Children and Young People’s (CYP) mental health. There have been a number of government policy papers to address the underinvestment.

During the Covid-19 pandemic there has been an increase in reported cases of anxiety amongst children and young people, though it is important to note that not all anxieties require support from a mental health professional. There have been increases in presentations of children and young people in a mental health crisis. There has also been an 85% increase in referrals relating to eating disorders.

Workforce shortages have been a key limiting factor in increasing access to support.

There has been a shift to remote and digital delivery which comes with concerns about managing privacy in the home and inequalities in digital access.

The Local Transformation Planning process, overseen through the Health and Wellbeing Board, is the key forum for local governance. Local transformation planning had a hiatus during the pandemic but plans should be established within the next year.

Local Transformation Plans should clearly evidence how areas are working collaboratively to take urgent action to reduce health inequalities in the development and delivery of services. The impact of the pandemic has been felt disproportionately on certain sections of the population including those living in most deprived neighbourhoods, people from Black, Asian and minority ethnic communities, those who have other long-term health conditions and on families where there is domestic violence.

Provision of CYP mental health services and support is complex, involving multiple partner agencies. Local authorities provide mental health services directly but also play a leadership role in bringing together other agencies as well as acting as champions for children’s mental health via local governance arrangements.

N.B. Presentation slides are available.

**Child mental health – the ALDCS position: Tim Aldridge, the Director of Childrens Service at Newham and ALDCS policy lead role for children and young people’s mental health**

Directors of Children’s Services play a central role as system leaders in bringing partners together and influencing strategic change, leading and shaping mental health services delivered locally.

The establishment of Integrated Care Systems (ICSs) in London is a great opportunity to work sub-regionally but introduces some complexity to the system. It will be important to ensure that local authorities have a strong local and sub-regional voice. There is diversity within ICS areas regarding maturity of joint commissioning arrangements.

Local authorities retain key strategic partnerships such as the Health and Wellbeing Board and the Safeguarding Children Partnership, and in driving Local Transformation Plans and holding various partners to account.

Key interfaces with NHS Long Term Plan include:

* Addressing health inequalities and supporting vulnerable groups – including young people in the youth justice system, Children in Care and Care Leavers, children with Special Educational Needs and Young Carers.
* Mental health services in schools and colleges – including School Nursing, Educational Psychology and Speech and Language Therapy.
* Crisis and emergency care – trying to prevent and reduce CYP going into crisis and ensure there are effective pathways.
* Provider Collaboratives – working collectively to ensure that young people with the most complex needs can receive effective support as close to their home as possible.

Where local authorities are taking the lead:

* Public health functions in establishing a healthy environment including factors such as the public realm, leisure services, cultural opportunities and youth services.
* The commissioning of health visiting and school nursing services.
* Enabling participation of young people through Youth Councils, Children in Care Councils etc.
* Early help and prevention services, many of which are not badged as mental health services.
* Safeguarding functions.
* Working with the education sector.
* The coordination of Education Health and Care Plans.

The four ALDCS priorities:

* Ensuring Local Authorities can engage with ICS systems.
* Working with Public Health to ensure a focus on prevention.
* Working to improve pathways in response to pressure on acute and emergency services.
* Improving services to Children in Care and Care Leavers.

N.B. Presentation slides are available.

**London Child and Adolescent Mental Health Services: Paul Jenkins, Chair of Cavendish Square Group.**

The Cavendish Square Group offers a collective voice for the providers of NHS mental health services in London across the 10 NHS trusts based in and around the capital.

We have an opportunity for innovation and if we get it right, we can improve life chances.

Though we have the emergence of ICSs, five across London, to oversee investment and setting priorities, the borough remains a crucial place to get things right. It is where matters come together between the NHS, local authorities, education settings and the voluntary sector.

Demand for children and young people’s mental health services has grown significantly both the long and short term. Demand for CAMHS doubled between 2012 and 2020. There are many factors driving this, including reduction of stigma. In the last year, there has been a notable further increase in demand: in March 2021, demand on CAMHS was 26% above pre-Covid levels. There has been a striking impact on demand for support relating to eating disorders.

There is much pressure in the system including increased waiting times for community services and increased presentations in accident and emergency departments.

An immediate priority for CAMHs in London is around strengthening the crisis pathway and providing alternatives to young people in crisis. This includes maximising the impact of the new 24/7 crisis helplines and improving access to Tier 4 beds.

There are inequalities of access for certain communities. For example, there is an underrepresentation of CYP from Asian communities who account for approximately 20% of the child population but only 10% of demand for CAMHS. We need to work with local authorities, community leaders and the voluntary sector to shape services to ensure that they are culturally sympathetic and reach all communities.

Digital and remote services will continue to be used and can improve access to services. It will be important to be mindful of the balance between remote and face to face provision is right.

There is a range of provision and approaches across London. We need to look, as partners, at the variation in terms of levels of provision and investment. There is more to do in terms of tapping into best practice, particularly for joint commissioning.

Discussion

Literature is clear that health services account for around 20% of health outcomes while social determinants, including poverty, account for more than 55% of outcomes. Rising poverty, inequality, discrimination, economic uncertainty are all factors driving mental ill health and shaping the increase in demand in support. We need pan London efforts to address child poverty and tackling other social determinants.

There is a need for a holistic approach to preventative public health including creating school cultures and curriculums that promote good mental health and wellbeing.

A concern was raised about the quality of the people being recruited into children’s mental health and whether they have the right qualities to fully support children.

Southwark invested in an open access centre for CYP mental health. By chance all staff where from Black and Asian backgrounds, as were the clientele. This was contrary to the clientele at the SLAM centre up the road who are largely white. This presents an issue around accessibility of services.

We recognise that there is good practice to learn from and build on.

Local Authorities have a crucial role in prevention and tackling health inequalities. They can draw from knowledge of local communities. There are differences across London in terms of demography and levels of need.

**Breakout Group 1: Prevention of young suicide - Priya Nagda-Swainson, Community Development Officer for London, Papyrus**

Link to breakout group recording:

Papyrus and HopelineUK supports children and young people using the whole school approach. HopelineUK offers a helpline and webchat staffed by trained mental health professionals and is available to young people up to the age of 35, and for concerned others. It uses the PAL (ASSIST) model of intervention which goes through verbal interventions, creating safety plan and thinking about support they need.

There were around 1800 young person deaths by suicide in 2018 (though under 10s suicides are not included because they are too young to be held responsible). There is a lack of accurate data from the ONS for 2019 onwards.

The growth in suicide in 16 to 25 year old females has been the fastest growing group.

Lockdown has been mentioned by young people as a cause of suicidal feelings. The impact of isolation, children being taken away from support systems, loss of routine, treatment being cancelled, and loss of coping mechanisms has been challenging.

Papyrus has various training offers available. Work with partners includes school support; equipping people with information on suicide prevention and intervention; running a volunteering scheme; and influencing, campaigning, lobbying the government sharing children’s views and experiences.

They have a current programme working with Thrive LDN to roll out training across London schools.

**Breakout Group 2: Mental health support in schools and education settings - Jess Simpson, Senior Programme Manager, Healthy London Partnership**

Link to breakout group recording:

Mental Health Support Teams (MHSTs) are jointly delivered by the NHS and Department for Education. MHSTs are intended to provide early intervention on some mental health and emotional wellbeing issues as well as helping staff within a school or college setting to provide a ‘whole school approach’ to mental health and wellbeing.

57 teams are currently at different stages of development in London. 96 teams will be established by 2023/24, with an expected coverage of over 40%.

The teams will act as a link with local children and young people’s mental health services and be supervised by NHS staff.

Support includes:

* Individual face to face work including effective brief, low-intensity interventions for children, young people and families experiencing anxiety, low mood, friendship or behavioural difficulties.
* Group work for pupils such as Cognitive Behavioural Therapy.
* Group parenting classes to, for example, raise awareness of mental health and wellbeing issues, or address issues around conduct disorder and communication difficulties.
* Supporting the senior mental health lead in each education setting to introduce or develop a whole school or college approach to mental health and wellbeing.
* Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people can access the right support as soon as possible.

In Lambeth, anti-black racism is a particular challenge with black boys being overrepresented in the acute mental health system. It’s important that schools are supported to address social determinants including racism. Prevention of mental ill health with and in schools is key.

The equalities toolkit makes links between wider social determinants and outcomes. Members can play a key role in holding health services to account on outcomes for different groups of young people – checking if the right children are being seen and if their health outcomes are improving as a result of the intervention. Measurement of outcomes is not firmly in place at the moment.

There is a relationship between children who have a number of issues including mental health issues and their behaviour which may lead to them experiencing exclusions. Schools are becoming increasingly autonomous. The DfE will have to balance their increased emphasis on behaviour management in schools and the intervention around MHSTs. MHSTs can improve understanding of why children may behave in certain ways.

N.B. Presentation slides are available.

**Breakout Group 3: Eating disorders - Kerri Fleming, BEAT**

Link to breakout group recording:

Guidelines for waiting lists for children are 1 week for urgent referrals and 4 weeks for non-urgent referrals. It is expected that 95% of referrals should meet this requirement. Prior to the pandemic, this requirement was not being met and since the middle of 2020, the percentage being met has started to decrease. This means there is more pressure on specialised eating disorder beds, longer waiting lists and admissions processes; and community teams are less able to offer intense support on discharge.

Some reasons behind the increase in eating disorder presentations include:

* Loss of control and routine
* More time with family
* Less normal time with friends
* Limited access to school
* More time on social media
* Lockdown weight gain
* Delays to early intervention

Clinicians are concerned about an increase in these trends over the next 12 months.

BEAT works with NHS partners to help people get into treatment faster and to achieve a quick and sustainable recovery. BEAT provides non-clinical support quickly, leaving NHS clinicians more time to do the clinical work that only they can provide.

BEAT can provide some services to NHS partners free of charge thanks to secured funding. Other services can be commissioned to be delivered locally.

In Kerri’s experience, the effectiveness of inpatient care can be 50 / 50. Some young people are admitted too early, when more could have been done in the community. They can learn behaviours, become more unwell, or become reliant on 24/7 care. Self-harm can increase, as can isolation. Others are admitted at the right time and recover after 4 or 5 months. There is not much research on outcomes. The timing of admission to inpatient care is something that needs to be thought through as part of discussions about early intervention.

There is more to be done in schools to raise awareness among staff and young people, building on the conversations that are happening about mental health. Inpatient units do offer support to schools if they have had young people discharged. Staff in Mental Health Support Teams are having extra training on eating disorders.

N.B. Presentation slides are available.

**Plenary session: what next** – with:

* Tim Aldridge – Director of Children’s Services at LB Newham and ALDCS policy lead for children’s mental health
* Dagmar Zeuner – Director of Public Health at LB Merton and Association of Directors of Public Health London lead for children and young people
* Emma Christie – Head of Mental Health (London) at NHS England and NHS Improvement

Reflections from Dagmar Zeuner

Dagmar shared reflections on ADPH priorities for children and young people’s mental health and how we could work together to better support young Londoners.

The pandemic brought a focus on problems and vulnerabilities in a deficit model. For recovery and tackling emotional and mental wellbeing, we must think again about children as assets – they are fun and ingenious. We have great leaders among our young people.

Emotional and mental wellbeing is both social and medical, there is not a dichotomy.

The focus on inequalities must be embedded in all our work.

Public Health teams are busy with the current pandemic, particularly with the significant number of outbreaks in schools. Self-isolation is bad for CYP mental health and officers are working to support schools as best as possible. Vaccination is the best tool in the toolbox – a protected community protects our kids.

Local authorities will need to think about how we make our voices heard at ICS level. The Health and Wellbeing Board is where the integration of the social determinants and health services should happen. We will have to fight for the HWB to be the engine room for the future. It is not clear what expectations are for collaborative commissioning so this will be an area for sharing of practice.

There is a lot of data available, but we need to think about the key pieces of intelligence. There is work underway to make the data more accessible for system leaders.

Reflections from Emma Christie

The impact of the pandemic on CYP mental health has been evident and is being felt by teams working across health, social care and education. Staff are carrying risks that are high and unprecedented while themselves living through a pandemic. As we move to recovery mode, we need to see that through the lens of supporting teams to deliver a realistic recovery that does not put additional pressure on them.

Work is underway to deliver an action plan to improve urgent care pathways involving provider collaborative leads, chief executives in the mental health trusts, and system partners from acute and social care.

The personalisation agenda will be important in helping to deliver better care that focuses on strengths and what matters to people. This includes improving services to better meet the needs of Autistic young people who present with a mental health condition.

The additional £28 million of funding for CYP mental health in London this year will be used for fast-tracking deliverables in the Long Term Plan including expanding access, strengthening community provision and 0 to 25 pathways, and expanding Mental Health Support Teams for schools - by the end of 2021/22 every borough will have at least one MHST.

We need to make sure we recover our services more equitably to tackle inequalities. We need to prioritise investment on services for young people whose needs have not been well met to date.

We have seen fantastic partnership working during the pandemic, for example with the vaccination programme, including zeroing in on inequalities, delivering programmes at place and with meaningful engagement with communities about what is important to them and how our services can better met their needs.

Discussion

Much of what we are talking about is a normal human response to trauma and adverse experiences – which are much more likely to happen to children living in poverty and children from black and minority ethnic backgrounds as victims of racism. We will need evidence-based, recovery-focused, culturally appropriate healthcare that take a whole person and whole society view.

Partnership work and linking up all professionals working with a particular child or family is key.

There is concern that the government’s strategy for recovery of learning is too focused on formal elements of the curriculum without enough attention to addressing mental health and wellbeing.

It is important to engage with children and young people from all backgrounds and hear their voices and views.

Emma noted that the more we can focus on co-producing delivery of care with communities that are the intended recipients, the more we can focus on tackling inequality. We have an opportunity to improve outcomes, using data and intel and learning from best practice.

Dagmar stated that DCSs and leaders need to play an explicit role on the Health and Wellbeing Board and ensure that this forum does not get lost in the restructure.

Tim encouraged a focus on both the wider determinants of health and the response to acute need. There are examples of creative collaboration between health and social care across London.

All services must be accessible. We must explore what is going wrong where CYP from Black and Asian backgrounds do not feel like they can seek support from CAMHS services.

A place-based approach would allow partners from local authorities and CCGs, which do have different structure and cultures, to come together to find solutions. This would enable us to get into communities that have not been reached as local partners standing shoulder to shoulder.

**Closing remarks**

Members are encouraged to think about how they, as lead members, ensure that children’s mental health services are supported effectively locally, including via Health and Wellbeing Boards.

Please let London Councils know if you would like to follow up directly with any of the guest speakers if there are areas you want to explore further.

**Appendix 1: List of Attendees**

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| Cllr Damian White (Chair) | Havering |
| Cllr Alisa Flemming | Croydon |
| Cllr Asma Begum | Tower Hamlets |
| Cllr Charan Sharma | Ealing |
| Cllr Christine Robson | Harrow |
| Cllr David Longstaff | Barnet |
| Cllr Edward Davie | Lambeth |
| Cllr Grace Williams | Walthamforest |
| Cllr Jasmine Ali | Southwark |
| Cllr Kate Lymer | Bromley |
| Cllr Mahtab Uddin | Enfield |
| Cllr Matthew Morrow | Greenwich |
| Cllr Michelline Ngongo | Islington |
| Cllr Mili Patel | Brent |
| Cllr Penelope Frost | Richmond |
| Cllr Robert Benham | Havering |
| Ruby Sayed | City of London |
| Cllr Susan O'Brien | Hillingdon |
| Cllr Suzette Nicholson | Richmond |
| Cllr Zulfiqar Ali | Newham |
| Dagmar Zeuner | Merton |
| Emma Christie | NHS England |
| Ian LEWIS | HEALTHY LONDON PARTNERSHIP |
| Jessica Simpson | HEALTHY LONDON PARTNERSHIP |
| Kerri Fleming | Beat Eating Disorders |
| Paul Jenkins | Tavi-Port |
| Priya Nagda-Swainson | Papyrus UK |
| Tim Aldridge | Newham |
| Andy Martin | HEALTHY LONDON PARTNERSHIP |
| Caroline Dawes | London Councils |
| Clive Grimshaw | London Councils |
| Daniel Houghton | London Councils |
| Nina Shore | HEALTHY LONDON PARTNERSHIP |
| Samira Islam | London Councils |
| Sean Harriss | Harrow |
| Serena Perry | London Councils |

**Appendix 2: List of related documents**

Background briefing paper

Presentation slides:

* Ian Lewis (Overview)
* Tim Aldridge (ALDCS position)
* Mental Health in Schools & Mental Health Support Teams
* Eating Disorders