

Business and Children's Policy and Scrutiny Committee

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Title:	Children, young people and young adult emotional wellbeing and mental health in Westminster
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Cabinet Member Portfolio	Councillor Timothy Barnes
Wards Involved:	All
Policy Context:	City for All
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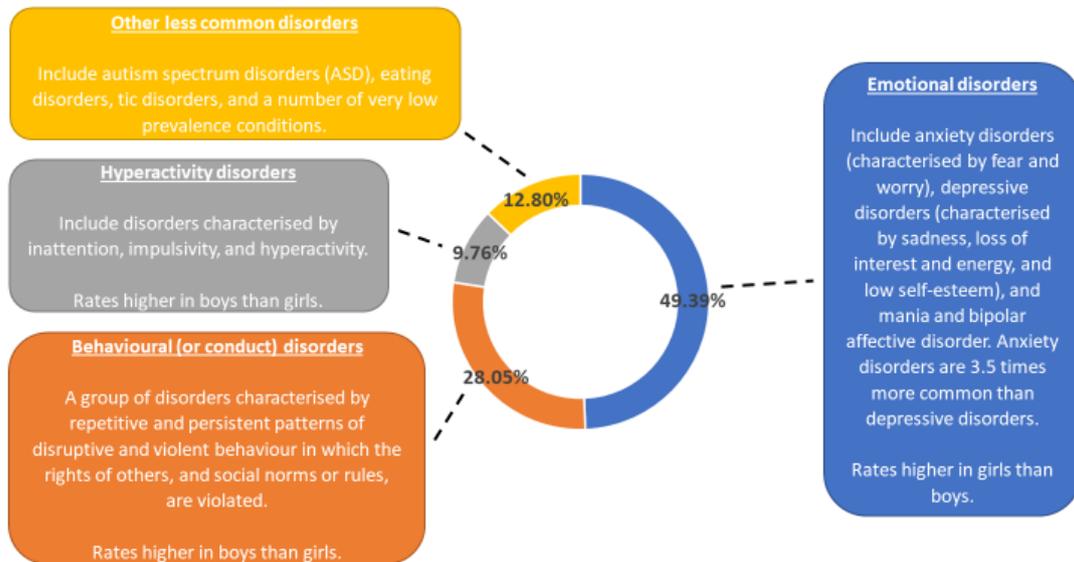
1. Summary

- 1.1. This report sets out what we mean by emotional wellbeing and mental health, what children, young people and young adult mental health looks like nationally and locally, and the impact of Covid-19. We detail what local residents and stakeholders have told us they need and how our services (both local authority and Clinical Commissioning Group (CCG) funded) have and, continue to develop and adapt to meet this changing need. We then look forward to the steps we would like to take to most effectively respond to the changing and increased need we are starting to see, linked to the impact of Covid-19. This will include better promoting the offer we have available locally and taking steps to meet additional needs that exist in this area.

2. What do we mean by emotional wellbeing and mental health and what do mental health disorders look like in practice?

- 2.1. We use the term emotional wellbeing and mental health (EWMH) in its broadest sense to cover needs and support that focuses on keeping people mentally well and resilient. Mental health disorders are diagnosable conditions and defined

as problems with mental health that impact on an individual's daily lives including difficulties with emotions, behaviour, relationships, hyperactivity, or concentration. These can be grouped into 4 main types for children and young people. Their prevalence varies by gender with an average figure across all children and young people (CYP) below¹:



3. What children, young people and young adult emotional wellbeing and mental health looks like nationally and locally

3.1. Nationally, one in six CYP aged 5 to 16 years old have a probable mental disorder². For young people and young adults (YA) aged 17-22 this increases to one in five.³

3.2. Many factors impact on how likely a CYP is to be suffering from poor mental health. For example, we know that:

- A CYP living in a household that is struggling financially is twice as likely to have a probable mental health disorder than their peers⁴
- This increases to three times as likely for CYP living in households where parents are mentally unwell or where the family is struggling to function effectively⁵

¹ <https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf>

² <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

³ Ibid

⁴ Ibid

⁵ Ibid

- For those aged 16-25 that are not in employment, education or training (NEET) mental ill health prevalence jumps to 24%⁶
- The likelihood of a probable mental disorder increases with age with a noticeable difference in gender for the older age group (17 to 22 years) where one in four young women and one in eight young men have a probable mental disorder⁷
- Childhood through to early adulthood is the crucial time to be supporting CYP&YA to be resilient and stay well – as we know that 50% of mental health issues are established by age 14 and 75% by age 24⁸
- The impact of failing to provide effective intervention can be devastating – with suicide being the most common cause of death for young people aged 16-24⁹, with 7% of CYP having attempted suicide by the age of 17 and almost one in four CYP having self-harmed in the past year¹⁰
- Perhaps the most sobering statistic of all is that it takes an average of 10 years for a young person to get help from them first showing symptoms of mental ill health¹¹ and by that point so much damage is already done. Two key interrelated reasons for this are the continued stigma around mental health and a lack of understanding in the population about mental health conditions that prevents effective identification and therefore treatment. Thereafter the historic gap in early intervention capacity stymies those that seek support.

3.3. It is clear the Covid-19 pandemic is currently having a detrimental impact on the EWMH of CYP, with estimates of an increase in need of up to 50%.¹² In a recent survey carried out locally by Young Healthwatch Westminster 88% of CYP said that Covid-19 has had an impact on their mental health.¹³ This impact will be felt longer term over the coming years, with the level of underlying mental health problems expected to remain significantly higher as a result of the pandemic. However, this increased need hasn't yet translated into significant increases in CYP accessing our local EWMH services. The restriction of lockdown has played a key role in this.

3.4. Rates of probable mental disorders have increased significantly since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a

⁶ Disorders in the National Comorbidity Survey, Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV

⁷ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

⁹ https://media.samaritans.org/documents/SamaritansSuicideStatsReport_2019_Full_report.pdf

¹⁰ <https://cls.ucl.ac.uk/wp-content/uploads/2020/11/Mental-ill-health-at-age-17---CLS-briefing-paper---website.pdf>

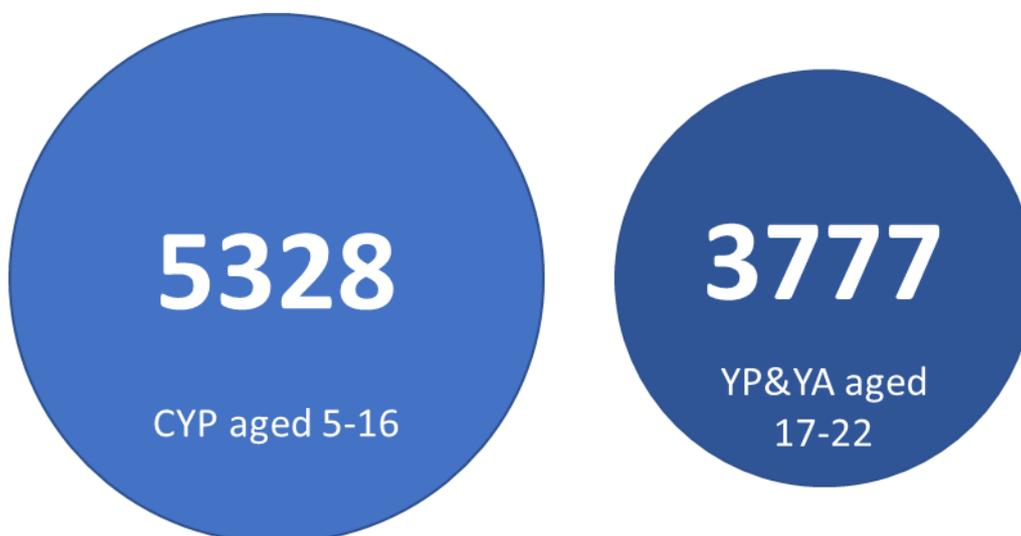
¹¹ https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_MissedOpportunities.pdf

¹² <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

¹³ <https://healthwatchcwl.co.uk/wp-content/uploads/2020/07/Bridging-the-gap-young-peoples-experiences-of-mental-health.pdf>

probable mental disorder, an increase from one in nine (10.8%) in 2017.¹⁴ The increase was evident in both boys and girls.

- 3.5. Locally in Westminster this translates to this many CYP aged 5-16 and YP&YA aged 17-22 having a probable mental disorder:



- 3.6. Historically CYP&YA EWMH support has been under prioritised and underfunded nationally. Despite some genuine progress made in the last 5 years, this is still the case today where a significant gap remains between the levels of childrens against adults funding and in the gap (parity of esteem) between physical and mental health. As such, the national targets for the number of CYP with diagnosable mental health conditions that should be able to receive support is only 35% of the total CYP that are estimated to need it. Locally that currently translates to a target of 907 CYP accessing support through NHS funded mental health support services (including CAMHS and the Mental Health Support Teams (MHST)) in the Central London CCG area. This target is currently being met. Regarding young adults (18-25) the situation is even more stark. Our best estimate based on prevalence surveys, local IAPT take up by age and CCG BI data,¹⁵ is that approximately 85% of those with a diagnosable mental ill-health are not accessing support locally.

4. Our local approach and arrangements

- 4.1. Our stated ambition locally in our Joint CCG and Bi-Borough Children and Young People's Emotional Wellbeing and Mental Health Plan is to deliver a whole system approach to CYP&YA EWMH.¹⁶ Practically this involves delivering an offer that focuses on wellbeing in its broadest sense and in doing

¹⁴ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

¹⁵ Combined Mid-Year 2018 estimates, NHS England and IAPT usage data

¹⁶ https://search3.openobjects.com/mediamanager/biborough/directory/files/2019-11-28_-_joint_cyp_emotional_wellbeing_and_mental_health_plan_-_final_1.pdf

so seeks to stop people getting ill (through effective prevention and early intervention) and gives them a choice of appropriate support when they need it (in terms of from whom, where and how they access it). We believe that EWMH needs to be everyone's business and that our offer needs to span across a wide range of local agencies, not just be confined to our specialist NHS Child and Adolescence Mental Health Services (CAMHS) and NHS Adult Mental Health services (AMHS). This is because EWMH is influenced by so many factors and impacts in so many areas, it doesn't abide by or align with service or organisational boundaries. In designing and delivering our local offer of EWMH support we work very closely with our key stakeholders locally, within the local authority, with wider public sector partners such as health and schools/colleges and with local community and voluntary sector organisations including youth providers.

4.2. CYP&YA EWMH is a priority for the Council, our Health colleagues at the CCG and wider local partners. As such, the offer of support available is made up of a mixture of commissioned support (LA and CCG) and directly delivered support (LA and partners). The CCG commissions the large majority (87%) of the £4.88m of local¹⁷ EWMH services (including the majority of local CAMHS services and the MHSTs in schools) with the LA commissioning the remaining 13% (£0.63m).¹⁸ In terms of the NHS Trust clinical CAMHS offer locally the local authority solely commissions the Looked After Children CAMHS Team, a Learning Disability CAMHS Nurse, a substance misuse CAMHS worker and jointly funds the CAMHS Early Intervention Team with the CCG. Beyond the CAMHS offer the Local Authority solely funds an enhanced offer of support from the charity Mind in non-MHST schools and threptic support for CYP who have been impacted by domestic abuse and jointly funds Kooth online counselling with the CCG.

5. What our local CYP&YA and key stakeholders tell us is needed for improved EWMH

5.1. Young people have told us what they need:^{19,20}

¹⁷ Please note that the CCG commission services on a CCG boundary basis as opposed to borough boundary basis and as such this paper includes CCG information covering all areas of Westminster with the exception of Queens Park and Paddington which fall into the CCG area that also includes the whole of RBKC

¹⁸ https://search3.openobjects.com/mediamanager/biborough/directory/files/2019-11-28_-_joint_cyp_emotional_wellbeing_and_mental_health_plan_-_final_1.pdf

¹⁹ <https://healthwatchcwl.co.uk/wp-content/uploads/2020/07/Bridging-the-gap-young-peoples-experiences-of-mental-health.pdf>

²⁰ https://search3.openobjects.com/mediamanager/biborough/directory/files/2019-11-28_-_joint_cyp_emotional_wellbeing_and_mental_health_plan_-_final_1.pdf



5.2. Schools in Westminster have recently told us what they are worried about:²¹

- Students are **feeling isolated and experiencing a lack of socialisation and routine**. They are being impacted by a **lack of sleep** and/or sleep disturbance
- Welfare calls have highlighted the **wider pressures of lockdown on CYP which are impacting on their wellbeing**, including: overcrowded accommodation, relationship difficulties, inability to access device for effective digital learning, difficulty learning at home, unreasonable expectations around what can be achieved academically in these conditions
- **Issues affecting friendships** amongst CYP and difficulty around **transition** especially for children/young people who had two academic years spent in lockdown, i.e. some never visited the schools they have now transition into
- **Pressures on school staff**, including low morale and a lack of 1:1 support being available for these staff being a clear need and a gap in local provision
- **Parental stigma about mental health is a barrier to their children accessing appropriate support in schools**
- Are seeing an **increase in parents' anxiety**

5.3. In addition, partner organisations including Early Help, CAMHS, IAPT, Early Intervention Psychosis, MHSTs and youth providers have highlighted:

²¹ Feedback themes from MHST consultation with 27 Westminster schools in February 2021

- That the most significant need and gap locally is for a **better offer of support for young adults aged 18-25**. We know that the prevalence of poor mental health is highest in this age range²² and yet there is very little appropriate support available – and the large majority of young adults impacted don't receive the support they need
- There are concerns about likely higher numbers of **school refusers** as we come out of lockdown and the greater challenges in providing them with effective EWMH support
- It feels as though **transitions** (both primary to secondary and secondary to post 16) will be a key focus as we head towards the summer
- A **lack of dedicated bereavement support** has been identified as a gap in provision locally
- We don't currently have consistent **support imbedded in youth provision**. Various programmes operate, and there have been several training programmes run for youth workers, but there is no consistent therapeutic support imbedded in this provision (similar to that of the MHST model within schools)

6. Our local EWMH support offer

6.1. The Covid pandemic has required us to accelerate our work in a number of different areas, including; adapting our existing offer to meet new needs/pressure directly linked to the pandemic, putting additional support in place, further upskilling a wide range of services to support EWMH, and finding ways of more effectively virtually promoting our offer to CYP. More detail against each of these is set out below.

6.2. Our core adapted local support offer

- CAMHS services are offering a mixture of face-to-face, phone and online support– linked to the needs of the individual patients (CCG commissioned with additional funding from the LA)
- Our school based MHSTs are working in 43 of our schools and colleges. This offer includes 1:1 therapeutic support, psychoeducation groups for CYP, and various sessions for parents – all currently delivered via zoom (CCG commissioned)
- The MHSTs have been delivering psychoeducation sessions to teaching staff focused on their own EWMH and headteacher coaching circles have been facilitated to provide peer support (CCG commissioned)
- The Kooth online counselling and information service for CYP aged 11-25 continues to provide free and confidential online information and support (Joint LA and CCG commissioned)

²² Young people aged 18-25 have the highest prevalence rate at 18.4 % (NHSE, NHS digital) not taking into account the increased incidence caused by COVID and accompanying economic slowdown.

- Our Social Care Teams continue to offer 1:1 support to young people impacted by poor EWMH and their families. This work is often done jointly with Family Therapist clinicians (LA funded)
- West London Zone link workers continue to provide support to their caseload of targeted children – and this support includes a focus on EWMH (Joint LA and schools commissioned)

6.3. Additional Support we have put in place to deal with the impact of the Pandemic

- We have extended our school-based offer of support to the settings in Westminster who hadn't initially signed up to access our MHST services. This choice-based approach allows settings to tailor the support that they access to their individual needs (LA commissioned)
- We have commissioned 12 months of therapeutic support for CYP who have been impacted by domestic abuse (LA commissioned)
- Our Early Help Service is coordinating virtual Kids Time workshops to support families who are impacted by poor parental mental health (externally funded)
- We are aware that the Pandemic has increased parental conflict which can impact on the EWMH of CYP and we are part of the DWP Programme to reduce parental conflict, with virtual groups for parents forming part of this offer (externally funded)

6.4. Upskilling a wide range of professionals to support CYP EWMH

- A wide range of virtual training has been provided during lockdown – this has included our Early Help led trauma informed practice training (linked to our inclusion agenda) which has been offered and delivered to a wide range of professionals locally – including community and voluntary sector providers, wellbeing for education return for school staff and sessions covering a wide range of topics delivered by our Education Psychology Service and by the Health Education Partnership
- In the last year an additional 62 professionals across Westminster City Council and the Royal Borough of Kensington and Chelsea have qualified as Youth Mental Health First Aiders (YMHFA) bringing the overall total locally to 316. Our ambition locally is for as many professionals as possible working with young people to have this training – and as such it has been offered fully funded and delivered to a wide range of public sector and community/voluntary sector partners
- The Education Psychology Service has developed and distributed a range of EWMH education focused resources, including a recovery curriculum that contains resources for nursery, primary and secondary schools
- Information on bereavement and its impact on CYP EWMH was developed and shared widely, in response to concerns locally about this

- Our Youth Offending Service staff have received training in emotional coaching – a trauma informed intervention to support CYP

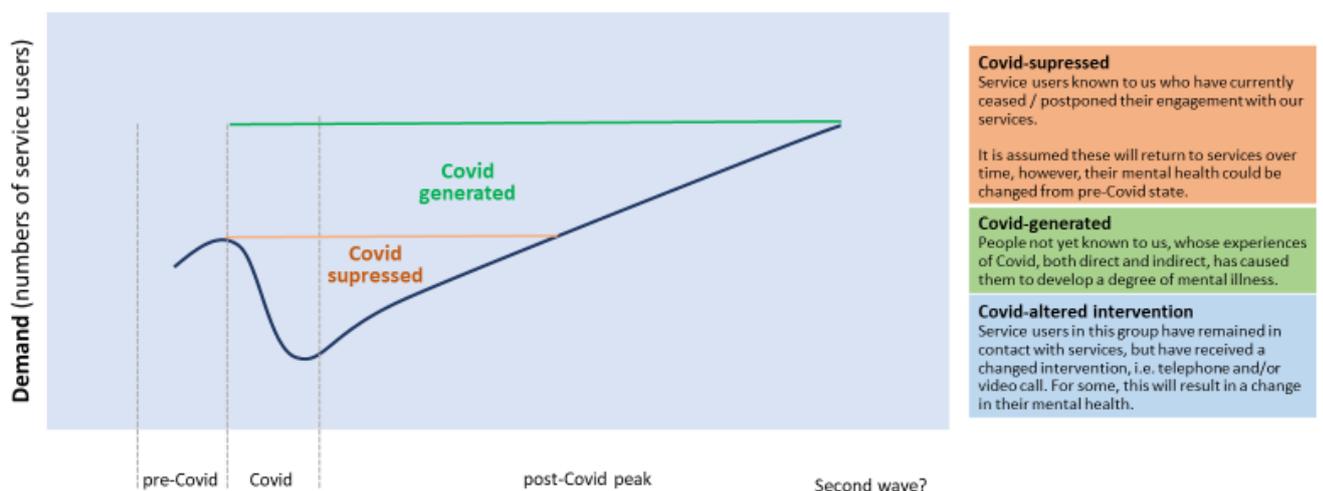
6.5. Take up of our local support offer

6.6. The number of referrals into our local EWMH services have fluctuated over the past year – largely aligned with the periods of lockdown. We know that the lockdowns have provided a barrier to some CYP accessing services (despite the effective shift to online delivery in our local services) which could have resulted in young people accessing support less/later, or not at all (we have seen an increase of 7% in crisis presentations locally).

6.7. The expected impact of Covid on demand locally

6.8. We expect the pandemic will have both increased the prevalence of poor mental health in our local CYP&YA population as well as hindered access to support. As such, we are expecting an increase in need and demand locally over the next few years. We are seeing the early signs of this in the system – however the full-scale won't be realised until we are out of lockdown and into Covid short-medium term recovery. Future demand is expected to be impacted by various factors. These will include:²³

Forecasting future demand



6.9. Our plans going forward to help meet the additional need resulting from the Pandemic

- We are looking to expand our EWMH offer for our Care Leavers

²³ <https://www.centreformentalhealth.org.uk/covid-19-forecast-modelling-toolkit>

- An additional tuition offer for our Looked After Children is being developed to ensure that these children are well supported and don't fall behind
- We are going to deliver more YMHFA (a further 32 professionals trained by the summer), trauma informed training and will deliver Suicide Prevention training to 90 professionals over the next few months (and will commission more of this to be delivered soon)
- In recognition of the links between unemployment and poorer mental health and the lack of mental health support for 18-25 year olds, we are going to be implementing an enhanced, integrated 18-25 offer, Bridging the Gap. This will provide wrap-around flexible person-centred support inside our youth provision and a new young adults mental health team. We have drawn heavily on an existing well-evidenced model in Camden and extended it to meet local need in employment. We are collaborating with the North West London CCG and our local health trust (CNWL) in its further development
- We are putting in therapeutic support to help parent/carers around the point of SEND diagnosis
- We are going to fund the training and provide staffing cover costs for an additional 15 Emotional Literacy Support Assistants (ELSAs) in Westminster schools – building on the successful programme already in place across WCC and RBKC
- The Suicide Prevention Partnership are delivering a learning event for professionals focused on understanding and responding to self-harm
- We are working with our youth sector to explore options for therapeutic support to be imbedded in youth services locally

6.10. Promoting our offer to CYP and parents/carers most effectively

6.11. The Young Healthwatch survey showed that almost 2/3 of CYP would go to family for help and support with their mental health and the same number would turn to friends.²⁴ This was significantly higher than any other potential sources of support e.g. a member of school staff or a GP.

6.12. However, the survey also showed that less than 5% of CYP had heard about sources of available support from friends or family. There is a significant disparity here. One of our priorities is improving the way that we communicate our available offer to CYP&YA and parents/carers. Developments include:

- We are working with the Westminster Communication Team to develop a promotion and campaign approach – working closely with our local key EWMH stakeholders

²⁴ <https://healthwatchcwl.co.uk/wp-content/uploads/2020/07/Bridging-the-gap-young-peoples-experiences-of-mental-health.pdf>

- Our local Mind charity has developed and promoted an online EWMH video platform populated with interactive and accessible video content on a range of EWMH topics
- Kooth has promoted their offer through various popular social media platforms
- MHSTs have produced a large number of pre-recorded sessions for staff, CYP and parents and have shared these through their schools
- The Education Psychology Service has developed and distributed a guide for parents on supporting CYP Emotional Wellbeing during school closure
- We are running an EWMH event for parents/carers in March

7. Moving forward and next steps

7.1. Despite best efforts there are some clear local gaps that aren't being met. These include:

- Services for young adults aged 18-25. This includes support for those who meet CAMHS thresholds but not those of adult mental health services and in particular young adults that are likely to have multiple additional vulnerabilities such as unemployment and work insecurity, substance abuse, poor sexual health, being part of the justice system or effected by crime, and suffering from poor housing or homelessness
- Strengthening our whole school approach. This also includes 1-1 therapeutic support for schools staff focused on teachers' wellbeing. This is an area being consistently asked for locally, with common themes emerging from school staff drop-in's around, isolation, lack of sense of belonging (especially newly qualified teachers), loneliness, low mood and anxiety for school staff
- The absence of adequate bereavement support for children and adults (which has been flagged as a local and national need). With Covid having killed nearly 1 in every 500 people, and lockdowns having impacted on people's ability to care for their loved ones and say goodbye, bereavement has and will continue to have a real impact
- Adequate support for challenging behaviour and or Autism Spectrum Disorder/Learning Disability and the interface with EWMH
- Best practice communication of our service offer which for many interconnected reasons is not well understood and remains inaccessible for young people and parents/carers

7.2. Officers note the ask from the Business and Children's Policy and Scrutiny Committee to establish a Working Group focused on understanding the heightened EWMH needs for CYP due to Covid-19 and ensuring that support is available to address this as part of a whole system offer with schools and the wider community. It is proposed that this group will make recommendations to the Cabinet Member for Young People and Learning.

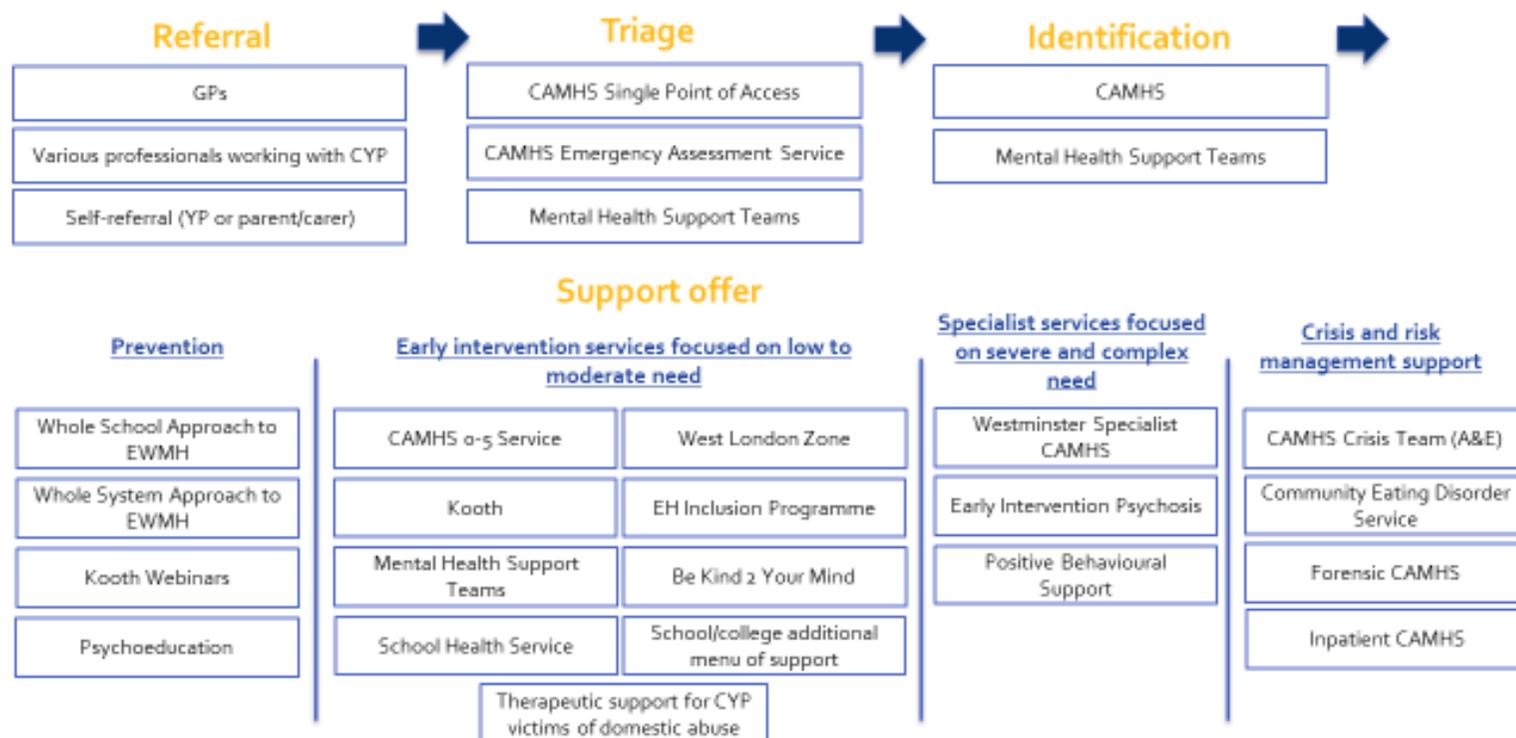
- 7.3. Recognising that EWMH is cross-cutting, we feel that there would be real benefit in EWMH being a formal strand of the Westminster Covid recovery work. This will help to ensure that EWMH is sitting at the heart of the short-medium term recovery in the Borough.

Appendix 1 – Additional information on our local offer of support

Partnership approach to better EWMH

- Children's Services works in partnership with the CCG, other Council departments and various organisations across the borough to develop and deliver provision for children and young people who may require support with their emotional wellbeing and mental health (EWMH). Key partners include the NHS Trust (Central and North West London), Mental Health Support Teams, Schools and Colleges, the Early Help Partnership and Commissioned Services.

Overview of pathway to EWMH provision



Support offer explained

Prevention

Whole School Approach to EWMH – Incl. Recovery Curriculum, EP Service, Healthy Schools Awards, PHSE

Whole System Approach to EWMH – Incl. Trauma Informed Practice, Youth Mental Health First Aid Training, Suicide Prevention Training

Kooth Webinars – Training giving an overview of the Kooth service offer and how to support YP to sign up to the service

Psychoeducation – Delivered to CYP (through Be Kind 2 Your Mind and Mental Health Support Teams) and to Parents (through Mental Health Support Teams)

Early intervention services focused on low to moderate need

CAMHS 0-5 Service – Offers specialist treatment and consultation to both parents and professionals aimed at improving the wellbeing of children under five years old

Kooth – Online counselling and emotional wellbeing support service for young people and young adults aged 11-25 years

Mental Health Support Teams – Provide support for mild to moderate mental health needs in schools and colleges. The support takes the form of one-on-one and group work

School Health Service – A named school nurse in each school who supports the physical and mental health of children and young people aged 5-19 years

Be Kind 2 Your Mind – Offering support including 1:1 practical wellbeing advice and Art Therapy

West London Zone – Offering a range of tailored support to children, including focused EWMH support

EH Inclusion Programme – Offering an intensive trauma informed team around the family approach to young people at high risk of exclusion

School/college additional menu of support – Offering additional support for non-MHST schools – focused on pupils, staff and parents

Therapeutic support for CYP victims of domestic abuse – Offering specialist support to CYP who have been impacted by domestic abuse

Specialist services focused on severe and complex need

Westminster Specialist CAMHS – Provides community mental health services to CYP with complex mental health difficulties (including through art therapy, psychotherapy, CBT, Family Therapy). Teams covering core CAMHS offer as well as more targeted CAMHS support to more vulnerable groups of CYP e.g. involved in the YOT, impacted by gangs/serious youth violence/child sexual exploitation, in Alternative Provision, who have Autism, LD, and Behavioural Support needs

Early Intervention Psychosis – Specialist support for young people experiencing their first episode of psychosis

Positive Behavioural Support Consultancy – Provides intense behaviour support to children on the Dynamic Support Register who are at risk of placement breakdown, admission to hospital, or are in need of specialist support

Crisis and risk management support

CAMHS Crisis Team (A&E) – Supporting complex or serious mental health problems and/or CYP experiencing a mental health crisis

Community Eating Disorder Service – Specialist services for people suffering from anorexia nervosa, bulimia nervosa and other eating disorders

Forensic CAMHS – Provides support to young people who have mental health problems who may be in contact with the criminal justice system

Inpatient CAMHS – Residential service providing intensive assessment and treatment for children with complex emotional, behavioural and psychological difficulties

