Future in Mind Evidence Base: Access to Services

Wirral Future in Mind Steering Group and Wirral Intelligence Service

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For further information please contact:
Author: Nicky Robinson – Deputy Head of Clinical Services – Cheshire & Wirral Partnership Trust with Wirral Child and Adolescent Mental Health Services (CAMHS).
Email: nicky.robinson3@nhs.net

Wirral Intelligence Service
Email: wirralintelligenceservice@wirral.gov.uk

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Introduction

[Future in Mind](#) is the government's approach to improve the emotional health and wellbeing of children and young people. It was published in 2015 and calls for action on five themes:

- Promoting resilience, prevention and early intervention.
- Improving access to effective support – a system without tiers.
- Care for the most vulnerable.
- Accountability and transparency.
- Developing the workforce.

Wirral's local approach in response to this national direction and local need is set out in our annually refreshed [Local Transformation Plan published on our Children and Young People: Mental Health webpage.](#) This evidence base underpins that plan and our work and is outlined below.

Why is this important?

> *"…You have to fit into their paths and none of their paths fit you…"*

> *"…Mental health isn't a one size fits all treatment; it really depends on the person…"*

Quotes from young people who took part in the Future in Mind Taskforce engagement exercises (2017)

Mental wellbeing is related to, but not the same as, the absence of mental ill health. It has been defined as the ability to cope with life's problems and make the most of life's opportunities.

It is about feeling good and functioning well, both as individuals and collectively.

It is independent of mental health status: people with mental health problems can enjoy good wellbeing, while some people without a diagnosed mental health problem may find it difficult to cope with life's problems.

However, as the government report "[No Health Without Mental Health](#)" (2011) says, fewer people are likely to develop mental health problems in populations with high levels of mental wellbeing.

The definition of mental health and mental health difficulties in children and young people is a widely debated topic with many interpretations and definitions. A commonly used definition of mental health and wellbeing is from the World Health Organization: "[a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community](#)". This definition reflects that mental health and wellbeing is not simply the absence of mental illness. It is influenced by an individual's experience, in addition to the circumstances they find themselves in, as well as the broader environment or society they live in.

This is particularly relevant to children and young people, as experiences in childhood have been found to have a lasting impact on a child's development and mental wellbeing that can go on into adulthood. A strong focus on children and young people's mental health can promote greater personal, social and economic benefits than intervention at other times in the lifespan.

Mental health problems in children and young people are common and account for a significant proportion of the burden of ill-health in this age range, with [NHS Digital estimating that 11.2% of people aged 5-15 had a mental disorder in 2017 (up from 9.7% in 1999 and 10.1 in 2004%).](#) When including 5-19-year-olds, the 2017 prevalence is 12.8% (one in eight), but this cannot be compared to earlier years. The study showed that emotional disorders are now more common in five to 15-year-olds – ranging from 4.3% in 1999, to 3.9% in 2004 to 5.8% in 2017.

This national study also showed:

- **Preschool children (2-4 years old):**
  - One in eighteen (5.5%) preschool children had at least one mental disorder at the time they were surveyed.
  - Behavioural disorders were the most common and were evident in one in 40 (2.5%) of preschool children, consisting mainly of oppositional defiant disorder (1.9%).
  - Within this age group, boys are nearly twice more likely to have a mental disorder than girls.

- **School-age children and young people:**
  - Girls are more likely to struggle with mental health as they reach young adulthood compared to when they were younger.
  - For boys, the prevalence of mental disorders does not change much among the age groups surveyed, even decreasing slightly among older teens.

- **Young people (17-19 years old):**
  - One in six (16.9%) 17 to 19-year-olds were found to have a mental disorder with one in 16 (6.4%) experiencing more than one mental disorder.
  - This age group had the highest rate of emotional disorder (14.9%).

- **Young women (17-19 years old):**
  - Young women in this age group are more than twice as likely as men of the same age to have a mental disorder, with anxiety and depression the most common disorders.
  - Young women in this age group were also identified as having higher rates of emotional disorder and self-harm than other demographic groups - 22.4% had an emotional disorder.
  - 5.6% of young women were identified as having body dysmorphic disorder (BDD), an anxiety disorder characterised by the obsessive idea that some aspect of their body or appearance is severely flawed and warrants exceptional measures to hide or fix.

- **Ethnicity:**
  - White British children are nearly three times as likely to have a mental disorder than black and Asian children. Black and Asian girls are much more likely than boys within the same group to report mental health issues. Among White British children, rates are the same for boys and girls.

- **Poverty and deprivation:**
  - Children and young people living in households with the lowest income levels were more than twice as likely (14.7%) to have a disorder as those in the highest income households (6.8%).

    The effect was even more pronounced among households where a parent was receiving benefits related to low income or disability: almost a third (31.8%) of children and young people with a parent receiving disability benefits had a mental disorder.

The survey also examined sexual identity and mental health. A third (34.9%) of the young people aged 14-19 who identified as lesbian, gay, bisexual or with another sexual identity had a mental disorder, as opposed to 13.2% of those who identified as heterosexual.

Self-harm and suicide were also examined. A quarter (25.5%) of 11 to 16-year-olds with a mental disorder had self-harmed or attempted suicide at some point, compared to 3.0% of those who were not diagnosed as having a mental disorder. The rate of self-harm increased significantly for girls with a mental disorder as they became older: less than a third had self-harmed or made a suicide attempt for ages 11-16 compared with nearly half (46.8%) for 17 to 19-year-olds. Young women aged 17-19 with some kind of mental disorder were also more likely (almost half) than young men to self-harm or attempt suicide (a third). The Wirral position for hospital admissions as a result of self-harm for 15-19 year olds per 100,000 population is 739.8 (133). The England position for this indicator is 617.1. (Source: PHE Fingertips CYPMH 2016/17).

Applying this national estimate to Wirral gives the following estimates of prevalence (Source: PHE Fingertips CYPMH 2016/17):

- Mental health disorders in children and young people (5-16 years) in Wirral is 9.6%.
- Emotional disorders in children and young people (5-16 years) in Wirral is 3.7%.
- Conduct disorders in children and young people (5-16 years) in Wirral is 5.8%.
- Hyperkinetic disorder in children and young people (5-16 years) in Wirral is 1.5%.

Recent statistics show that 20% of children and young people indicated fear of cyber bullies made them reluctant to go to school; 5% reported self-harm; 3% report an attempt of suicide as a direct result of cyber bullying; 28% of young people have reported incidents of cyber bullying on Twitter; 26% of young people have reported incidents of cyber bullying on Ask.fm; young people are found to be twice as likely to be bullied on Facebook as any other social networking site. (Source: Wirral Safeguarding Children Board 2019).

Facts, figures, information (Wirral and beyond)

National key facts
A report from the [Independent Commission on Children and Young People's Mental Health](#) is the latest in a long string of research drawing attention to the poor state of Children and Adolescent Mental Health Services (CAMHS).

What do we know about these problems and what can be done?

One issue is that access is patchy – both in terms of being able to access services and the length of wait before they are seen.

Children and young people often have trouble accessing treatment, information and support for their mental health. Nationally, [Nearly a quarter of children referred to CAMHS are being turned away](#). Often the reason is that their condition is not seen to be serious enough; in some areas their referral is only accepted if the condition has a major impact on "[the child's life such as an inability to attend school or a major breakdown in family relationships](#)".

There is wide variation in how long children and young people (CYP) wait to access CAMHS nationally. The median waiting time across all providers is one month for a first appointment and two months until start of the treatment. However, some children and young people may wait as long as six months for a first appointment and 10 months for start of treatment. [Late intervention has a significant human and social – potentially irreversible – cost on the lives of children, young people and their families; it also has a financial one](#).

A third issue is that children, young people and their parents/carers may not know where to seek help. For example, we know that [there are very high rates of self-harm in younger people yet, when in crisis, they often do not know where to seek help](#).

A fourth issue is that at least some conditions are becoming more common. Nationally Hospital admissions as a result of self-harm for CYP are on the rise, as are A&E attendances in under 18s with a primary diagnosis of psychiatric condition or intentional self-harm. While these increases may be a good thing – the result of more awareness and more CYP reporting and seeking care – they could also be a signal that CYP do not know where to turn when they need help early on. The 2014 Adult Psychiatric Morbidity Survey found that self-harm has been increasing over time: in 2014 one in five young adults aged 16-24 had self-harmed, with young women twice as likely as young men (25.7 per cent vs 9.7 per cent). Yet one in five respondents said that they would not know where to seek help or information in these situations.

Despite the frequent use of the internet and social media, the majority of young people in 2014 said they would prefer to speak about their health problems face to face – mainly to parents/carers, followed by a doctor and friends. These findings are consistent with those of the Adult Psychiatric Morbidity Survey which shows that young people seek help after a suicide attempt in a different way to adults, who were more likely to go to hospital or a specialist service. Therefore, the help available has to be based on an understanding of these behaviours and better tailored to the needs of the young.

The Green Paper Transforming Children and Young People's Mental Health Provision (2017) provides the following information:

- One in ten children aged between 5 and 16 years has a clinically diagnosable mental health problem. About half of these (5.8%) have a conduct disorder, 3.7% an emotional disorder (anxiety, depression) and 1–2% have severe Attention Deficit Hyperactivity Disorder (ADHD).
- At any one time, around 1.2–1.3 million children will have a diagnosable mental health disorder.
- Half of those with lifetime mental illness (excluding dementia) first experience symptoms by the age of 14, and three-quarters before their mid-20s.
- The rates of disorder rise steeply in middle to late adolescence. By 11–15 it is 13% for boys and 10% for girls and approaching adult rates of around 23% by age 18–20 years.
- Self-harming in young people is not uncommon (2% of 15–16-year-olds have self-harmed according to the Office of National Statistics but 7% when looking at the child's report) but only a fraction of cases are seen in hospital settings

The prevalence data cited by the Green Paper comes from the 2004 Office for National Statistics survey; this prevalence data should be refreshed at a national level in the next year.

The Parliamentary Health Select Committee (2014) referenced findings by the Chief Medical Officer, Public Health England and NHS England:

- The Chief Medical Officer's annual report for 2012 highlighted the need for a repeat of the prevalence survey by the Office for National Statistics. It also cited evidence suggesting a rise in levels of psychological distress in young people, and in particular increasing rates of self-harm: self-harm rates have increased sharply over the past decade, as evidenced by rates of hospital admission and calls to helplines, providing further indications of a possible rise in mental health problems among young people. However, in the absence of up to date epidemiological data, it is uncertain whether there has been a rise in the rates of mental health problems and whether the profile of problems has changed. The Chief Medical Officer also highlights the strong links between mental health problems and social disadvantage, with children and young people in the poorest households three times more likely to have mental health problems than those growing up in better-off homes.
- In the Health Select Committee Report (2014) Public Health England cited other research:

- o Analysis of the British Household Panel and Understanding Society survey [2011-12] shows that the rise in children and young people's wellbeing from 1994 to 2008 has curtailed and may be in reverse. Peak onset of mental ill health is 8 to 15 years. 10% of children have a mental health issue and half of lifetime mental ill health starts by age 14.
  - o The Health Behaviour of School-Aged Children Survey [2009-10] (HBCS) found that around 30% of English adolescents reported a level of emotional wellbeing considered as "low grade" (sub-clinical) poor mental health, that is they regularly (at least once a week) feel low, sad or down; this is higher among girls than boys. Also, lesbian, gay, bisexual and transgender young people (aged 16-25 years) report higher levels of mental health problems, self-harm and suicidal thoughts. They experience more verbal, physical and sexual abuse and feel less accepted by their community.
  - o The Understanding Society survey results for 2011-12 suggest 85.5% of children belong to a social networking site. In England, the proportion of young people playing computer games for two hours or more a night during the week increased from 42% to 55% among boys and 14% to 20% among girls between 2006 and 2010. The same survey suggests 12.1% of children have been bullied four or more times in the last six months. In some areas more than 10% of children reported being bullied. The Tellus survey stated that one-third of pupils do not think their school is managing the problem well. ChildLine has reported an 87% rise in contacts related to online, cyber- bullying.

- Also in the Health Select Committee Report (2014) NHS England suggested that their NHS benchmarking data and audits had revealed increases in referrals and waiting times, with providers reporting increased complexity and severity of presenting problems and a consequent rising length of stay in inpatient facilities.

Specific issues facing highly vulnerable groups

(read in conjunction with: Children and Young People: Mental Health Evidence Base to support Local Plans: *Theme Three - Care of the most vulnerable*).

Vulnerable CYP are both more likely to suffer from poor mental health and have difficulties accessing services. Future in Mind says that all children and young people may experience adverse life events at some time in their lives, but some are more likely to develop mental health disorders e.g. following multiple losses and/or trauma in their lives, as a result of parental vulnerability or due to disability, deprivation or neglect and abuse. These children, young people and their families may find it particularly difficult to access appropriate services, or services may not be configured to meet their psychosocial needs. In addition, they sometimes find it more difficult to access services they may find alienating and may have a lifestyle that is not conducive to meeting regular appointments.

A report of the Children and Young People's Health Outcomes Forum shows:
- Although effective treatments are available, only around 25% of those who need such treatment receive it.
- 11–16 year olds with an emotional disorder are more likely to smoke, drink and use drugs.
- Around 60% of Children Looked After and 72% of those in residential care have some level of emotional and mental health problem.
- High proportion experience poor health, educational and social outcomes post care.
- Children Looked After and care leavers are between four and five times more likely to attempt suicide in adulthood.

- One third of all children and young people in contact with the youth justice system have been looked after. Important to note that a substantial majority of children and young people in care who commit offences had already started to offend before becoming looked after.
- Young people in prison are 18 times more likely to take their own lives than others of the same age.

[Visit Children and Young People: Mental Health webpage for more information](#) on local needs and local services of vulnerable children and young people

Local Key Facts

Data from Wirral Children and Adolescent Mental Health Services (CAMHS) in Table 1 below provides the primary reason for referral for children and young people entering the service. As of October 2019, there were 1,375 open cases of which 59% of referrals were with the presentations of anxiety, behavioural issues, emotional issues and depression. The range of referral reasons can be seen in Table 1.

Table 1: Open cases by primary reason for referral to Wirral Children and Adolescent Mental Health Services (CAMHS) as at October 2019

Reason for referral	Number of referrals	Percentage of referrals
Anxiety	505	37%
Behavioural problems	106	8%
Emotional problems	47	3%
Depression	153	11%

Source: Wirral CAMHS operational dataset
Notes: Referral reasons include Anxiety, Anxiety/Depression, Behavioural Problems, Challenging Behaviour, Depression, DSH, Eating Disorder, Eating Disorders, Emotional Problems, Gender discomfort difficulties, Hearing Voices, Neurodevelopmental conditions, Obsessive Compulsive Disorder, Overdose, Post-traumatic Stress Disorder, Self-harm behaviours, Sleep Issues, Suicidal Thoughts, Attachment difficulties, Personality disorders, (Suspected) First Episode Psychosis, School Bullying/School Refusal, Abdominal Pain, Rehabilitation, Eating Disorder (Adults), Suspected Autism Spectrum Disorder, Unexplained physical symptoms, Bereavement Counselling.

Current activity and services

Wirral CAMHS initiative to improve Access

Advice Line

The biggest transformation so far has been the advice line, which is truly tierless, and staffed by both Primary Mental Health Workers and Specialist CAMHS workers. This supports the workforce and enables appropriate triage – including referral into CAMHS. Since its introduction there has been a 40% reduction in the number of self-harm admissions to Wirral University Teaching Hospital (WUTH). The contact details for the advice line is **0151 488 8453.**

Out of Hours Crisis Line

Cheshire and Wirral have introduced a dedicated children, young person and family telephone support, advice and triage line, available outside office hours. This is designed to improve access, speed up response times and provide the immediate, ready support and flexibility that these people need. It runs Monday to Friday 5 to 10pm and Saturday & Sunday 12 to 8pm. For Wirral there is now seamless access to immediate advice & support from 9 to 10pm Monday to Friday and 12 to 8pm Saturday & Sunday. The contact number for the Out of Hours Crisis Line is **01244 397644.** During a 6 month period (April to September 2019) Wirral CAMHS have completed 462 telephone calls.

iTHRIVE

Wirral CAMHS is a 'fast follower' site for the iThrive community of practice. The CAMHS and Early Help signposting resource uses the iThrive model as its organising principle, and the model is a central part of training rolled out by the Primary Mental Health Worker team. However, there needs to be a shared 'buy-in' across agencies to truly reflect the Thrive model.

For more information on Wirral's approach to iTHRIVE please visit our webpage and for prevention and early intervention services for children and young people.

Self-Referral

CAMHS have been accepting telephone self-referrals from parents since September 2016, but more recently there has been a downloadable referral form added to the website that people can use to refer in. CAMHS are also encouraging pre-referral discussion through the advice line (see above). During a 6 month period (April to September 2019) CAMHS have received the following self-referrals:

- Carer/relative – 1
- Relative – 532 – this is the parents
- Self – 10

Pathways

Wirral CAMHS is working to overcome barriers by joint-working with other teams. A pilot project has been trialled between CAMHS and Response, sharing waiting lists and consulting each week to step up or step down between the agencies as appropriate. This has been successful in reducing duplicate referrals and unnecessary waits for young people. It would be possible to roll out something similar across the local area, which would require mapping and multi-agency support. This process has been extended to include Open Door.

Crisis Pathways

There is a joint risk management pathway between CAMHS and WUTH. The Primary Mental Health Worker team's training programme has included a course on "Low Mood, self-harm and suicide" and will run more next year to support professionals to recognise early signs. This training can be accessed via the Primary Mental Health Team admin support **0300 303 3157.**

Eating Disorders

The Eating Disorder service operates as a hub and spoke model across Cheshire and Wirral. The service:

- Works with all relevant agencies to ensure that services for children and young people with eating disorders and / or co-existing mental health problems are coordinated and address their individual needs, providing a holistic approach.
- Ensures that services work collaboratively with inpatients, Children and Young People Mental Health Services (CYPMHS), and universal services (local GP and school networks).
- Raises awareness of eating disorders particularly within schools and General Practice.
- Ensures that children and young people's physical health and social needs are considered alongside their mental health needs.
- Ensures that children and young people who access the service are seen in a timely manner.
- Provides a range of evidence based family and individual interventions that are NICE approved for the treatment of eating disorders and co-existing mental health problems.

- Ensures that children and young people's needs are considered in the whole with access to supplementary therapies and support where appropriate and available in the local area (e.g. Mindfulness).

Visit Children and Young People: Mental Health webpage for more information on local needs and local services of vulnerable children and young people

What does this suggest as further action?

National Strategy

No health without mental health: The Mental Health Strategy highlights six key objectives:
1. More children and young people will have good mental health.
2. More children and young people with mental health problems will recover.
3. More children and young people with mental health problems will have good physical health, and more children and young people with physical ill-health will have better mental health.
4. More children and young people will have a positive experience of care and support.
5. Fewer children and young people will suffer avoidable harm.
6. Fewer children and young people and families will experience stigma and discrimination.

National intentions

Nationally there is a target for 70,000 more children and young people accessing services by 2021, which is 35% of the prevalence (the target is 32% in 2018/19 and 34% in 2019/20). Wirral CAMHS and Wirral CCG are working to achieve compliance. In 2018/19 Wirral achieved an access rate of 31.5%.

There is also a national target of an additional 1,700 trained therapists. This equates to 8-9 new therapists for Wirral.

Wirral CAMHS is ensuring that any plans for crisis care local developments are aligned with the NHS Long Term Plan. National Guidelines indicate that for 2019/20 the aim is to work towards an offer of 30% of CYP being able to offer a 24/7 crisis service. Wirral CAMHS is working with Tier 4 and Adult Mental Health colleagues to ensure crisis assessment, brief response and intensive home treatment functions are developed.

Future in Mind suggests the following should be done:
- Move away from the current tiered system of mental health services to investigate other models of integrated service delivery based on existing best practice.
- Enable single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector.
- Improve communications and referrals, for example, local mental health commissioners and providers should consider assigning a named point of contact in specialist children and young people's mental health services for schools and GP practices; and schools should consider assigning a named lead on mental health issues.
- Develop a joint training programme to support lead contacts in specialist children and young people's mental health services and schools.
- Strengthen the links between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND).

- Extend use of peer support networks for young people and parents based on comprehensive evaluation of what works, when and how.
- Ensure the support and intervention for young people being planned in the Mental Health Crisis Care Concordat is implemented.
- Implement clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care.
- Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour.
- Promote implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.
- Improve communications and referrals, for example, local mental health commissioners and providers should consider assigning a named point of contact in specialist children and young people's mental health services for schools and GP practices; and schools should consider assigning a named lead on mental health issues.

Targets for this year are included in the Future in Mind Transformation Plan:
- Complete a consultation with children, young people, families and key stakeholders to better understand local needs and inform appropriate service developments for substance misuse.
- Develop a clear "pathway" for children and young people to get the support they need for their mental health.
- Communicate to the wider workforce the support available to children and young people to ensure children and young people can receive the right care at the right time delivered in the right place.
- Continue to work to create a single all-age directory that brings together all relevant information to act as a gateway for all people.
- Ensure Wirral meets the national access target for children and young people with a diagnosable mental health condition accessing treatment (32% in 2018/19, 34% in 2019/20 and 35% thereafter).
- Ensure CAMHS can report on the "Reliable Change" measure from April 2019 (formal reporting commences April 2020).
- Implement a way (pathway) to improve the support of children and young people who have experienced trauma that includes individual therapeutic intervention and group work.
- CAMHS will further embed a stepped approach to care to include group work and education workshops, to increase the mental health offer and promote resilience.
- To have a Specialist Mental Health Worker based in the Youth Justice Service to support the mental health needs of these young people.
- Work towards reducing CAMHS waiting times in line with the national standard.
- Further train the CAMHS workforce on the Special Educational Needs and Disabilities (SEND) reforms and in writing advice for Education and Health Care Plans (EHCP).
- Adopt the National Crisis Model (once published) and consider opportunities for local solutions to improve crisis care for Children and Young people in line with Crisis Care Concordat.

For further details please contact:

- Nicky Robinson – Deputy Clinical Services Manager – Cheshire & Wirral Partnership Trust with Wirral Child and Adolescent Mental Health Services (CAMHS) – nicky.robinson3@nhs.net
- John Meddings, Future in Mind Project Manager for Wirral at john.meddings@nhs.net
- John Highton, JSNA Programme Lead at johnhighton@wirral.gov.uk

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