

Children & Young People Emotional Wellbeing and Mental Health Conference and Launch Event

Chelmsford City Racecourse
30th November 2017

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Housekeeping



Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Welcome and Opening

Cllr John Spence CBE

30th November 2017

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Purpose of today

- Hear from speakers in relation to national, regional and local developments
- Share learning and best practice
- Focus on why we are all the voice of young people
- Launch new resources for schools:
Self Harm Toolkit,
Portal of Resources,
EWMHS Schools Offer



Outcomes

What's been achieved:

A network of skilled professionals across 700+ schools

Next:

Continue to build together:

- ✓ *Increased awareness of national, regional and local picture and progress*
- ✓ *Schools and partners to have increased awareness of the tools and resources available, and how they can be applied*
- ✓ *Schools and partners are clear on the key role schools can play in supporting children and young people*
- ✓ *Increased collaboration between partners across the system*

Overview of Agenda and introduction of speakers

9:50 National and Regional Picture: the role of education in Mental Health

- *Dr Steve Jones, National Service Lead, NHS England*
- *Caroline Dollery, Clinical Director for East of England Strategic Clinical Network*
- *Tim Linehan, Anna Freud National Centre*
- *Hannah Fletcher, Healthwatch Essex*

11:00 Break

11:15 Developing support for Schools in Essex: NELFT offer, launch of digital resources and self-harm toolkit

- *Ben Smith and Gill Burns, NELFT*
- *Chris Martin/Lisa Wilson, Essex County Council*

12:00 Q&A panel session

12:30 Lunch and Market stalls

13:30 Workshops 1

14:15 Break

14:30 Workshops 2

15:15 Closing speaker - Nick Boddington – PSHE Association

15:45 Plenary and Questions - Clare Kershaw – Director for Education, ECC

Children & Young People Emotional Wellbeing and Mental Health
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National and Regional Picture - The role of Education in Mental Health

30th November 2017



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Dr Steve Jones - National Service Lead, NHS England

30th November 2017

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**Children & Young
People's Emotional
Wellbeing & Mental
Health**

Chelmsford City Racecourse
Thurs 30th November 2017

Steve Jones

National Service Advisor
Children & Young People's Mental Health Programme
Medical Directorate, NHS England

NEWS

Health

Young people 'not receiving mental health care they need'

Under-18s mental health care condemned as shockingly poor

Children
The Observer

Letters: children receive worse mental health care than adults

News

News

Children waiting for health help, watch

sign in become a supporter

Mental health Children

Claire Murdoch, Mental Health Director for NHS England said: "It is factually unarguable that after years of underinvestment, NHS funding for young people's mental health services is now going up - in the past year alone, the figures show young people's mental health spending has gone up by £100 million. This 15 per cent increase far outstrips the overall rise in mental health spending, which itself is now rising far faster than the overall NHS budget. Without a doubt, after years of drought, the NHS' mental health funding taps have now been turned on. So around the country, these critical services are beginning to expand and improve, with three quarters of young people now getting urgent eating disorder care within one week. But NHS England has also been explicit about the scale of unmet need, which recent improvements have inevitably only been able to begin to tackle. It's going to take years of concerted practical effort to solve these service gaps - even with new money - given the time it inescapably takes to train the extra child psychiatrists, therapists and nurses required."

health crisis

environment tech

ning 'not fit

'Depression lost me my job': How mental health costs up to 300,000 jobs a year

News > Health

Mental health funding cut by millions in five regions despite NHS England call for £1 billion to be spent by 2021

CHANGE YOUR MIND 160 MPs demand Theresa May ring-fences mental health funding to mark World Mental Health Day

Andy Burnham, Harriet Harman and hundreds of other Members of Parliament have written to the Prime Minister to urge her to take action and deliver on her promises

CYP Emotional Wellbeing & Mental Health – working with schools & colleges.

Overview

1. Setting the scene - why it matters: Recap
2. Policy overview - what NHS England is doing
3. DfE schools link pilot - strategic cross-system work
4. Case studies – so many great examples
 - PHSE
 - Birkenhead 6th Form College BePART programme
 - Sheffield Healthy Minds framework
 - Y&H Humber – Schools & Colleges CYPMH competency framework

Children & Young People's Mental Health

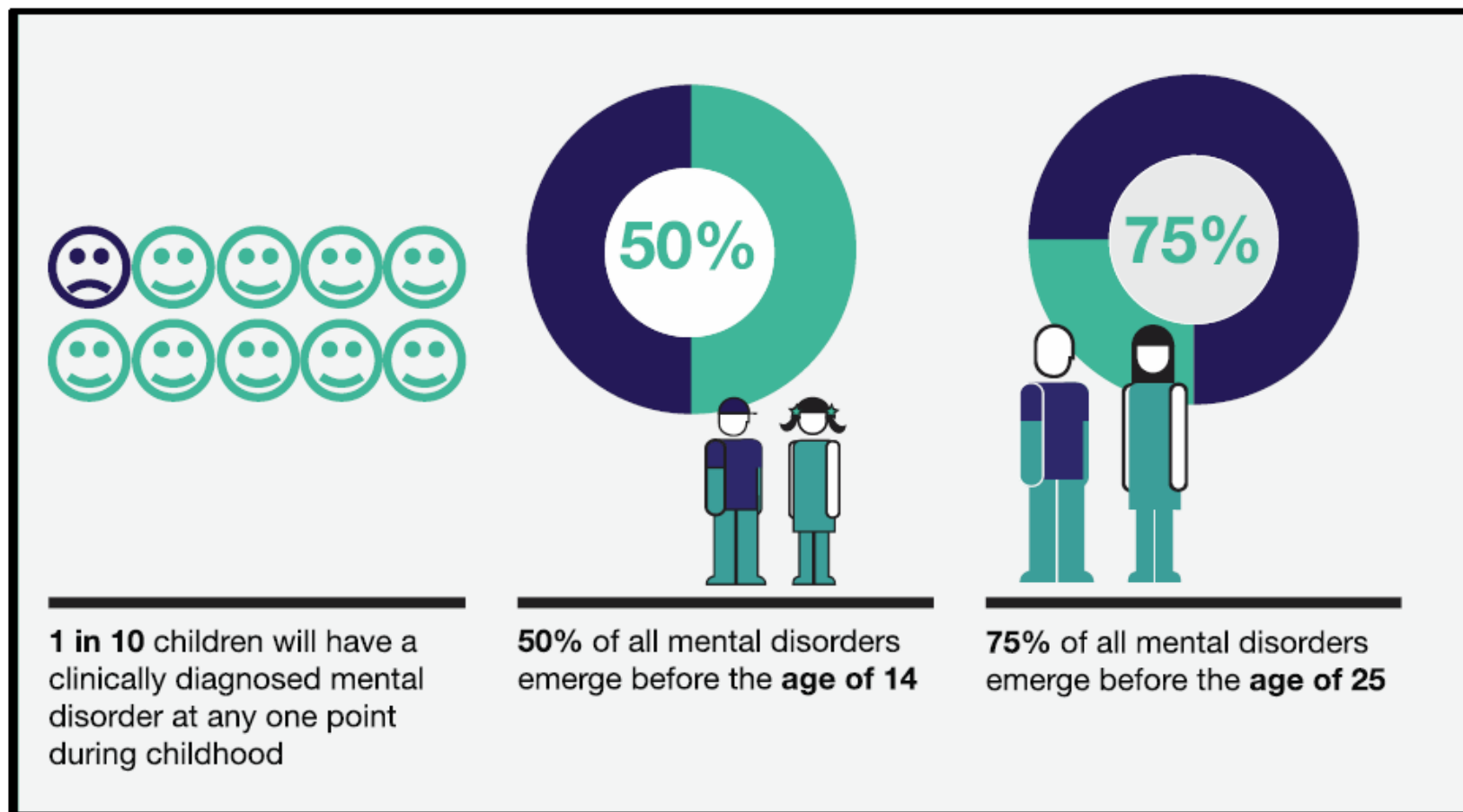
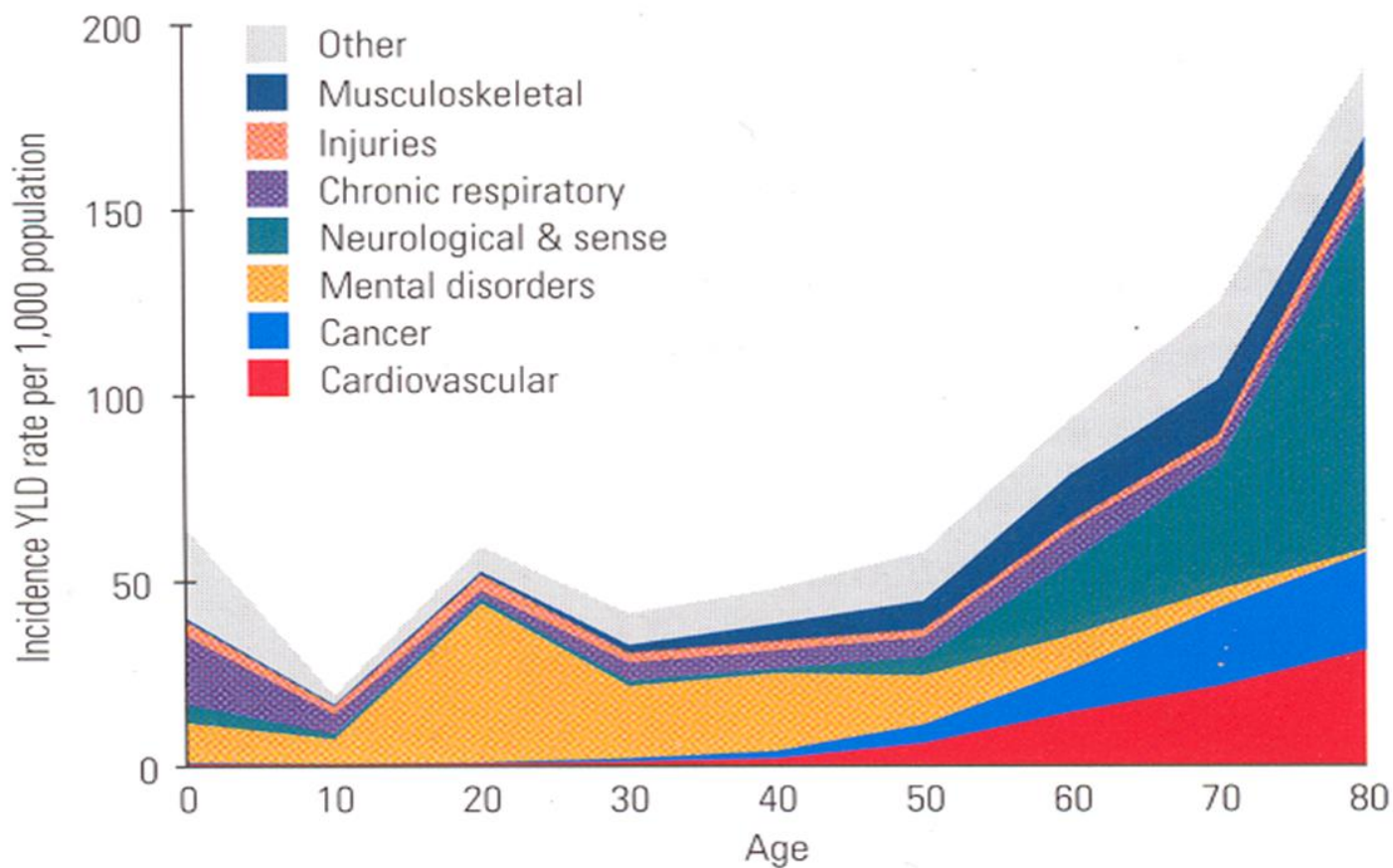


Figure cited in: *Measuring Mental Wellbeing in Children and Young People (PHE, 2015)*

Prevalence estimates are based on ONS 2004 Survey of Mental Health of Children and Young People in Great Britain. Estimates applied to 2014 mid year population children aged 5 – 16 years

Mental health problems are the greatest health problem faced by children and young people

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996



Why it matters - *children and young people's mental health and wellbeing*

- Mental health as physical health includes a diverse range of problems requiring a full range of services and interventions;
- The death rate for people with severe, prolonged mental illness is 4 times higher than for others;
 - people with psychoses will die at least 15–20yrs earlier
 - 20% of people with anorexia will die prematurely.
- Children & young people may also need help when they experience adverse life experiences – bereavement & loss, abuse & exploitation, enduring distress & trauma;
- CYP mental health difficulties may not have developed to be identified as a discrete psychiatric diagnostic category
- Some vulnerable groups of CYP have both higher rates of MH disorder *and* impaired access to services, (LAC, CLD, H&J etc)

Youth Mental Health: New Economic Evidence

- **Mental health related costs** for 12-15 yr olds average £1778 pa over only 3yr follow up. (NB health, social care and school-based costs only - did not include employment, welfare benefits or criminal justice)
- **Highest costs** for hyperkinetic disorders (£2,780 pa)
- **Education system** incurred 90% of assessed costs (£1,564 pa)
- **Youth justice system:** YP 8x more likely to have contact (with additional costs) over 18 month.
- **Benefits:** twice as likely to be claiming benefits (27% vs 14%)
- **Treatment gap:** less than half (45%) of 12-15/16-25yr olds were in contact with services related to their MH needs, 54% if severe mental illness. Treatment gap has been known about for two decades.
- **Lower rates of service contact** than any other age group

Economic case for change: FiM examples

- Children with **Conduct Disorder** are **10 times more costly** to the public sector **by** the age of **28** than any other child
- Overall **lifetime costs** associated with **moderate behavioural problem** amount to **£85,000 per child**
 - **Severe** behavioural problem: **£260,000** per child



Group Cognitive Behavioural Therapy (CBT) for depressed adolescents ³¹	
Aim	Group CBT for depressed adolescents aims to improve general functioning and prevent the risk of a major depressive episode from occurring. It is a series of group sessions lead by a therapist, involving exploring ideas related to the condition and how to handle it. There is a suggested duration of three months of weekly meetings.
Unit Cost	£229
Total lifetime benefit	£7,252
Lifetime benefit to taxpayers	£3,520
Lifetime benefit to participants	£3,455
Lifetime benefit to others	£277
Lifetime benefit-cost ratio (benefits/costs)	31.67

An example of cost-effective intervention from NI

Additional cost-effectiveness for lifetime earning gains not included

NHS England: Five Year Forward View for Mental Health into action

Clear, consistent policy direction for mental health and for the first time, an implementation plan (July 2016) sets out national objectives, expected trajectories and funding available for all priority areas within the FYFV-MH.



- CYP MH transformation supported by £1.4bn additional funding announced during 2014/15:
- £30m per year for eating disorders
- £1.25bn over 2015-2020 for wider transformation (including £15m per year for perinatal mental health)

NHS England: 2020 commitment

By 2020, there will be system-wide transformation of the local offer to children and young people underway, with Local Transformation Plans (LTPs) embedding *Future in Mind* principles and fully integrated into Sustainability & Transformation Plans (STPs):

At least 70,000 more CYP receiving swift and appropriate access to care each year

Completed national roll-out of CYP IAPT programme with **at least 3,400 more staff in existing services trained** to improve access to evidence based treatments

1,700 additional new staff to support improved access to evidence based treatments

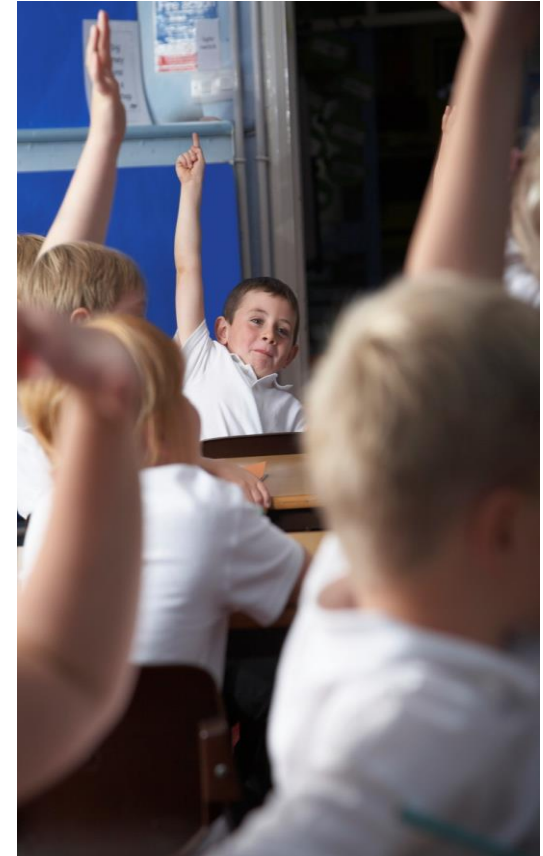
Evidence based community eating disorder services for CYP across the country
95% of those in need of eating disorder services seen within 1 week for urgent cases & 4 weeks for routine cases.

Improved access to and use of inpatient care, having the right number and geographical distribution of beds to match local demand with capacity, and leading to an overall reduction in bed usage.

Improved crisis care for all ages, including investing in places of safety

National CYP MHS initiatives

- **Local Transformation Plans:** whole system plans refreshed yearly with the *inclusion of schools & colleges*.
- **Commissioner Development Programme:** Regional seminars *“building robust partnerships – education spotlight*
- **Children & Young People’s Improving Access to Psychological Therapies** (CYP-IAPT). Evidence-based interventions training including CYPF participation and self referral. (Note EEBTP module).
- **Children’s Wellbeing Practitioners:** (CWPs) providing low intensity support in primary care, and **schools & colleges**
- **Community Eating Disorders** teams
- **Urgent & Emergency CYP MH Care** - Crisis services
- **CYP MH Services and Schools Link Pilot:** testing models of *joint training and points of contact within schools and CYP MH services*. *Wave 2 – Autumn 2017*



CYP Eating Disorders Services

Standard: 95% of those needing an eating disorder service

- start treatment within 1 wk for urgent cases &
- 4 weeks for non-urgent/routine cases.

How are we doing it?

- Access and waiting time standard introduced in 2016/17 and monitored via MHSDS and UNIFY data collection. **The eating disorder pathway is being extended to include episodes of care in day and inpatient settings with the involvement and oversight of the community eating disorder team**
- Multi-disciplinary community eating disorder teams are being set up across the country

Education & Training

- **Systemic family practice** curriculum for eating disorder
- **Whole team training** available for multi-disciplinary community eating disorder services/teams – being delivered 2017
- Modality specific **evidence based interventions** to be in line with updated eating disorder NICE guideline published in May 2017 – curriculum for CBT-ED in CYP IAPT

Results (Q2 of 2017-18)

- **71%** urgent cases seen with 1 wk
(n=203/286)
- **82%** non-urgent cases seen within 4 wks (n= 1099/1333)
- **Substantial 45%** rise in CYP entering treatment (n= to 1619)

Evidence Based Treatment Pathway for Urgent & Emergency Mental Health Services for CYP

Children & young people experiencing a mental health crisis and their families should be able to access the right care, in the right place, at the right time.

“When I experience a mental health crisis I will have access to support from services no matter where I am, what time of day it is or which day of the week.”

- **A mental health crisis** is a situation which the child, young person, family member, carer or any other person believes requires an immediate response, assistance and/or care from a mental health service. This includes where there is a significant risk of harm to themselves or others
- **Services should provide effective and timely 24/7 urgent and emergency mental health care**
- **Parity of esteem:** CYP should receive an evidence-based package of care within **four hours** of being referred.

Testing Improvements for CYP UEC MH (Crisis) Care

Phase 1 Vanguard evaluation - August 2017

Two CYP MH Crisis & Liaison Models (Co Durham and Teesside):

- **Prompt open access to dedicated, staffed team** offering supportive, individualised care with continuity of response
- **Response times:**
 - 60% of CYP referred were seen within 1 hour of referral being made
 - over 75% seen within 4 hours.
- **CYP and family experience:** very highly rated by CYP, families and stakeholders
- **Dedicated CYP crisis telephone support, advice and triage** improved access, response times and provides flexible/individualised support
- **CYP crises effectively managed in community settings** with less recourse to ambulance transport, A&E attendance and inpatient admission.
- **Substantial cost reductions** identified, (esp to paediatric inpatients)
- **Rates of crisis presentations** were similar and remained broadly stable over time.
- **CYP and families** contributed to shaping a clear service vision.

CYP Mental Health Services and Schools Link Pilot

AIM: Strengthen links between CYP Mental Health Services and Schools



- NHS England and DfE funded pilot during 2015-16
- Joint training programme between schools, CYPMHS and other agencies, voluntary sector etc

Objectives:

- How training and subsequent joint working between schools & CYPMHS can improve local knowledge and identification of mental health issues;
- Test the concept of a lead contact in schools and CYPMHS;
- Improve referrals to specialist (and other) services;

22 pilot sites across the country - **27 CCGs** and **255 schools**

Schools' Pilot Impact & Outcomes

Considerable success in achieving primary outcomes:

• 24

- Strong, statistically significant improvements in:
 - Knowledge and awareness of mental health issues
 - Understanding and awareness of referral routes
 - Confidence in supporting CYP with mental health issues
- Corresponding improvements among wider staff in whole school survey
- Improvements in frequency and quality of communication between schools and specialist community CYPMHS.
- Improvements in quality and consistency of referrals, *without a corresponding net increase in total referrals across the pilot.*
- Very promising early signs of changes to whole school policies, resources and staffing within pilot schools.

Emerging models tested

A	B	C
<p>CYP MH Service named lead :</p> <p>working in schools on a regular basis, delivering services and support directly to both staff and CYP.</p>	<p>CYP MH Service named lead :</p> <p>offering dedicated training and support time to school-based professionals.</p>	<p>CYP MH Service named lead / duty team</p> <p>with single point of access</p>

No single model emerged as being most effective at this stage - approaches tailored to local needs, circumstances, resources etc.

Key considerations: CYP MH Service capacity; levels of demand from schools, scaling up and sustainability.



PSHE and health behaviours

	Health and wellbeing covered well	Health and wellbeing covered poorly
Self-harmed	19.2%	30.3%
Smoked on 6 or more days in last 30 days	6.1%	8.4%
Drunk alcohol 6 or more times in last 30 days	5.5%	9.0%
Drunkenness 4 or more times in last 30 days	1.1%	3.0%
On a diet	17.5%	22%
Eat breakfast every day	59.7%	52.5%

Association between young people's health behaviours and their perception about the extent to which health and wellbeing was covered well in PSHE classes

Birkenhead 6th Form College

BePART Life Skills

- Developed by expert psychologists
- applying evidence based practices
- assist both academic and emotional well-being
- (Did not include on-site counselling / therapy.)

Six week programme:

- Challenging negative thoughts
- Sleep & diet
- Building resilience etc

Evaluation

- Liverpool John Moores Univ.
- Early findings: significant success in assisting student wellbeing

Schools & college staff care passionately about their students' wellbeing and need better guidance and support from us in their commitment.

- 6,000 Specialist community CYPMHS practitioners in England
- 700,000 FTE teachers and teaching assistants (plus colleges etc)

Sheffield Healthy Minds Framework

Framework purpose

- **Improve schools capacity** to contain EW & MH issues in school where possible, and
- Ensure CYP who need CAMHS **receive a better service.**
- Holistic model requires school to **work through the three levels.**

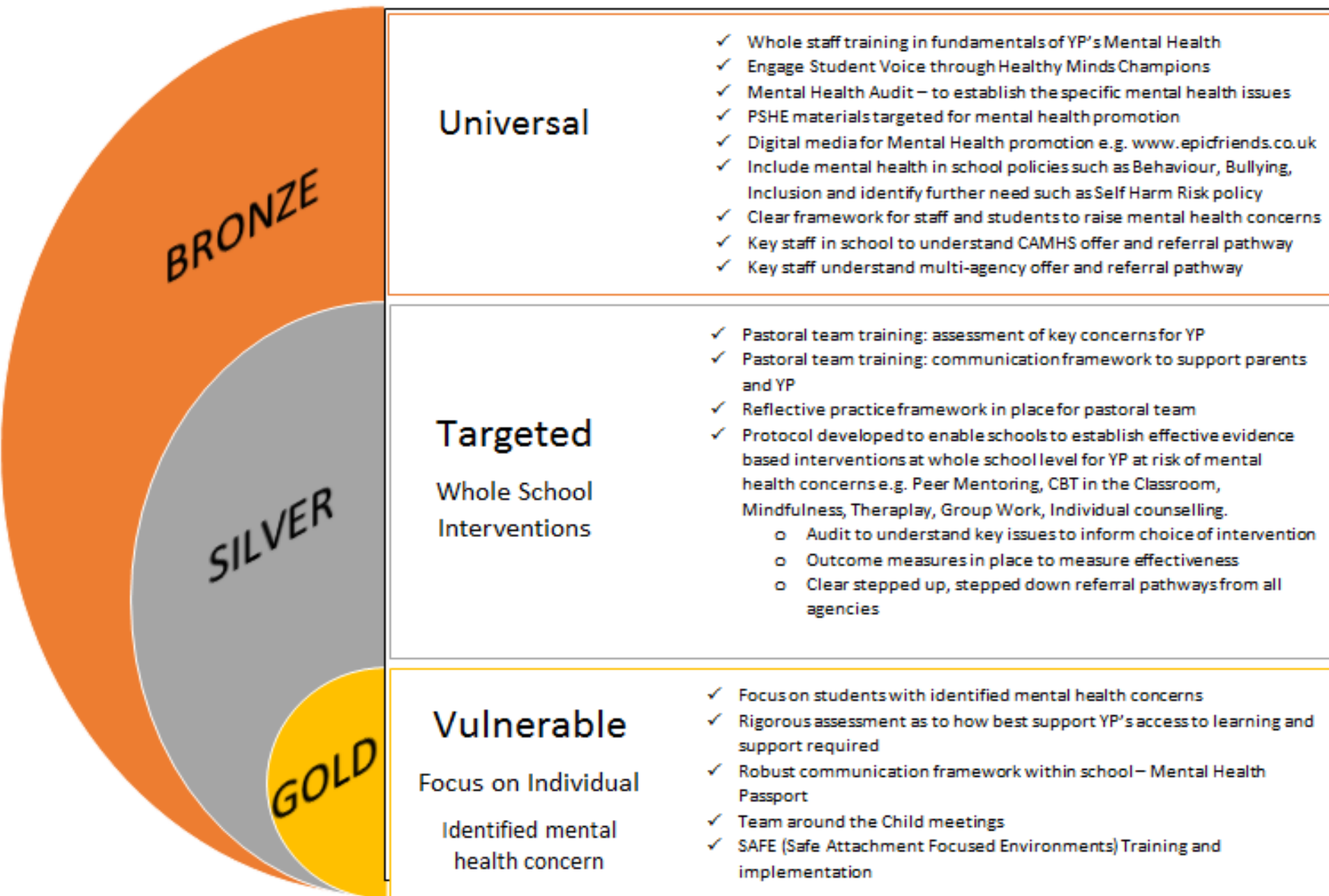
What students said

- Improve school culture (38%)
- Improve communication & listening skills (33%)
- Staff more pro-active (25%)
- (School counsellor <5%)

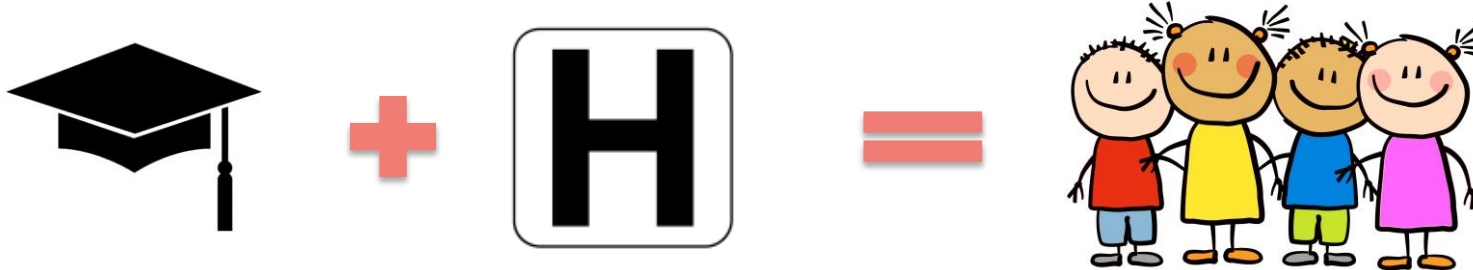
Three levels

- **Bronze (universal):** whole school training and identifying EWBMH needs in the school.
- **Silver (targeted):** supporting pastoral teams and meeting the needs of the school that have been identified at the bronze level
- **Gold (vulnerable):** provides direct CAMHS input alongside other services into the school for specific vulnerable children.

Healthy Minds Framework



Y&H CYP MH Clinical Network Schools Competency Framework



Developed a framework of education settings **workforce competencies** to enable staff to appropriately care for and support children and young people's mental health and emotional wellbeing in line with the workforce ambitions of *Future in Mind*.

School Competency Framework

Principles

- Evidence based – defined, achievable outcomes
- Address diverse needs of CYP
- Prevent use of ineffective interventions
- Make best use of the workforce
- Clearly define roles and responsibilities where CYP EW&MH is *everybody's business*
- Promote staff wellbeing

Framework's Components

- Three tiers of competencies
 - Core, enhanced & targeted tiers
 - Not just knowledge of CYP mental health
- Self-assessment tool
- Evidence based training/resources directory



MindEd is a free educational resource on children and young people's mental health for all adults.

Follow @MindEdUK



Schools Competency Framework

Staff Group Example - Secondary School

Group 1	Group 2	Group 3
Caretaker/facilities staff	Teaching assistant	Pastoral staff
Lunch time supervisor	Teacher	School nurse
Volunteers	Nurture staff	Safeguarding lead
Administrative staff	Attendance officer (EWO)	SENCO
School prefect	Learning mentor	First aider
Business manager	PCSO	HTLA
Governor	Safe schools police officers	Inclusion lead
Library staff	Head teacher	Mental Health Champion
Catering	ELSA	Specialist teachers for deaf & visually impaired

Further opportunities – Children & Young People's Mental Health Green Paper



- Announced by the Prime Minister on 9th January 2017 as part of a suite of commitments to **improve and transform CYP mental health**
- The Green Paper is being developed between Department of Health and Department for Education with close involvement from NHS England and Public Health England.
- Recognises the importance of different settings, **not just the NHS.**
- CYP MH Services and Schools Link Pilot is informing the development of the Green Paper: **it is expected that schools and colleges will be a key focus**
- as well as addressing **better access** to NHS services and **role of digital & social media** in maintaining wellbeing

Thank-you.
Questions ?

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Resources



Home About MindEd Help Resources

Search the e-learning

MindEd is a free educational resource on children and young people's mental health for all adults.

Follow @MindEdUK



<http://positivepracticemhdirectory.org/>



For CED-
CYP
C
go
stud
Designed by Young People's
Mental Health Unit
www.NHSGo.uk

- Resource for all adults to increase awareness and understanding
- Includes free e-learning sessions for all those working with CYP (incl. ED sessions)

• **MindEd for Families**

<https://www.minded.org.uk/>

GIFT

Sign up for

www.myapt.org.uk; see

video clips

[https://www.youtube.com/](https://www.youtube.com/user/Cornialimited/videos)

[user/Cornialimited/videos](https://www.youtube.com/user/Cornialimited/videos)

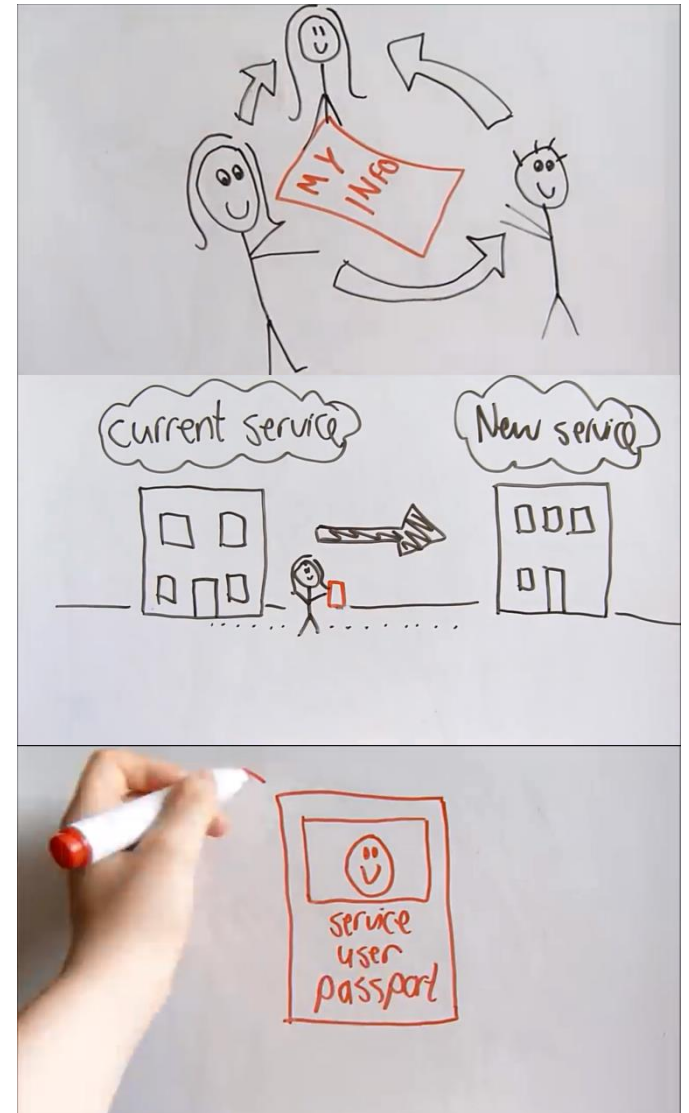
My Mental Health Services Passport

www.england.nhs.uk/mentalhealth/2015/10/15/passport-brief-yp-mh

Developed by young people and parents/carers with NHS England as part of the CYP IAPT programme

The aim of the passport is to help young people using services to **own and communicate their story** when moving between different services.

The passport provides a summary of young person's **time in a service**, for the information will be **owned by the young person**, and for it to be shared with any future services if **the young person wishes**



Parents Say...

- **New online resource** created for and with parents and carers to help improve mental health care for children and young people
- **Over 900 parents/carers identified 5 key areas:**
 - access, equality and diversity
 - communication
 - service leadership and delivery
 - methods of engagement
 - workforce development
- **Best practice case studies, videos, resource directory**

www.youngminds.org.uk



It explores ways in which you can improve communication with parents and carers at every stage of the treatment process.





Public Health
England

Protecting and improving the nation's health

Tools to help schools understand CYP MH & WB needs and how best to plan to respond?

Contact:

Claire Robson

Public Health England

claire.robson@phe.gov.uk

**Promoting children and young
people's emotional health and
wellbeing**

A whole school and college approach



Measuring and monitoring children and young people's mental wellbeing:

A toolkit for schools and colleges



Public Health
England

EBPU
Evidence Based
Practice Unit

A partnership of



 Anna Freud
National Centre for
Children and Families

In collaboration with
COMMON ROOM

CORC
Child Outcomes
Research Consortium 

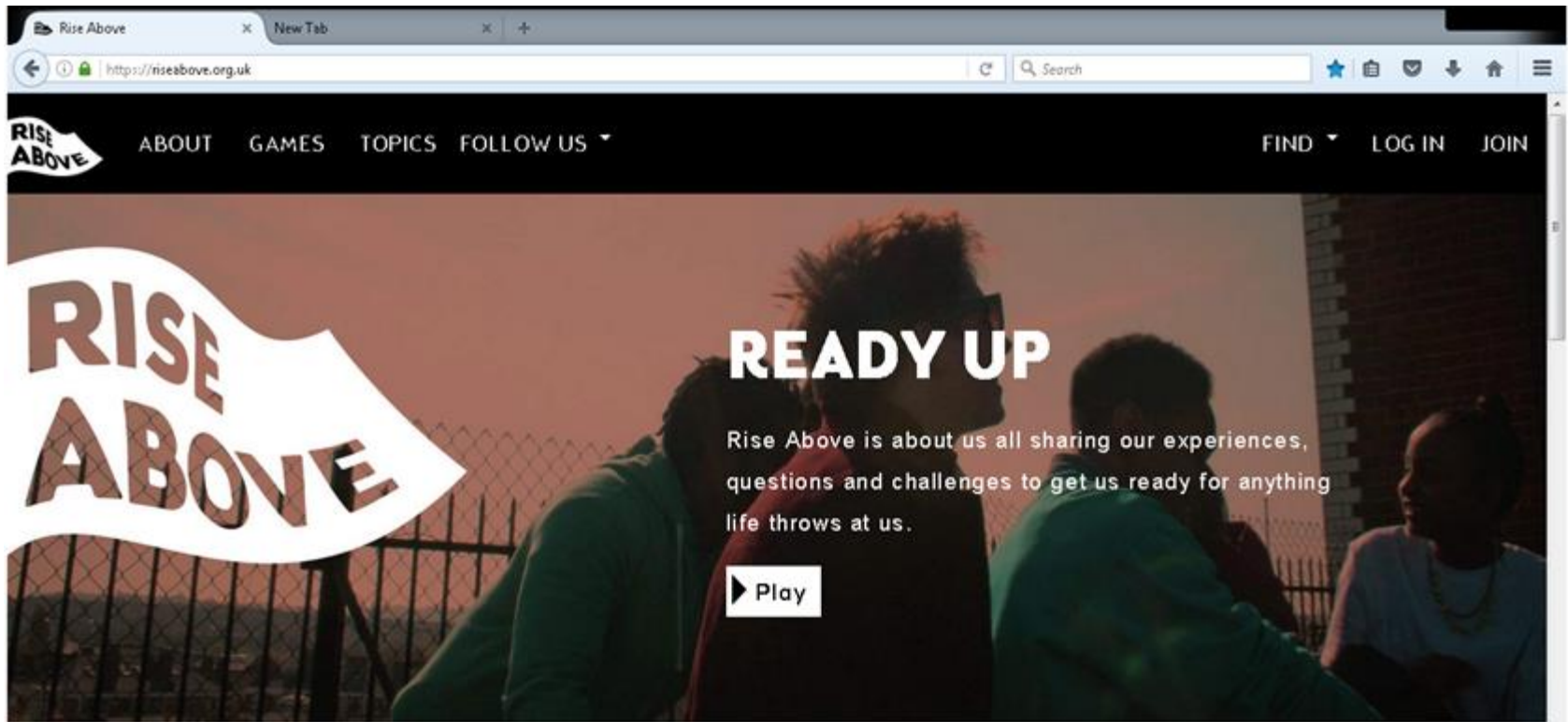
**A public health approach
to promoting young people's resilience**

ayph | Association for
Young People's Health



Rise Above:

<http://riseabove.org.uk/>



Support from PHE – useful links

Promoting children and young people’s emotional health and wellbeing: a whole school approach

<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

For: head teachers, college principals, school and college governing bodies and staff working in education settings, school nurses, local public health teams, academy chains, others with a role of promoting health and wellbeing of children and learners

Aim: to describe 8 principles, informed by evidence and practice, for promoting emotional health and wellbeing in schools and colleges

A public health approach to promoting young people’s resilience

<http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf>

For: policy makers, commissioners, service planners and providers

Aim: Funded by PHE, and developed by the Association for Young People’s Health with input from the Early Intervention Foundation. Provides a new focus on public health approaches to supporting young people’s resilience. It highlights ways that services have successfully worked together, provides links to useful interventions and other resources, and draws on the perspectives of young people about what works well for them. The resource is an interactive PDF with embedded hyperlinks

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Support from PHE – useful links

Children & Young People's mental health and wellbeing profiling tool

<http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>

Collects together in one place metrics from many sources covering risk, prevalence, health, social care and education to support commissioners and service planners across the pathway

Suicide prevention: developing a local action plan

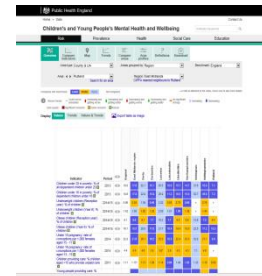
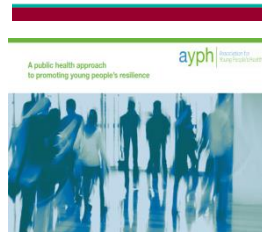
<https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>

Promoting positive wellbeing and emotional health of children and young people

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299268/Emotional Health and Wellbeing pathway Interactive FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299268/Emotional_Health_and_Wellbeing_pathway_Interactive_FINAL.pdf)

This pathway contains evidence based information on guidance for professionals from the school nursing and Child and Adolescent Mental Health Services/ mental health practitioners and promotes improved partnership working and enhanced early support

PHE Tools and Resources



- **Promoting children and young people's emotional health and wellbeing: a whole school approach -** <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>
- **A public health approach to promoting young people's resilience -** <http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf>
- **Measuring and monitoring children and young people's mental wellbeing: a toolkit for schools and colleges -** <http://www.annafreud.org/services-schools/mental-health-in-schools/schools-in-mind/resources-for-schools/mental-health-toolkit-for-schools/>
- **ChiMat Mental Health and Psychological Wellbeing service planning tools -** <http://www.chimat.org.uk/camhs>
- **Children & Young People's mental health and wellbeing profiling tool -** <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>
- **Measuring mental wellbeing in children and young people (published October 2015) -** [*Measuring Mental Wellbeing in Children and Young People*](#)
- **Mental health in pregnancy, the postnatal period and babies and toddlers: needs assessment report (December 2015)**
- **Comprehensive CAMHS integrated workforce planning tool-** <http://www.chimat.org.uk/camhstool>
- **Promoting positive wellbeing and emotional health of children and young people -** https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299268/Emotional_Health_and_Wellbeing_pathway_Interactive_FINAL.pdf
- **Minded -** <https://www.minded.org.uk/>
- **National reading scheme to support young people's mental health -** <https://readingagency.org.uk/news/media/new-national-reading-scheme-to-support-young-peoples-mental-health.html>
- **JSNA support pack, Key data for planning effective young people's substance misuse interventions in 2016-17 -** <http://www.nta.nhs.uk/uploads/jsnadatapackyoungpeople2016-17.pdf>

Questions?

Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Dr Caroline Dollery – Clinical Director for East of England Strategic Clinical Network for Mental Health and Chair of Mid Essex CCG

30th November 2017



Children and young people and wellbeing

Dr Caroline Dollery
Clinical Director, East of England SCN
Chair Mid Essex CCG
cdollery@nhs.net

The science behind policy

- Biogenetics
- Preconception to end of life
- Links between physical, mental and social
- Evidence based approaches: NICE guidance

Future in Mind: national policy: local delivery

Five Year Forward View

- Perinatal mental health
- Early intervention in psychosis
- Eating disorders/body dysmorphia
- Anxiety
- Depression
- Crisis care
- Long term conditions and mental health

Wider determinants

- Piece meal approaches within NHS and also other agencies e.g. social care, education, third sector
- Health variation links to deprivation
- Breaking cycles of poverty, poor housing, children in care, criminal justice system: learning disability, autism, ADHD, looked after children deserve special mention

Essex strategy

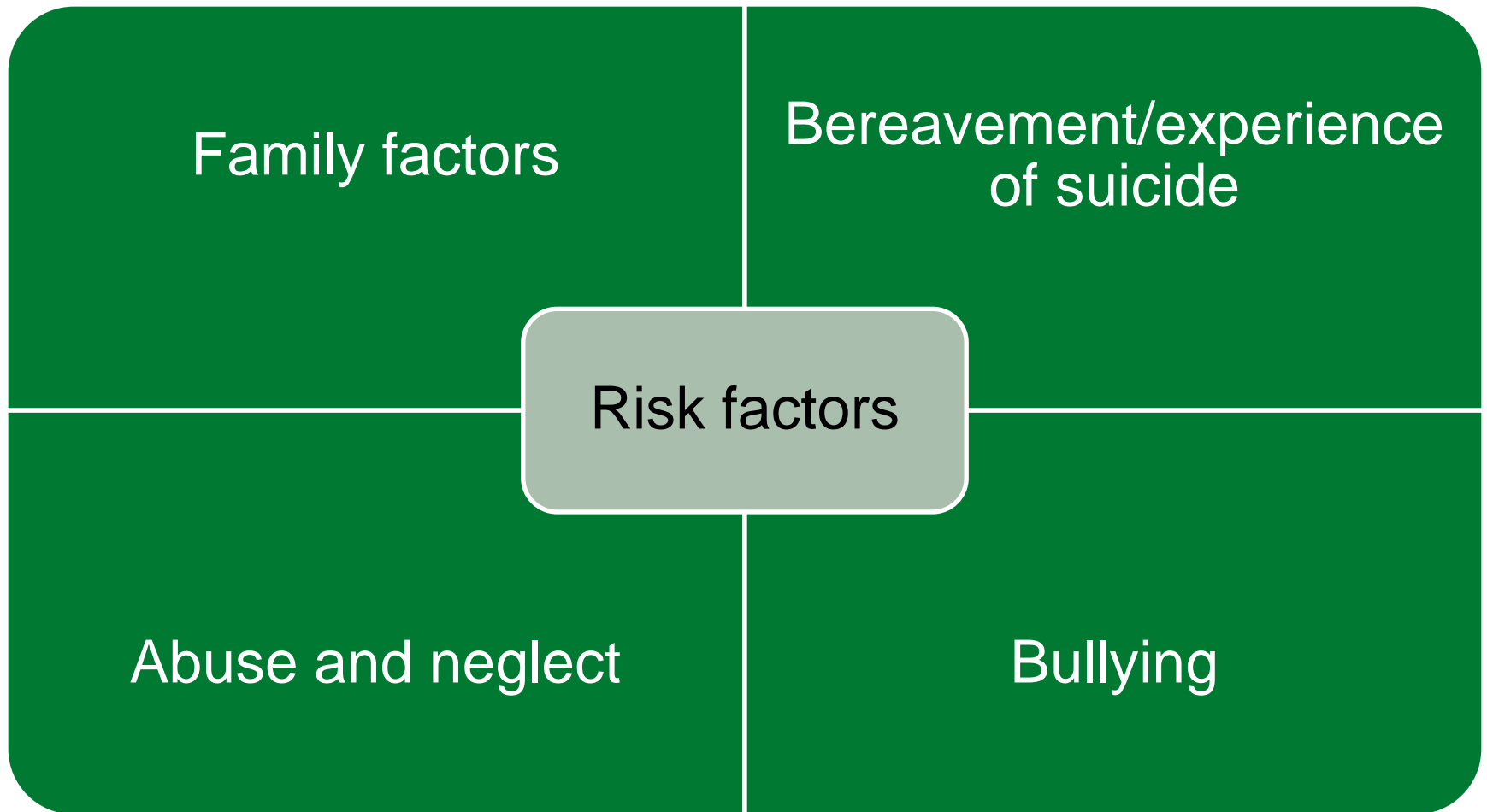
- United approach: 7 CCGS, 2 unitaries and Essex County Council
- Co produced with young people, and now launched adult strategy
- Plan to develop all age services to avoid cliff edge

Young people and risk

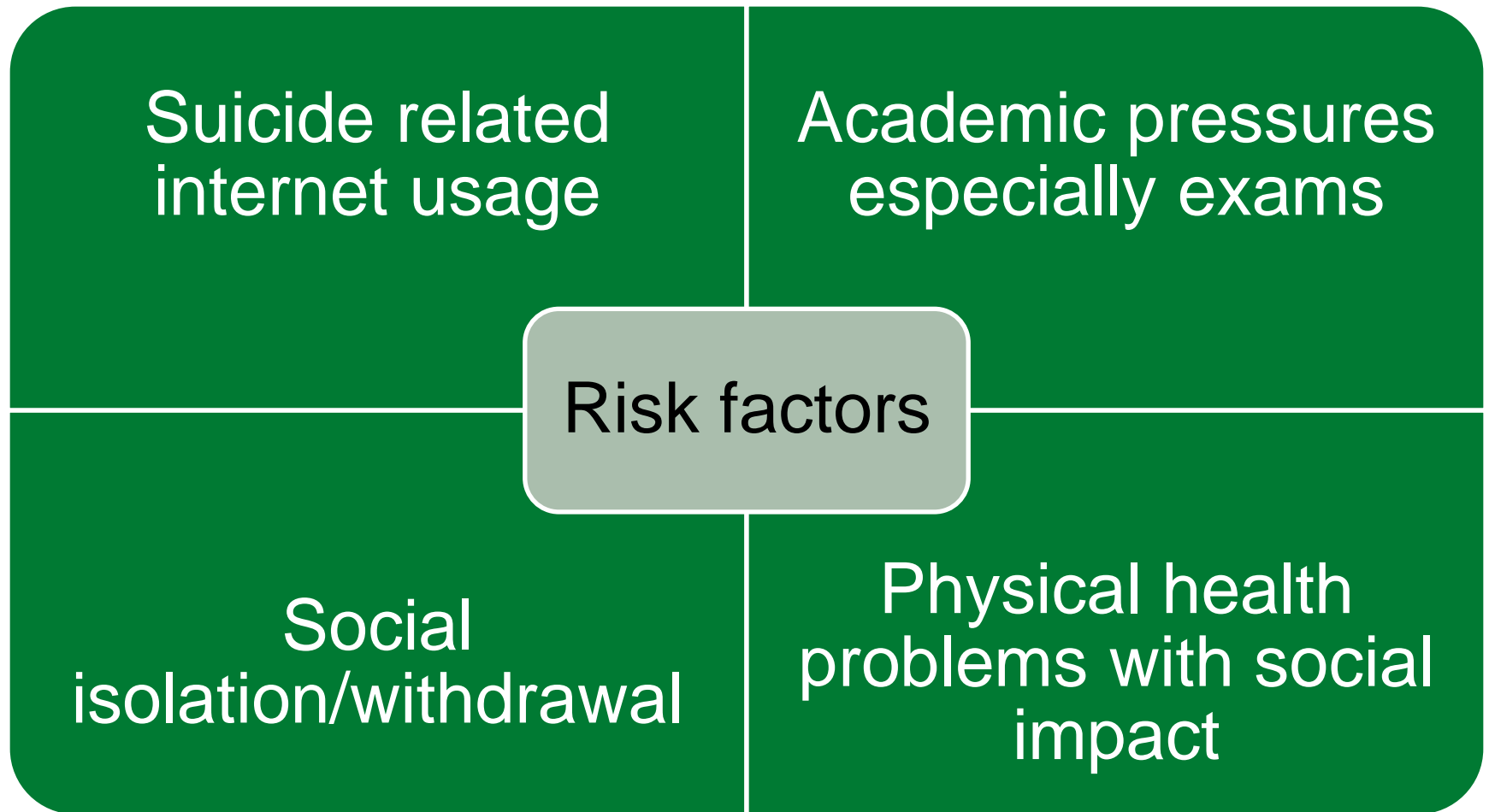
- Suicide prevention strategy
- Early intervention and prevention
- Importance of involving young people in design
- And of involving those they care about at all stages: cultural challenge for health and social care professionals

Self harm/Suicide prevention

Young people



Young people



Young people

Alcohol/illicit drugs

- Prescription drugs too

Mental ill health/self harm

- Links to NICE guidance self harm

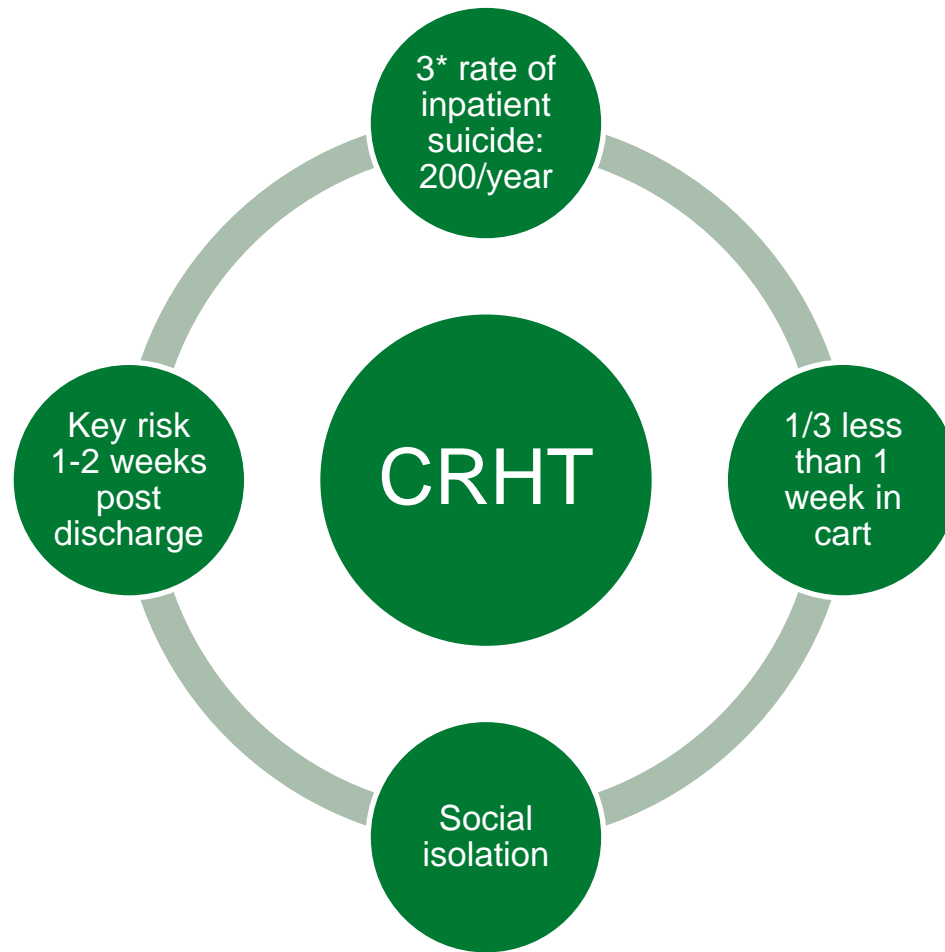
Myth busters

- 'There's nothing you can do'

Acute care

- **Continued decrease in inpatient rates (62% reduction 2004-14)**
- **BUT**
- **Crisis response home treatment (CRHT) is now the main setting for suicide prevention activity**
- **Continued rise in CRHT settings**

Key facts



Alcohol and substance misuse

- **access to specialist services should be more widely available**
- **Around half have history of alcohol misuse**
- **Many had substance misuse – rise in prescription opiates as means**

Socio economic factors more common

Indicator	Rate
Serious financial difficulty	13%
Unemployed	47%
Recent migrant status	87 per year
Homeless	137 deaths over 3 years

What makes care safer?

Isolation: living alone

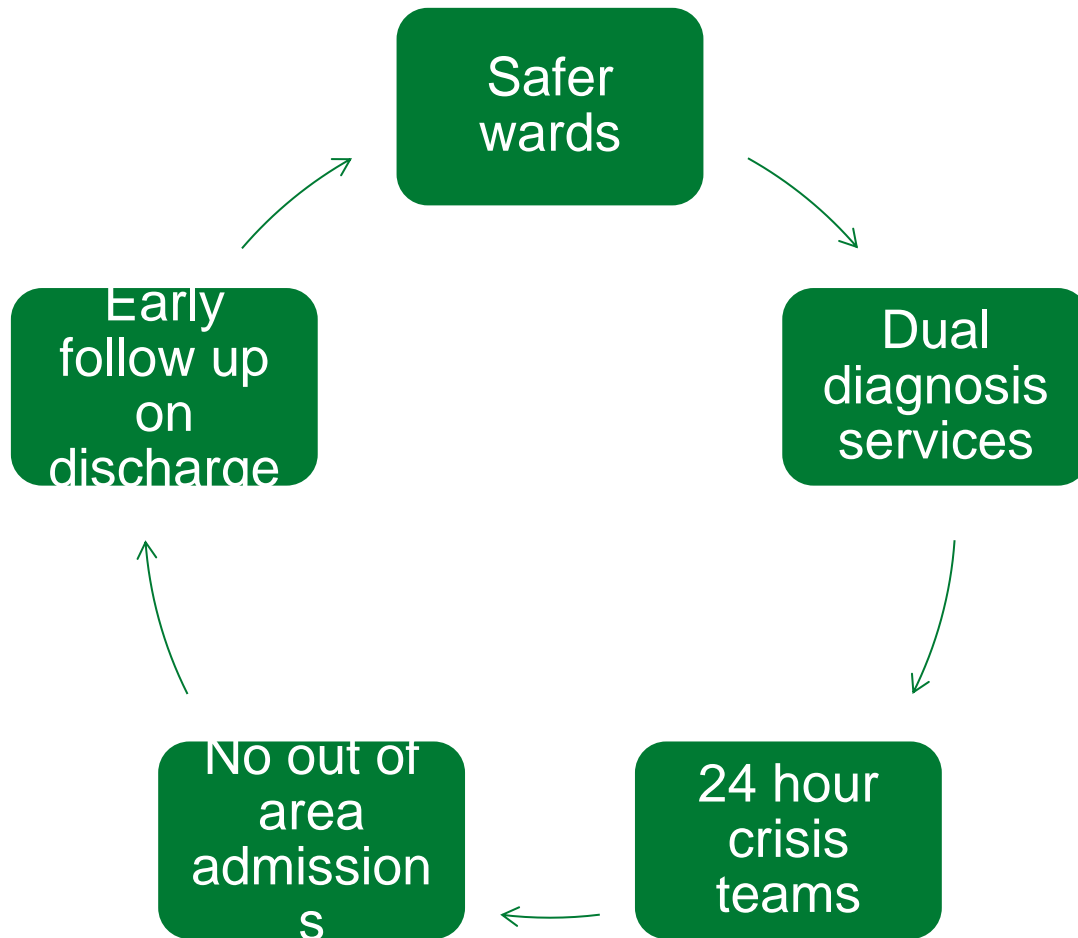
Economic: in debt,
homeless

Changing
patterns

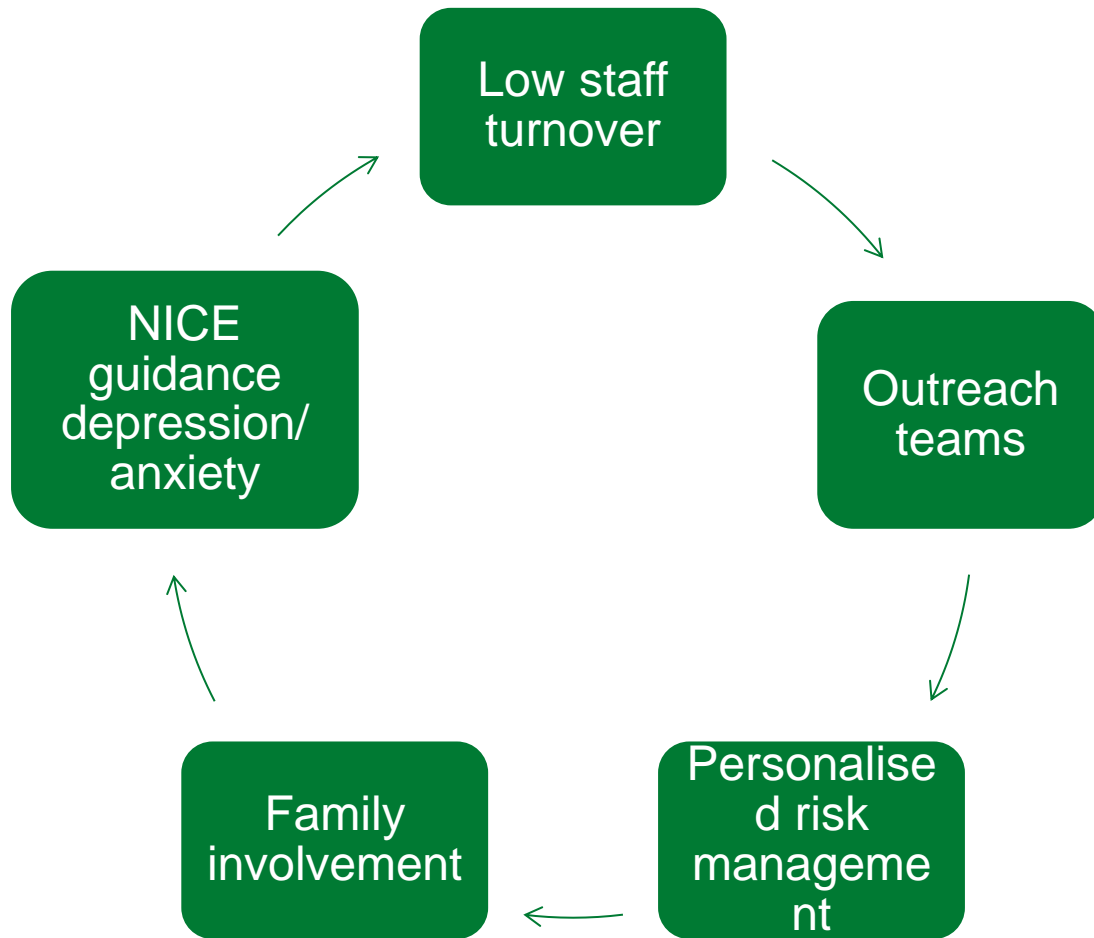
Alcohol and drug
misuse (prescribed
opiates)

Increased self harm
as precursor

Ways to improve safety



Ways to improve safety



Alcohol

- 60% of episodes involved ingestion of alcohol
- evidence of overall increase since 2004
- and in 46% of female episodes

- **How to help avoid triggers/enablers such as this?**

Repetition

- Within a year , remains fairly constant at average of 21 %
- **Increased risk of suicide in this group**

Data

- Under reporting – **many occur outside health system**
- Emergency care dataset under development – linking to assessment
- **Need to involve paediatricians as well as psychiatry in this work**

Update on NICE guidance

NICE guidance

- Providing treatment and care for people who have self-harmed is emotionally demanding and requires a high level of communication skills and support. **All staff undertaking this work should have regular clinical supervision in which the emotional impact upon staff members can be discussed and understood.**

Support

- People who self-harm should be allowed, if they wish, to **be accompanied by a family member, friend or advocate** during assessment and treatment

Support

- Healthcare professionals should provide **emotional support and help if necessary** to the relatives/carers of people who have self-harmed, as they may also be experiencing high levels of distress and anxiety.

Staff

- Self-harm is poorly understood by many NHS staff. **All staff that come into contact with people who self-harm need dedicated training** to improve both their understanding of self-harm and the treatment and care they provide
- People who self-harm **should be involved in the planning and delivery of training for staff**

Training

- Emergency departments should make training available in the assessment of mental health needs and the preliminary management of mental health problems, **for all healthcare staff working in that environment.**

Commissioning and delivery

- Emergency departments, CCGS and local mental health services, in conjunction with local service users and carers wherever possible, **should jointly plan the configuration and delivery of integrated physical and mental healthcare services** within emergency departments for people who self-harm – **24/7**

Timing of assessment

- A psychosocial assessment **should not be delayed until after medical treatment is complete**, unless life-saving medical treatment is needed, or the patient is unconscious or otherwise incapable of being assessed.

Involvement of carers

- Within the bounds of patient confidentiality, and subject to the patient's consent, staff **should attempt to obtain relevant information from relatives, friends, carers and other key people, to inform the assessment.**

Place of safety

- **All children or young people who have self-harmed should normally be admitted overnight to a paediatric ward** and assessed fully the following day before discharge or further treatment and care is initiated.

Care planning

A paediatrician should normally have overall responsibility for the treatment and care of children and young people who have been admitted following an act of self-harm

Need for integrated physical and MH approach

Initiatives

- National and local

Role of Education

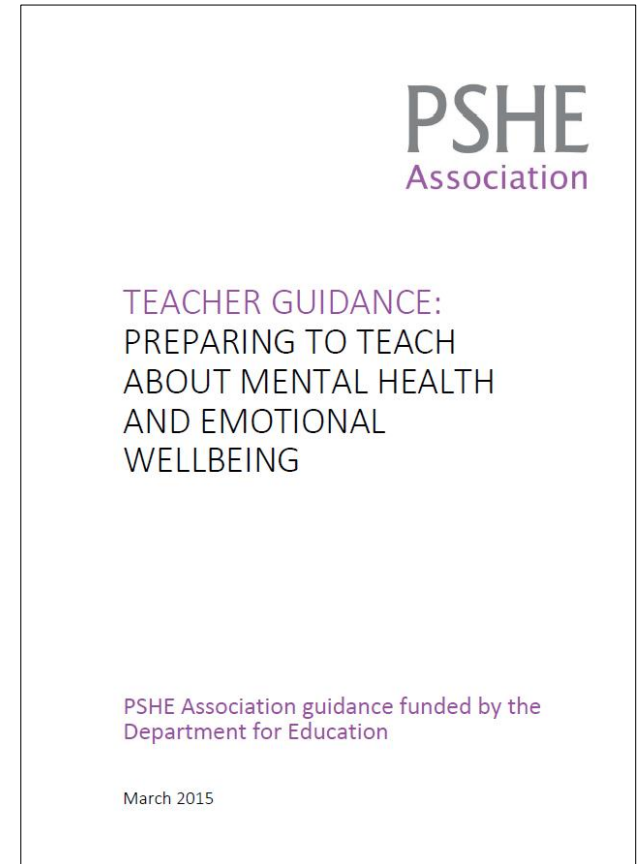
- Prevention
- Identification
- Early and complementary support
- Access to specialist support and evidence based treatment

Key to this will be

- Emphasising it as a priority
- Developing the evidence base
- Disseminating that knowledge

Current activities – prevention

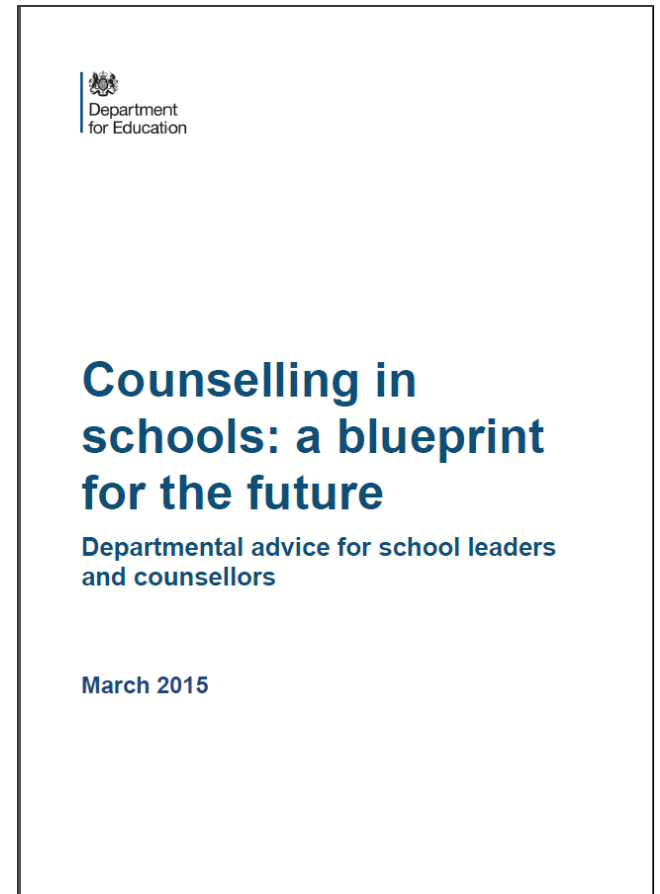
- Guidance and age-appropriate lesson plans for teaching about mental health
- Further development of MindEd – including materials for parents
- DE stigmatisation campaign



https://pshe-association.org.uk/resources_search.aspx

Current activities – early intervention

- Blueprint for counselling
- Investing £4.9m in 17 VCS grants
- Peer support



<https://www.gov.uk/government/publications/counselling-in-schools>

How will we know its working?

- Leadership
- Culture
- Lived experience
- Training/supervision
- Data, data, data
- Outcomes

Success

- People are identified , listened to, involved n care and access evidence based care in appropriate settings (in whole community)
- Risk stratify just like we do with physical health: know who are at risk, measure impact and compare results

Offer to schools

- via MindEd Trust, Zerosuicide Alliance and Clinical Network (with Essex strategy partners) to develop prevention strategy : for staff, parents and children
- Resources available:
 - Headspace
 - MindEd
 - Zerosuicidealliance.com: free training
 - Mental Health First Aid, nationally, plus offer from Essex team with alternatives e.g. ASSIST

Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Tim Linehan - Anna Freud National Centre for Children & Families

30th November 2017

THURROCK COUNCIL
www.thurrock.gov.uk

**southend
onsea**
BOROUGH COUNCIL

NHS


Essex County Council

Campaigning



WE HAVE CONTACTED
20,000
SCHOOLS
ASKING THEM TO START

Talking Mental Health

JOIN US TODAY!

  @AFNCCF



	What is it?	How many schools?
Mental Health & schools link programme	school MH leads and CYPMHS professionals - to improve joint working and communication	1200
Peer Support	Training teachers in peer support models	100 primary or secondary
YAM	Intervention for Y10 students generally delivered through PSHE	YAM: 48 The Guide 48
Protective behaviours	PHSE programme	Control schools: 48
Mindfulness	Light-touch interventions	Mindfulness: 56
Relaxing Breathing		Relaxation: 56
Protective Behaviours		Protective: 56
		Controls: 56
Wellbeing Measurement Framework	Benchmarking and reporting back on students mental health, resilience, coping and wellbeing	130 schools
Wellbeing Check	Screening and early intervention to support self-management & existing support	Open call, looking for 1 or 2 schools to pilot

A group of diverse school children, including a girl with curly hair, a boy with a red and white checkered shirt, a girl with a white shirt, a boy with a white shirt, a girl with a red and white checkered shirt, a boy with a white shirt, and a girl with a red shirt, are smiling and looking up against a blue sky with clouds. The text "Mental health in schools" is overlaid on the image.

Mental health in schools

Mental Health problems

1. Anxious away from care givers (Separation anxiety)	11. Extremes of mood (Bipolar disorder)	21. Family relationship difficulties
2. Anxious in social situations (Social anxiety/phobia)	12. Delusional beliefs and hallucinations (Psychosis)	22. Problems in attachment to parent/carer (Attachment problems)
3. General anxiety (generalised anxiety)	13. Drug and alcohol difficulties (Substance abuse)	23. Peer relationship difficulties
4. Compelled to do or think things (OCD)	14. Difficulties sitting still or concentrating (ADHD/Hyperactivity)	24. Persistent difficulties managing relationships with others (includes emerging personality disorder)
5. Panics (Panic Disorder)	15. Behavioural difficulties (CD or ODD)	25. Does not speak (selective mutism)
6. Avoids going out (Agoraphobia)	16. Poses risk to others	26. Gender discomfort Issues (GID)
7. Avoids specific things (Specific phobia)	17. Carer management of CYP behaviour (e.g. management of child)	27. Unexplained physical symptoms
8. Repetitive problematic behaviours (Habit problems)	18. Doesn't go to the toilet in time (Elimination problems)	28. Unexplained developmental difficulties
9. Depression/low mood (Depression)	19. Disturbed by traumatic event (PTSD)	29. Self-care issues (includes medical care management, obesity)
10. Self-harm (Self injury or self-harm)	20. Eating issues (Anorexia/Bulimia)	30. Adjustment to health issues

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High rates MH problems and some increasing

- 50% of mental illnesses begin before age 14
- 10-20% of adolescents may experience a mental health problem in any given year.
- Increasing for emotional problems in girls
- plateau for behavioural difficulties
- Less than 25-35% with a diagnosable mental health condition access appropriate support



Risk factors for mental health problems

- Poverty
- Poor environment
- Family problems
- Temperament
- Learning disability
- Being an asylum seeker
- Living with only one natural parent, either in a step-family or with a lone parent
- Parental unemployment
- Being looked after
- Large family size (5+)
- Living in families where the main breadwinner was unemployed
- Enduring physical ill health
- Experienced physical or sexual abuse/ witnessed domestic violence
- A parent with mental health problems.

Resilience factors

- High self-esteem
- Strong, stable relationships
- Good housing
- Temperament adaptability
- High IQ
- Fairness and stability in relationships



What do we know helps: Common factors

- Consistency and persistence
- Inclusion of parents & carers teachers & peers
- Multiple modalities
- Integration into core curriculum
- Start early and take developmental approach
- Skills based
- School environment: warm relationships, participation, pupil and teacher autonomy, clarity about boundaries, rules and expectations.
- Teachers must have their own needs met





Building an evidence base

A toolkit for schools and colleges

http://www.corc.uk.net/media/1176/201609mental_health_toolkit_for_schools_and_colleges.pdf

Measuring and monitoring children and young people's mental wellbeing:

A toolkit for schools and colleges



Public Health
England

EBPU
Evidence Based
Practice Unit

A partnership of



In collaboration with
COMMON ROOM



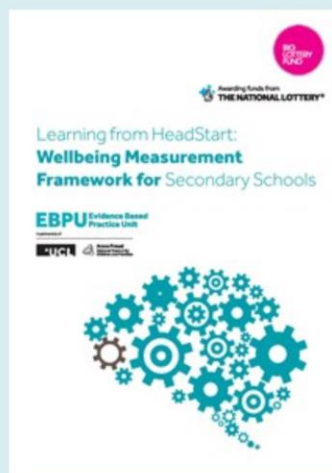
*Freely
available
thanks to
funding
from PHE*

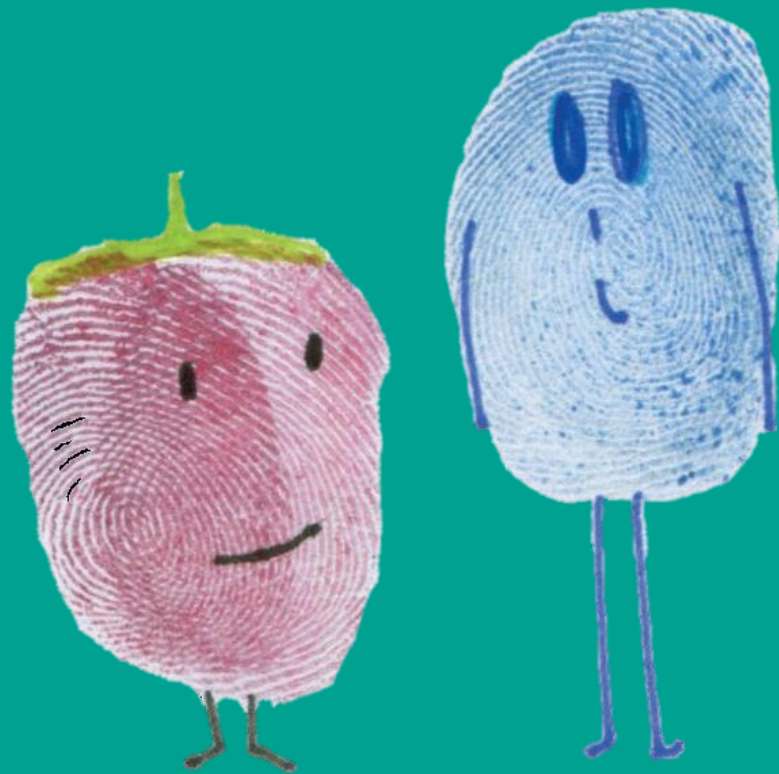
Wellbeing Measurement Framework

www.corc.uk.net

Wellbeing Measurement Framework

Together with colleagues from the **Big Lottery Fund**, **CORC**, the **University of Manchester** and **Common Room**, **EBPU** have developed and are happy to launch the Wellbeing Measurement Framework (WMF), a suite of measurement booklets for primary school, secondary school, and college students. Schools provide a key setting for support and intervention with regard to young people's mental wellbeing and problems, across all age groups, and each WMF is a comprehensive and practical package of validated measures that are designed to assess a range of mental health indices including positive wellbeing, behavioural or emotional difficulties, and the presence and strength of protective factors. See [our recent blog](#) for more information on development and use of the WMF.





- **Mental Health**
- **Talking**
- **Listening**

EBPU Evidence Based
Practice Unit

A partnership of



Anna Freud
National Centre for
Children and Families

Language building

- We wanted to achieve three things:
 1. Find a way of describing mental health problems that was accessible to 9-11 year olds
 2. Help 9-11 year olds find best ways to talk about their own mental health problems
 3. Help 9-11 year olds know how respond to friends' mental health problems

We all have mental health.



Mental health is about our feelings, our thinking, our emotions and our moods

We all have feelings that come and go everyday. These are small feelings.

grumpy



nervous

happy

sad

Big feelings are feelings that go on for a very long time and stop us doing what we want in life.



They can affect our **mental health**.

How do you share your feelings?

9



I've got
something to
say



sit side by side

make them feel
comfortable

TALKING MENTAL HEALTH

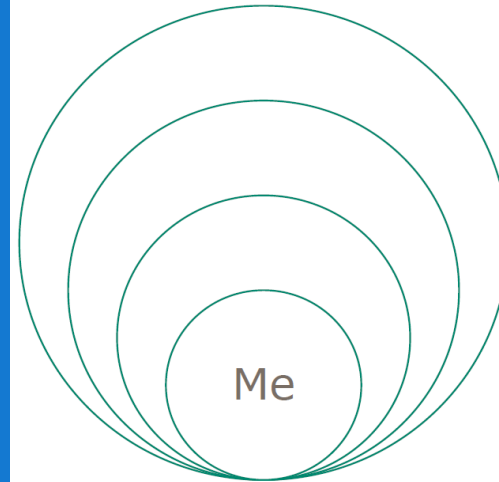
Teacher Toolkit



Funded by



My Circle of Support



Talking Mental Health Lesson Plan

Learning Outcomes (LO):

1. Give children consistent and accessible language to talk about mental health and wellbeing.
2. Ensure children know who the trusted adults in their life are and how to ask them for help and support.
3. Ensure children understand the difference between a small, everyday feeling and a big feeling.
4. Give children the skills and techniques to be good listeners.

Some guidance on this lesson plan

- There are different ways that you could teach this lesson. You could teach the whole plan, perhaps in a dedicated morning or afternoon session, using all of the activities included. Alternatively, you could split the plan based on the three chapters of the animation (1. Mental Health 2. Talking 3. Listening) and teach each of these in three separate and shorter sessions.
- Before teaching this lesson, please refer to the information sheet. This is available as part of this Teacher Toolkit, and freely downloadable at www.annafreud.org. This will provide you with some guidance on talking about mental health with children and young people.
- You may like to alert parents and carers that you will be teaching this lesson. To assist with this, a parent and carer leaflet, *Top Tips for Talking for Parents and Carers*, is available as part of this pack and freely available at www.annafreud.org.
- Depending on the needs of your class, you may like to substitute some of the activities outlined in this lesson plan with those in the set of cross-curricular activities. This is also freely downloadable at www.annafreud.org.
- In piloting this lesson plan, we started this lesson with icebreaker activity; 'Fruit Salad Game'. To keep this lesson to a realistic timeframe, we have removed it from this plan, but the activity can be found in the set of Cross-Curricular Activities should you like to include it.
- The PowerPoint presentation designed to accompany the Assembly Plan may be a useful resource when teaching this lesson. The PowerPoint is downloadable at www.annafreud.org, and a printout of the slides is a part of this pack.

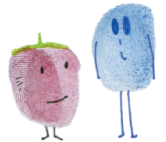
Age group: Year 5/6

Timing: 1 hour – 1 ½ hours

Creating a safe space, ground rules and signposting

Mental health is an emotive subject area which can take us back to difficult times and stir up strong feelings. At the start of this lesson, communicate to your class any available safe spaces in your school that they can go to, and remind them of the support options listed on your class signposting poster (available as part of this pack).

We strongly recommend that you establish ground rules around respectful listening and confidentiality that are usually used in a PSHE lesson with the class.



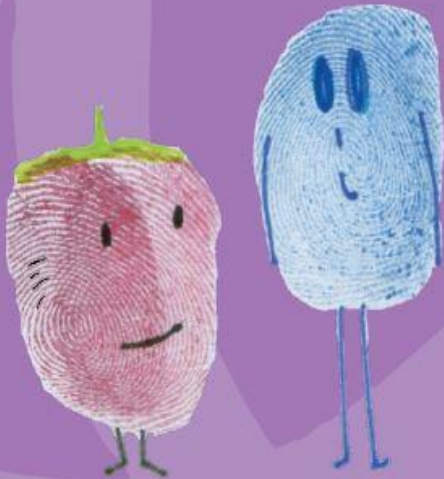


Anna Freud
National Centre for
Children and Families



We're talking mental health in our school

We are:



- ★ watching the Talking Mental Health animation
- ★ learning what our mental health is
- ★ learning how to talk about mental health
- ★ learning how to be good listeners

Find out more: www.annafreud.org

Supported by:

Our Patron: Her Royal Highness The Duchess of Cambridge

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Anna Freud
National Centre for
Children and Families

This is to certify that

knows how to

TALK
MENTAL
HEALTH



Congratulations!

September 2017

Parent and carer resources



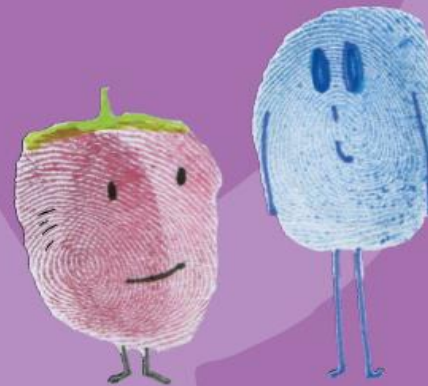
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You're never too young to talk mental health



**Tips for talking for
parents and carers**

Supporting mental health and wellbeing in schools



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National Centre for
Children and Families

A partnership of



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National Centre for
Children and Families

Introduction

Over 50% of mental illnesses start before the age of 14 and 1 in 10 children and young people has a mental health disorder. Schools are on the frontline when it comes to supporting children and young people's mental wellbeing. Staff working in schools are ideally placed to recognise and respond to early signs of mental health difficulties in children and young people.

This booklet aims to support all staff working in school settings to understand how best to help the children and young people in their care. The booklet covers a range of mental health concerns, describes signs you might recognise and offers straightforward and practical guidance about what to do if you are

What is attachment?

An attachment bond refers to a relationship between a child or young person and their primary caregiver that is formed in the early years and is thought to have a long-term impact on development and growth.



A secure attachment helps children and young people feel safe at times of need. When caregivers are not able to provide sensitive, consistent and loving care, a child or young person may develop an insecure attachment to them. This early insecurity can affect their ability to learn and to form relationships with other adults and with peers.

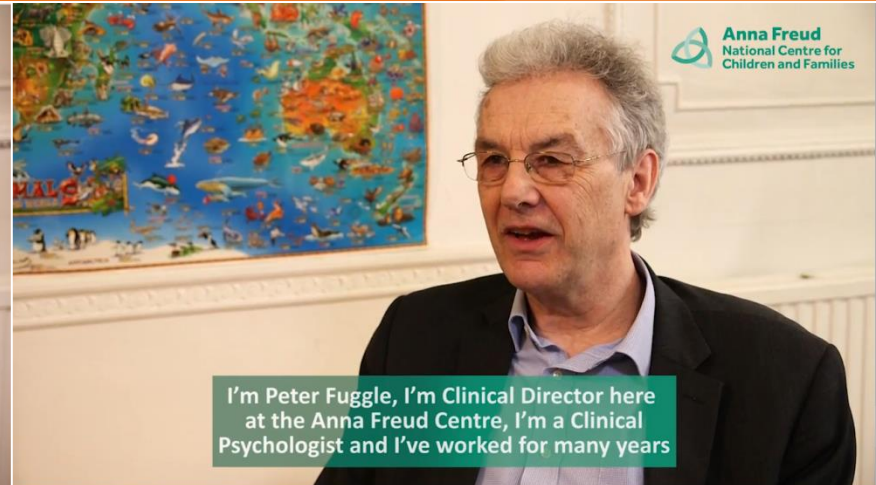
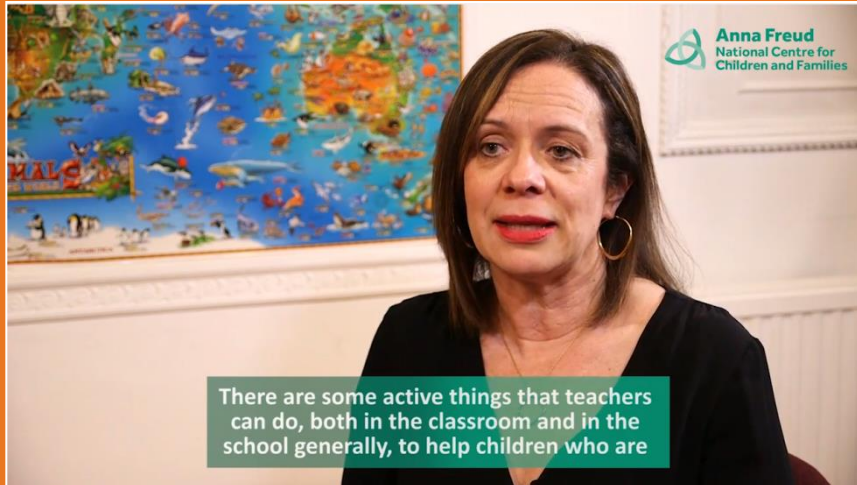
Contents

1. Anxiety
2. Attachment
3. Looked after children
4. Low mood
5. Self-harm
6. Engaging with families
7. Mentalization in the classroom
8. Measuring mental health and wellbeing in schools

What can school staff do to support secure attachment in children and young people?

1. **Undertake training** in attachment theory to help you respond to children and young people's needs. Children and young people with insecure attachment tend to underachieve at school, find it difficult to manage their emotions, and may be less willing to take on challenges. 
2. **Identify** children and young people with greater attachment needs. They may be unfocused, disruptive, controlling, withdrawn or destructive. Often these challenging behaviours are their ways of coping and protecting themselves.
3. **Talk** to your pupils about how they are feeling. Children and young people are often very aware of their own feelings but may not be able to express them.
4. **Engage** with other adults who are involved in the child or young person's life, whether that's a parent or carer, grandparent, social worker or other professional.
5. **Help build** children and young people's capacity for self-regulation, resilience and confidence. This could be through play, art, physical exercise and friendship building, as well as through classroom learning. 
6. **Value your input** as a significant adult in the child or young person's life, with the potential to be a safe haven and secure base for them.

•Expert advice from our clinicians and researchers



Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Hannah Fletcher - Healthwatch Essex The Voice of Young People

30th November 2017



Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Break – 15mins

11am – 11.15am



Sound Bites from the Essex Children in Care Council

Mental Health



Essex County Council

What is mental health?

“ ...its your emotional well being and how you adapt to situations...”

“ ...how you feel inside..”

What, or how did school support you with your mental health?

“...in school I had a councillor... she just listened but didn't give any advice”

“...I had a life coach.. He was really helpful...”

“...Refused to go into lessons.. Didn't want to go to school at all...”

“...why is she getting special treatment?...”

“...made me feel worse and then I didn't want to go to school..”



Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Developing support for Schools in Essex, Southend and Thurrock

Ben Smith, Consultant Clinical Psychologist & Gill Burns, Operational Director
– NELFT

30th November 2017





Emotional Wellbeing & Mental Health

November 2017



Future in Mind

**Promoting resilience,
prevention & early
intervention**

**Care for the most
vulnerable**

**Developing
the
workforce**

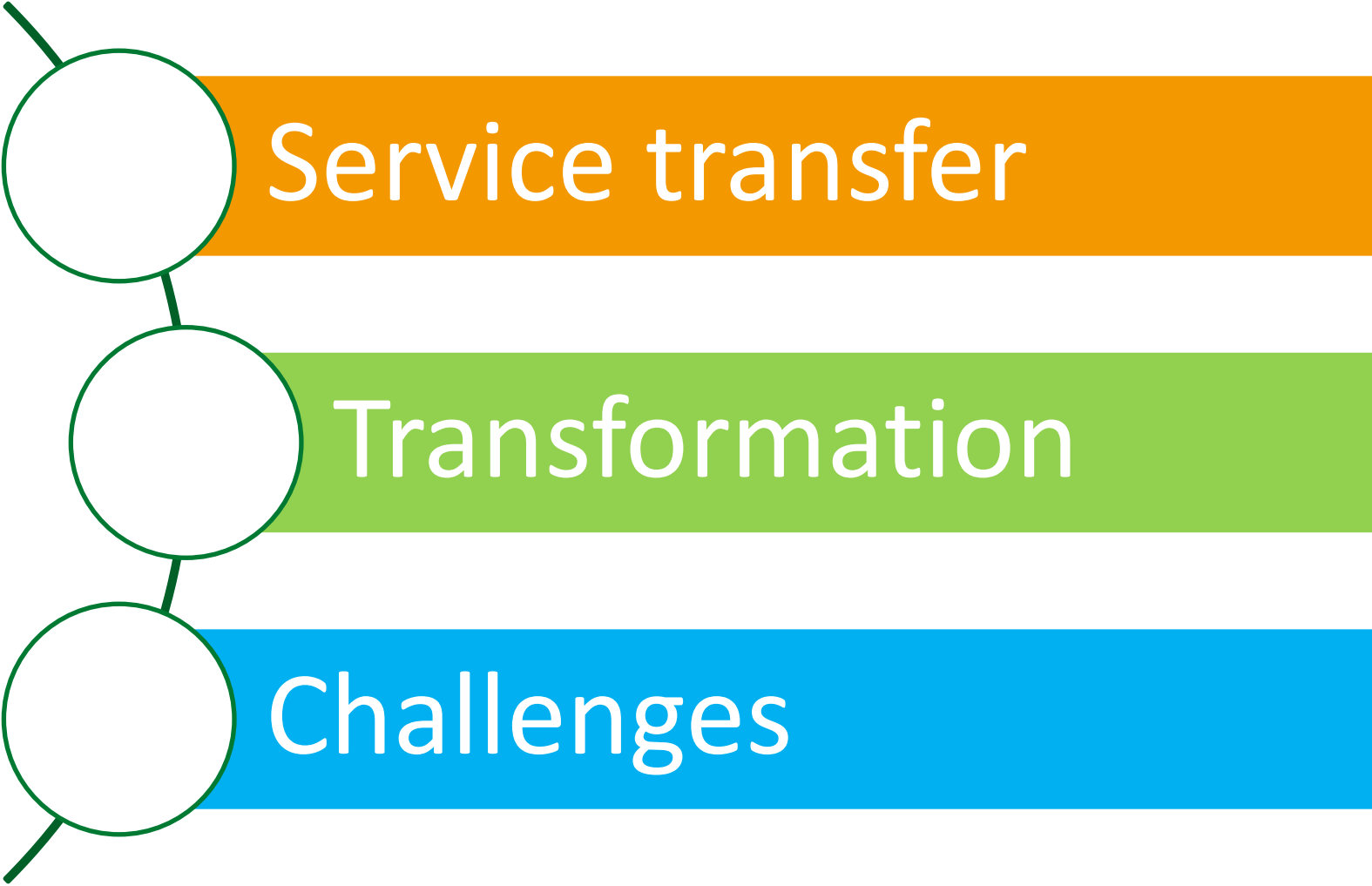


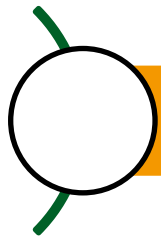
**Improving access -
a system without
tiers**

**Accountability &
Transparency**



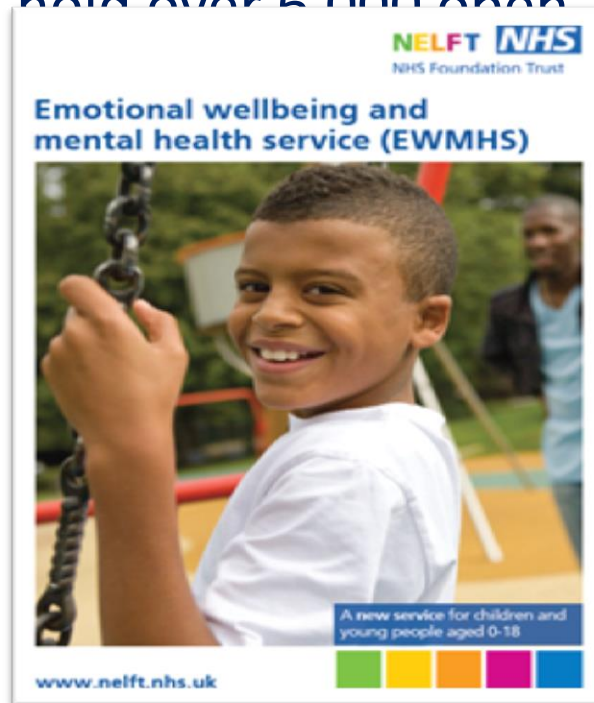
EWMHS Our Journey So Far...



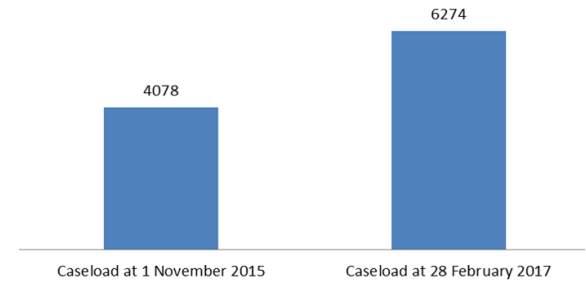


Service Transfer

The service transferred on 1 November 2015 with just over 4,000 caseloads. EWMHS currently hold over 6,000 open cases.

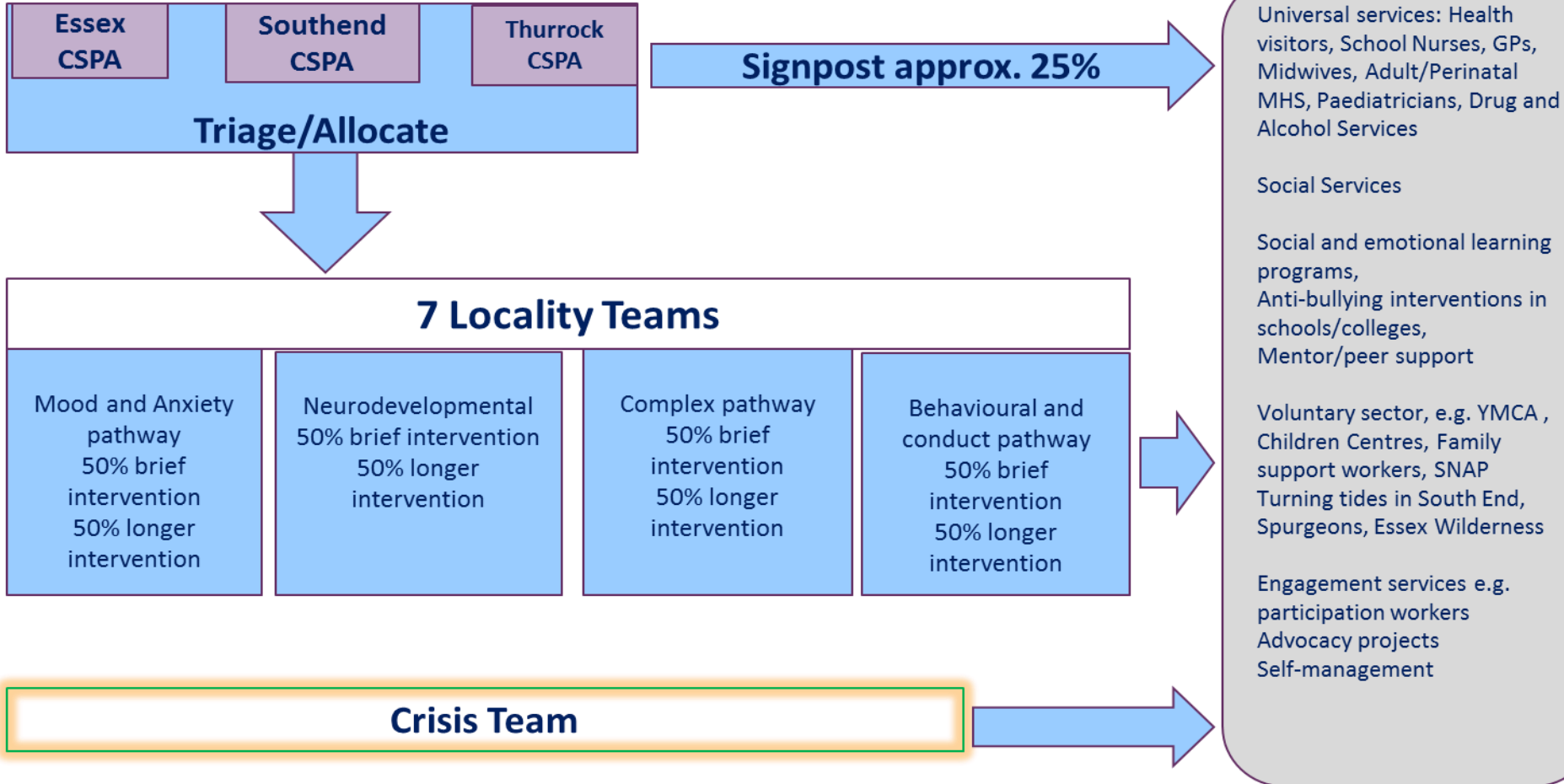


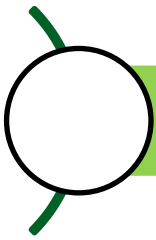
Caseloads for EWMHS



Our “Hub and Spoke” model explained

NELFT Model





Service Transformation

**Agile working model
for Staff**

**Removal of tiers &
re-modelling of Care
Pathways**

**User engagement for a
co-designed model**

CYP-IAPT

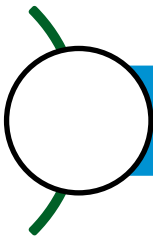
**Outcome
measurement**

**CAMHS Currency
development project
Site**

**Schools engagement
and a move to pro-
active working**

**Digital innovation &
development**





Challenges

**Size & Scale of
Transfer**

Expectations

Transformation Agenda

Culture Change

Staff Training

**Emotional
Wellbeing &
Mental Health
Service**

Staff Integration

IT Provision



EWMHS and Schools

Engagement within ECC, CCGs and Essex Education

- Attendance at work streams

- Promoting better links and communication



EWMHS and Schools

We propose three levels of support in the EWMHS and schools collaboration:

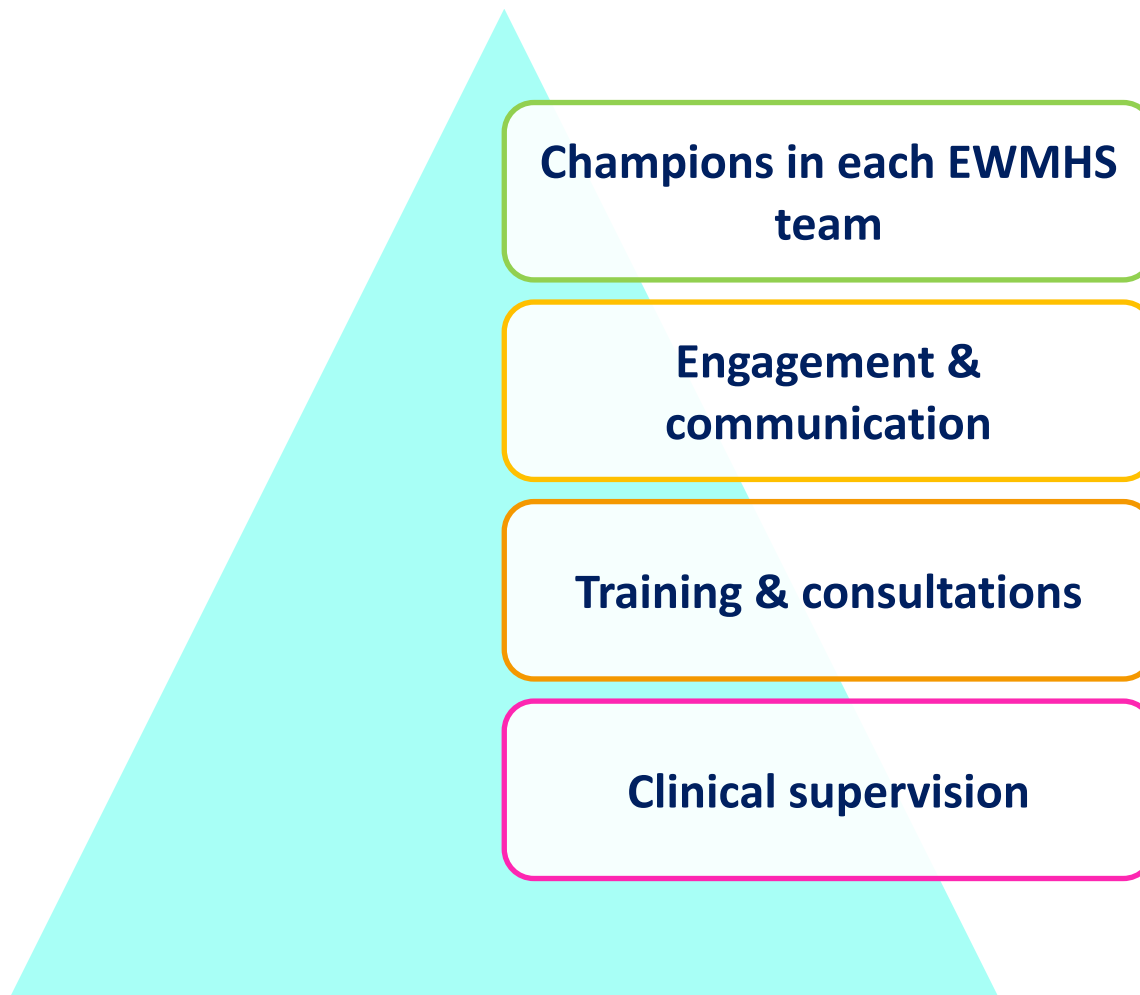
**Training whole staff teams or smaller groups of pastoral & leadership staff .
Bespoke training covering self-harm, suicidality, anxiety, and depression**

Consultations on complex cases with groups of pastoral & leadership staff

Supervision with groups of pastoral staff & school leaders



EWMHS and Schools



EWMHS and Schools

Recruitment of Schools

- 40 schools across EWMHS area have been recruited into Phase 1

Scoping exercise

- Each school has been visited to identify individual needs



EWMHS Progress

Jon Large – recruited to post

Consultation service

Workshops to SENCO'S , pastoral teams and teaching staff being rolled out across EWMHS

Supervision



EWMHS Progress



Dedicated primary school consultation line

Starting 1 st November 2017

Book by emailing jonathan.large@essex.gov.uk



EWMHS Progress

- **Introduction to Supervision Training to be delivered to primary heads**
- **Starting February 2018**



EWMHS Progress

Schools workshop

Providing psycho-education and access to resources. Supporting schools to manage early presentations. Rolling out across Essex



EWMHS Generic



SPA

- Clinical staff
- Triage referrals

Signpost

- Telephone Advice
- Preventative planning, offer of early help

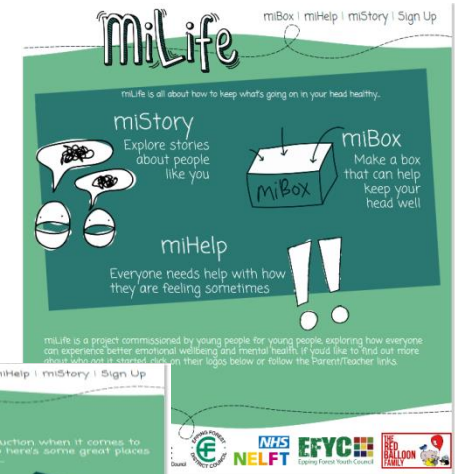


Technological developments in school

MiLife

- ✓ Early help in collaboration with other services and agencies
- ✓ For young people in school years 7 – 11
- ✓ Safe and secure with 24 hour access
- ✓ Workshops delivered through art and performance
- ✓ Resource and information available for parents and carers

<http://www.milife.org.uk/parents.htm>



Digital Support

My Mind App

- ✓ Interactive
- ✓ Confidential, safe and secure
- ✓ Track recovery and check appointments
- ✓ View and amend care plans
- ✓ Easy access to online resources

<https://apps.nelft.nhs.uk/MyMind>



EWMHS and Schools

- Our hope is that an EWMHS and schools collaboration will support the drive for early-intervention in schools and foster cultural change in the way schools tackle mental health problems and mental wellbeing.
- This collaboration will support school staff to develop:
 - their knowledge of mental wellbeing and the problems affecting young people
 - the symptoms to look for
 - strategies for supporting children with early signs of mental and emotional stress before a referral to specialist services is needed



Emotional Wellbeing & Mental Health

November 2017



Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Local Transformation Plan & Launch of resources for schools

30th November 2017

Chris Martin – Director for Strategic Commissioning and Policy

Lisa Wilson – Head of Commissioning (Children's MH)

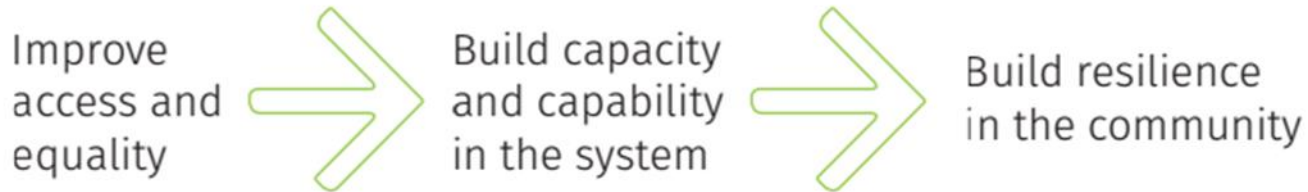
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Transformation Journey



- November 2015
 - Collaborative Commissioning arrangements – 7 CCGs/3 LAs
 - Emotional Wellbeing & Mental Health Service: EWMHS
 - Local Transformation Plan: Open Up, Reach Out
- 5 year transformation
- **Year 1** transition, **Year 2** establishing transforming, **Year 3+** embedding
- Principles
 - Early Action – avoiding and preventing
 - No judgement, no stigma – care that is right for each individual
 - Support for the whole family – care as part of daily life
 - Inform and empower – easy to access information
 - Joined up services – efficient, effective and clear
 - Better outcomes – evidence based care, responding to feedback

Areas of development

- Crisis at home approach
- Specialist learning disabilities & MH service
- Exploring ASD & Mental Health systems challenges – parallel event today
- Review of processes for Looked After Children - prioritisation
- New perinatal service – Oct 2017
- Digital solutions – MyMind, Kooth, Big White Wall
- Schools support - Self-harm guidance, digital resources, supervision, training
- Operational Relationships with NELFT and social care
- Engaging with young people – Rerezent, Youth panel, Young Essex Assembly Events
- Developing pilot transitions service from children's to adults
- Agreement for a **two year contract extension** with the current EWMHS provider NELFT, the commissioned service will be contracted until 31st October 2020

LTP 2018/19 Priorities

Areas of Focus for Commissioners

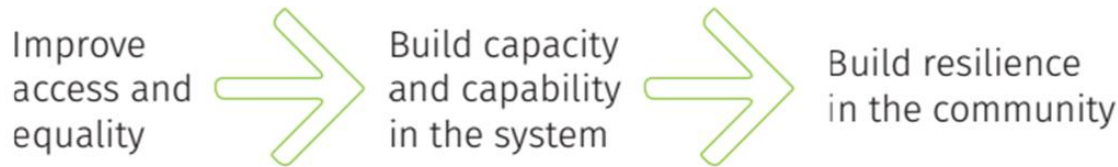
- ✓ Continue to embed the Community Eating Disorder Service
- ✓ Pilot of Southend, Essex & Thurrock wide Learning Disability CAMHS support provision- with evaluation
- ✓ Review and develop future plan - access, demand and outcomes of the service
- ✓ Following successful NHSE bid develop support for those at risk of offending with EW and MH needs – Health and Justice

- Building **community resilience** by providing additional support to schools and the voluntary sector
- Review and re-modelling of the **Crisis service** and provision
- Review and piloting of **transitions** of services- support for young people leaving children's services
- Continue to improve and build CYP and family **engagement and communication**
- Developing the **neurodevelopmental** provision for CYP & families for CYP with **Learning Disability, ASD and ADHD**
- Continue to develop, **integrate** and work with the wider children's service system to provide a seamless offer (Tier 4 inpatient, EHC, TCP, Paediatric Care, Children Looked After & Children in Need)

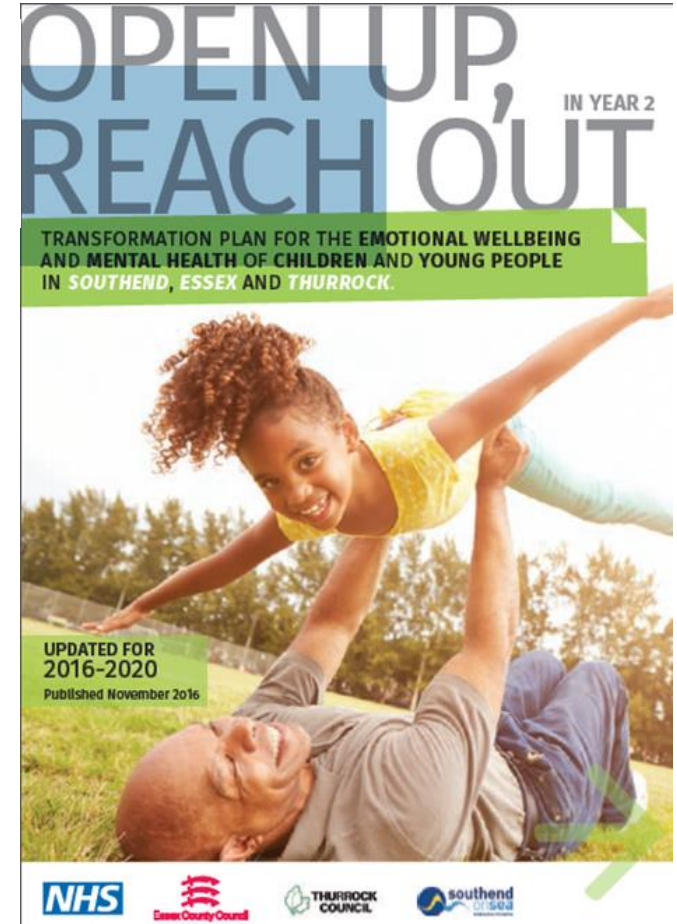
Outcomes

- *Equality of access for CYP across Southend, Essex & Thurrock*
- *Improved emotional wellbeing*
- *More resilient CYP & Families*
 - *Better outcomes for CYP*
- *Reduced inpatient admissions*
- *CYP & families are better engaged and coproduce service design*

Open Up, Reach Out



- Building resilience in the community
 - Year 1 Review existing school suicide guidance & position for self-harm
 - Year 2 working with partners to put recommendations into action



Selfharm Toolkit for Educational settings

What is Selfharm?

- Everyone has accidents from time to time resulting in cuts and bruises - but it's the **injuries that are caused on purpose that are considered to be acts of self-harm**. Self-harm often happens during times of anger, distress, fear, worry, depression or low self-esteem in order to manage or control negative feelings. Self-harm can also be used as a form of self-punishment for something someone has done, thinks they have done, are told by someone else that they have done, or that they have allowed to be done to themselves.
- The phrase 'self-harm' is used to describe a wide range of behaviours. Self-harm is often understood to be a **physical response to an emotional pain of some kind, and can be very addictive**. Some of the things people do are quite well known, such as **cutting, burning or pinching**, but there are many, many ways to hurt yourself, including **abusing drugs and alcohol or having an eating disorder**. Sometimes, it's more important to **focus on how someone is feeling** rather than what they do to themselves. Quite often, people find that more helpful (*Definition from SelfharmUK*)

What Are The Risk Factors

- Young people concerning to schools are vulnerable in the School Holidays
- Young people coping with a parental suicide
- Societies attitudes to males- 'get on with it' attitude
- Substance misuse
- Domestic Abuse
- Care Leavers
- Lack of awareness of Mental Health services among young people
- Young people missing from Education- not receiving any form of youth support
- Of 373 Website hits using suicide associated words , 31% were suicide neutral, 29% were antisuicide, and 11% were prosuicide.

Awareness among Young People

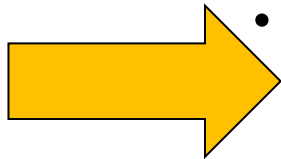
- **64%** of participants felt their age group was more likely to have negative experiences when visiting GPs
- **7 in 10** participants had not heard of the 111 telephone service
- **8 in 10** participants did not know how to access support for mental health issues
- **280** participants (**68%**) said they had never received information on mental health
- **1 in 10** participants told us that talking therapies had helped them

- (Yeah report the voice of 414 people from across Essex, aged 15-19)

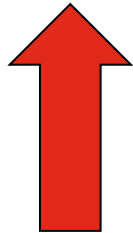
Selfharm in Essex: What do we know?



- Rates of hospital admissions for self-harm in children aged 10-24 in Thurrock, Southend and Essex are significantly lower than the England average



- Rates of hospital admissions for self-harm in children aged 10-24 have shown an upward trend in recent years in Essex and England overall, but rates have not changed significantly in Thurrock or Southend



- Levels of self-harm are higher among young women than young men
- After cutting, self-poisoning was shown to be the most common method of Selfharm

Who is at risk?

1 in 12 to 1 in 15 deliberately self-harm
19,000 and 38,000 10-19 year olds in Southend, Essex and Thurrock

Hospital admissions for self-harm in children aged 10-24 **have increased in recent years**, across Essex and England, however they have decreased in Southend and Thurrock.

990 patients accessing SET Tier 3 support for deliberate self-harm (2014/15)

256 patients accessing Tier 4 support for deliberate self-harm (2014/15)

Three times as many young men as young women aged between 15 and 19 committed suicide (Windfuhr, K., 2008):

Only 14% of young people who committed suicide were in contact with mental health services in the year prior to their death, compared with **26% in adults** (Windfuhr, K., 2008):



11% of total referrals to EWMHS are as a result of deliberate



What do young people say?

39% of young people thought the best support was having **someone to talk to**

Someone they could **trust**

Over **70%** of the young people thought that carers, parents and teachers may need **more information and support** about self-harm

64% thought that young people themselves may need more support



“I self-harmed for 3 years and my high school was helpful... especially the head of year who made it clear who you could talk to, and that free counselling services existed”

“Having people who understand to talk to etc. Having it as a more open thing rather than a secretive taboo subject. Let people talk comfortably in confidence to the right people.”
“Properly informed about anyone who they can talk to, get help from.”
(female ,aged 17)



Background, Aim and Development

- Recommendations following Review of Suicide and Selfharm prevention guidance toolkit for schools (2016)
- **Aim:** To develop guidelines to support educational settings in Southend, Essex and Thurrock in identifying and managing self-harm
- Development Process:
 - ✓ Data analysis – what do we know about self harm in Essex?
 - ✓ Evidence review– what coping strategies does evidence suggest are helpful for young people in distracting/avoiding Selfharm?
 - ✓ Best practice visit to a self harm service (SHARP)
 - ✓ Desktop review of Selfharm guidance best practice in other areas
 - ✓ Partnership working group developed first draft
 - ✓ Engagement with schools and young people
 - ✓ School Safeguarding forum meetings
 - ✓ NELFT (EWMHS) service user group
 - ✓ Finalising guidance to include engagement input
 - ✓ Testing with schools and partners
 - ✓ Clinical Governance

What's Included in the draft toolkit?

- Why do people self harm and who is likely to be at risk?
- Spotting the signs
- Roles and responsibilities
- How to respond to self harm incidents
- Confidentiality
- Conversation prompts for speaking to a young person about self harm
- Useful contacts list
- Leaflets for parents and young people about self harm
- Template letters e.g. incident forms / letter to parent about self harm incident
- Possible distraction/coping strategies



Suicide Thematic Review and Event

Tragically we have seen an increasing trend in Essex of CYP Suicides since April 2017

- ❑ Working with ESCB to undertake review of recent suicides in order to learn what could be done differently / any missed opportunities
- ❑ In partnership with ESCB, NELFT, Commissioners from LAs/CCGs
- ❑ Aim to have a partnership event in Spring 2018 – to share learning and identify missed opportunities that may have occurred
- ❑ Plan actions and get commitment from partners from across the system
- ❑ support ahead of key pressures such as exam times
- ❑ Refresh suicide prevention guidance – **by March 2018**

Online Information Portal for educational settings

- Need for Information portal originally identified through:
 - Suicide prevention toolkit Review – Focus groups (2016)
 - YEA workshops with young people
 - Selfharm guidance/toolkit engagement process
- Scope:
 - ❖ Single online reference point for schools to access
 - ❖ Audience – teachers and school staff with sections for CYP and Parents to access
 - ❖ Utilise established web platform to aid quick turnaround
 - ❖ Capacity to development further resources over time
 - ❖ Portal available across SET with links to local support
- Collaboration from relevant stakeholders across SET to develop the Emotional wellbeing online information portal for schools

Information Portal Process

- ✓ Initial planning and exploration of appropriate online host
- ✓ CCF approval
- ✓ Development of resource framework and sitemap
- ✓ Agreement of final version
- ✓ Uploading information of Existing online platform
- ✓ Test of Online portal
- ✓ Clinical governance
- ✓ Launch

What's included in the Information Portal

- *What is Emotional Wellbeing and Mental Health in young people?*
- *Promoting Emotional wellbeing in school settings – inc lesson plans etc*
- *Primary and Secondary focus*

Relationships:

- Unhealthy relationships
- Loss, Separation and Bereavement
- Loneliness and Social Isolation
- Self-esteem
- Body image

Risk taking behaviour:

- Selfharm
- Suicide
- Drugs/Alcohol abuse
- Eating

Stress, Anxiety and Depression:

- Identity
- Exam stress
- Peer pressure/bullying
- Depression

Managing Complex Mental Health Conditions:

- Psychosis
- Attachment difficulties
- Autism
- Learning Difficulties
- Behavioural difficulties

- ***Other useful links***

Info portal website – Essex example

The screenshot shows a web browser window displaying the Essex Schools InfoLink website. The browser's address bar shows the URL <http://cms-schools.essex.gov.uk/pupils/Emotior>. The website header features the Essex County Council logo on the left, a user greeting "Welcome Greg Davis2 | Logout" in the center, and a search bar on the right. Below the header is a large banner image with the text "Essex Schools InfoLink". A yellow status bar indicates the page is "Checked in and viewable by authorized users" and has a "Publication Start Date: Immediately". The breadcrumb trail reads: "You are here: Essex Schools InfoLink > Pupil Support & Welfare > Emotional Wellbeing and Mental Health Service > Information Portal - Emotional Well Being and Mental Health". The main heading is "Information Portal for Emotional Well Being and Mental Health", with a sub-heading "Page last updated: 19/06/2017". Below this is a section titled "Examples of links to other pages/websites list" containing six colored boxes with corresponding text:

- Understanding Emotional Wellbeing and Mental Health in Young People
- Promoting Emotional Wellbeing in School
- Conversations with Young People
- Emotional Wellbeing and Mental Health Service
- Training and Events
- Managing Complex Conditions

This is the home page of the portal, from here users are able to access the various areas of the site's resources by clicking on the titles beside the colour boxes e.g. Risk Taking Behaviours, Relationships, Stress Anxiety & Depression.

The screenshot shows the homepage of the Emotional Wellbeing and Mental Health Information Portal for Schools. At the top, there is a navigation menu with links for News & Information, School Management, Staff Support, Pupil Support & Welfare, Data & Standards, Other Education Services, My School, and News. Below the menu, a status bar indicates the page is checked out and editable, with a publication start date of immediately. The breadcrumb trail shows the user's location: Essex Schools InfoLink > Pupil Support & Welfare > Emotional Wellbeing and Mental Health Information Portal for School. The main heading is "Emotional Wellbeing and Mental Health Information Portal for Schools", with a sub-heading "Page last updated: 22/11/2017". The page welcomes users from Southend, Essex and Thurrock and states that the portal is designed to support finding online material and content for supporting children and young people in educational settings. It includes a disclaimer and a link for emergency situations. A grid of eight color-coded boxes provides links to various resources: What is Emotional Wellbeing and Mental Health in Young People? (purple), Promoting Emotional Wellbeing in School Settings (orange), Relationships (yellow), Stress, Anxiety and Depression (light green), Risk Taking Behaviour (olive green), Managing Complex Mental Health Conditions (light blue), Is this an emergency? (dark orange), and Curriculum Resources (red). The footer contains logos for Essex County Council, Southend on Sea (Essex Local Education), Thurrock Council, and NHS.

Site Actions: [Browse](#) [Page](#) [Publish](#)

[News & Information](#) [School Management](#) [Staff Support](#) [Pupil Support & Welfare](#) [Data & Standards](#) [Other Education Services](#) [My School](#) [News](#)

Status: Checked out and editable. Publication Start Date: Immediately

You are here: Essex Schools InfoLink > Pupil Support & Welfare > Emotional Wellbeing and Mental Health Information Portal for School

Emotional Wellbeing and Mental Health Information Portal for Schools

Page last updated: 22/11/2017









Welcome to the Southend, Essex and Thurrock Emotional Wellbeing and Mental Health Information Portal for schools.





This information portal is designed to support you in finding online material and content in supporting children and young people in educational settings.

If you feel this is an emergency situation, please click here [Emergency](#).

Disclaimer:
Please note that the authors (Southend, Essex and Thurrock) cannot take responsibility for the content on the resource links provided as these are regulated by external sources not mandated by the Local Authority

For further information and resources, please use the links below

 What is Emotional Wellbeing and Mental Health in Young People?	 Promoting Emotional Wellbeing in School Settings	 Relationships	 Stress, Anxiety and Depression
 Risk Taking Behaviour	 Managing Complex Mental Health Conditions	 Is this an emergency?	 Curriculum Resources

developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised. [Department for Education – *Mental Health and Behaviour in Schools* – March 2016.](#)

Please see: [Mental health and behaviour in schools \(Departmental advice for school staff\) DfE 2016](#)

For further information/resources, please use the drop down boxes below:

+ Locally Accessible Information

- Advice for Schools

Essex Local Offer - *The Essex Local Offer website gives information about support services and local opportunities for children and young people with special educational needs and disability*

Essex Local Offer – Provision Guidance - *The Essex provision guidance toolkit is the key place that provides and signposts comprehensive, evidence-based advice and guidance for schools on how to support and meet the needs of children and young people with SEND (whether learning, mental health and other difficulties). It is written by Senior Specialist Educational Psychologists in conjunction with Specialist Teachers.*

Mental Health & Behaviour in Schools (Departmental Advice for School Staff) DfE March 2016

+ Advice for Parents

+ Advice for Young People

+ Other Useful Resources

Each area provides explanatory information on that particular subject.

The drop-down boxes at the bottom of the page provides further information /resources for schools, parents and young people, plus locally accessible information and other useful resources.



Promoting Emotional Wellbeing in School Settings

Page last updated: 17/10/2017

+ Mental Health First Aid

+ Consent / Confidentiality

+ Safeguarding

- Mental Health Policy / Roles and Resilience

PSHE Association - Curriculum and Resources – Guidance on preparing to teach about Mental Health

Mental Health and Behaviour in Schools - departmental advice for school staff (DfE) March 2016

The Department of Health policy 'Future in Mind' (DoH, 2015), expects schools to be active partners in supporting the mental health needs of their pupils. A document which supports this is The National Children's Bureau "A whole school framework for emotional well-being and mental health" (NCB, 2016). [National Children's Bureau – A whole school framework for emotional wellbeing and mental health](#)

+ Case Studies

+ Criteria for choosing a School Counsellor for your school/college

Looking to the future and education of young people with regard to mental health and wellbeing, look out for the –

Promoting Emotional Wellbeing in Schools Settings & Curriculum Resources (with links to lesson plans) areas.



The Role of Social Care

Practice:

- Outcomes first
- CIN/ CPP/ LAC
- Family Hub – also point of support for professionals
- EW and MH considered in all assessments
- Even if determine SC involvement not necessary will signpost and help navigate to support
- Thresholds based on a continuum with lowest appropriate level of intervention always considered
- Support delivered from Family Solutions service for families not meeting social care threshold.

When allocated a worker:

- Work with EWMHS – referral pathways
- Work in multi agency way with other key partners Schools/ VCS org/ parents and carers
- LAC – work together to ensure placements secured and do not break down
- Support those returning to community from T4 settings
- MH Coordinators (Social work practitioners)

Collaboratively working with partners

- Building trust is key
- Monthly Commissioner/ EWMHS/ SC
- LAC assessment consultations in quadrants
- Monthly tier 4 meetings
- Quadrant social care leads for MH- Service Managers & Director and service manager level strategic leadership
- Care, Education & Treatment Reviews
- Co-location – SPA/ Families Hub
- Early Help – FIF

Areas for development

- Sharing data – exploring SPA/ hub links
- Family Solutions - Troubled Families link with EWMHS
- Refocus role and training for MH Coordinators
- Support for Care Leavers – Adults MH service
- Improve guidance on pathways to SW teams inc funding options
- ESCA training: develop locality briefing sessions/ general awareness of Mental Health and processes such as the CETR process

The Role of Social Care in Thurrock

Practice:

- Focus on evidence based outcomes
- CIN/CP/LAC
- Multi Agency Safeguarding Hub (MASH) – triaging and screening referrals to CSC
- Prevention and Support Services (PASS) includes troubled families programme
- Where referrals do not meet threshold for CSC involvement they may be able to access PASS and TF programmes or will be sign posted to the most appropriate commissioned service including EWMHS

When allocated a service:

- Works with care plan and utilises EWMHS pathways as appropriate
- Works with other commissioned services – good existing links, shared experience and knowledge of Thurrock families
- EWMHS support and consult SC in appraisal of families MH needs Collaboratively

Working with partners

- Small Locality mean there are strong relationships between partners already in existence
- Care and treatment reviews with colleagues in CCG
- Teams are all co located , MASH model has partners from a range of services including health and police colleagues
- LAC nurses co – located with CSC
- Information sharing protocols in place

Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Q and A Panel

12pm – 12.30pm

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Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Lunch & Market Stalls

60 mins

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Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Workshops Round 1

13.30pm -14.15pm

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Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Break – 15mins

Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Workshops Round 2

14.30pm -15.15pm

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Sound Bites from the Essex Children in Care Council

Mental Health



Essex County Council

Other support you may have got?



“... I didn’t get any support from my school.... I was under CAMHS..”

“...I did group sessions and everything...”

“... Want ways of coping with how I am feeling..”

“... You have to do something in order to be listened to...”

“... I was thinking REALLY??...”





“.....Sometimes I just didn’t know how I was feeling and to put that into words..”

“....Sometimes to be given the opportunity to do something like art therapy..”

“....I actually felt worse than when I went in..”

“...They (school) would just send me home...”



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Perfect Support system for mental health?



“..... A group like this (children in Care Council meetings, held in a youth centre)... where everyone has similar backgrounds..”

“... Chill out space...”

Last Words...

“..... I wouldn't be alive if I didn't have you guys (Children in care council involvement team).. Seriously...”



Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Nick Boddington – PSHE Association

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Essex County Council

Children's Emotional Wellbeing and Mental Health Conference & Launch event

The role of schools – drawing today
together

Nick Boddington BA Hons MEd MSc
PSHE Association Subject Specialist

Children's Emotional Wellbeing and Mental Health Conference & Launch event

The role of schools – drawing today
together

Nick Boddington
PSHE Association Subject Specialist

IT'S ROLE PLAY TIME!!!!

- As quick as you can rearrange the months of the year in alphabetical order.
- First one finished I'll check and if one is wrong
 - **you're joining me at the front!**
- Last one finished
 - **you're joining me at the front!**

So....

- How many of you couldn't remember the months of the year (even if only for a few seconds?)
- Anyone have trouble remembering the alphabet?
- What were you thinking about me?
- How many would have found a reason to leave at lunchtime?
- If I said I was going to do this at the end of this session (I am **not**) – how many of you would not listen to anything I said – just be thinking 'please, please don't let it be me!'
- Anyone get even a slight physical reaction – what about after I said we were not going to do a role play?
- What we feel, what we think and our physiology is all one system – it isn't that anxious children won't learn – anxious children can't learn.
- **Emotional wellbeing underpins academic attainment – ignore it at your peril!**

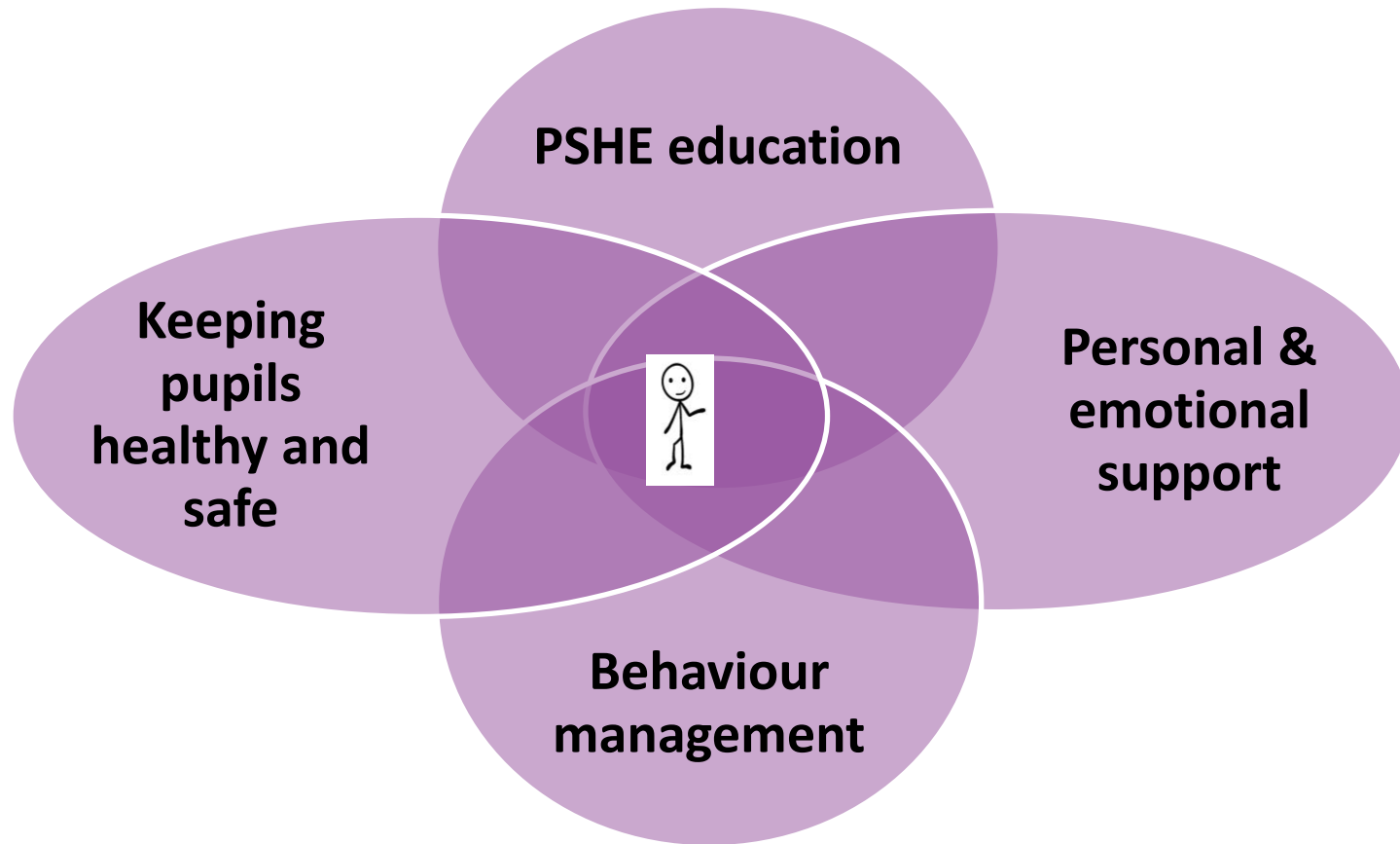
Now and the future

- Education prepares children for both today and for their futures
- We are living in the most rapidly changing period in our history
- The pace of change is not slowing it is accelerating
- Children entering our schools today will be leaving education in 2033 and may witness between 2000 and 20,000 years of change in their lifetimes – (and AI can't do emotions!)

But...

- Children are still the same – they have the same need to make relationships, form their own identity, have fun and find out what the world is all about.

Putting it all together



Always think...

- **Curriculum first** – what are we teaching?
 - Teaching **about** – the knowledge and processing this into understanding (*what does this mean to me?*)
 - Teaching **how to manage** – the skills, strategies and language I need to apply my knowledge and understanding (*what do I feel and believe, what can I say, what can I do, who can I talk to?*)
 - **Underpinning learning** – Everything I have learnt before that supports my new learning

And if you want to focus on just one thing...

- Language, language and more language!
- Language helps to ‘separate’ and ‘pin down’ what we are feeling
- Provide opportunities to develop a language for ‘**range** of emotions’ – e.g. ‘frightened’
- Provide opportunities to develop a language for the ‘**intensity** of emotions’ – e.g. uneasy, nervous, scared, frightened, terrified’ and recognising ‘**big feelings**’ and ‘**little feelings**’
- Our vocabulary enables us to more precisely communicate our feelings and can help develop empathy
- There are no ‘bad feelings’ – our feelings are our brains way of telling us we need to pay attention to something - it is important to listen to them

Be careful to 'do no harm'

- Ensure your learning environment is 'safe'
- Build a developmental programme – not 'one off learning'
- Use 'distancing' – don't ask young people to make personal disclosures
- Avoid any material that is (accidentally) 'instructional' or 'aspirational'

Next think...

- The **culture and ethos** of our school –
- What do children and young people experience in the day to day interactions, planned and unplanned that are constantly either boosting or lowering their emotional well-being?
- Remember – the magnitude of any event is within the experience of the recipient (what appears trivial to one person can be uplifting or devastating to another – *recall a time...*)
- Developing and protecting emotional wellbeing lies as much in the ‘micro interactions’ as the ‘macro interactions’

In pairs – just a quick 2 minutes.

- How could we make any of these experiences enhance pupils mental wellbeing?
 - The assessment of pupils work?
 - Target setting?
 - Displays?
 - The first five minutes of the school day?
 - The last five minutes of the school day?
 - Our playground?
 - Our assemblies?
 - Testing and examinations?

Think of emotional wellbeing as a 'lens' you lay over the life of the school

Now think...

- Protocols and procedures – what we say do and who we tell if something is going wrong.
- Early identification, intervention and if necessary referral

But....

- As with any ‘alarm’ you need children and young people who know what they, are confident in the protocols and the consequences of ‘actioning’ them and are able and willing to ask for support.

‘Paddington shouted help, but not too loudly in case anyone heard’

-and ensure you pastoral system informs the PSHEe programme and school policy reviews

For further support see here

- <https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and>
-and if you are not already a member please think about joining the PSHE Association!

Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

Plenary and Questions

**Clare Kershaw -
Director for Education
Essex County Council**



Children & Young People Emotional Wellbeing and Mental Health
Conference and Launch Event

**Thank you & conference
close**

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