The mental health and wellbeing of children & young people aged 0-25 in Wirral

Wirral Intelligence Service

(Public Health Intelligence Team)

July 6th 2022

National context: current picture

| Indicator	Period	Wirral			England				Best
		Recent Trend	Count	Value	Value	Worst	Range		
Hospital admissions as a result of self-harm (10-24 years)	2020/21	↑	340	654.9	421.9	1,173.7			112.4
Hospital admissions due to substance misuse (15-24 years)	2018/19 - 20/21	–	205	205.1	81.2	229.4			16.9
Hospital admissions as a result of self-harm (10-14 yrs)	2020/21	↑	80	408.3	213.0	640.3			43.5
Hospital admissions as a result of self-harm (15-19 yrs)	2020/21	➡	155	898.9	652.6	1,596.1			147.2
Hospital admissions as a result of self-harm (20-24 yrs)	2020/21	➡	105	658.0	401.8	1,661.6			51.7
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	–	85	42.0	29.3	83.8			7.7
Hospital admissions for mental health conditions (<18 yrs)	2020/21	➡	90	133.5	87.5	263.5			21.0
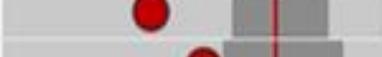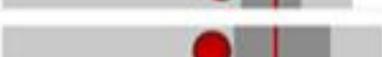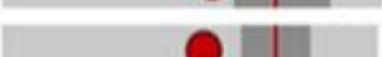
Source: Child & Maternal Health Profile, Office for Health Improvement & Disparities (OHID, formerly PHE)

- Wirral is an outlier (significantly worse than England) for all of the CHiMAT (Child & Maternal Health) indicators relating to mental health, self-harm, alcohol and substance misuse
- These are predominantly long-standing trends

National context: trend & benchmarking

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Hospital admissions due to substance misuse (15-24 years)

Show confidence intervals   Show 99.8% CI values
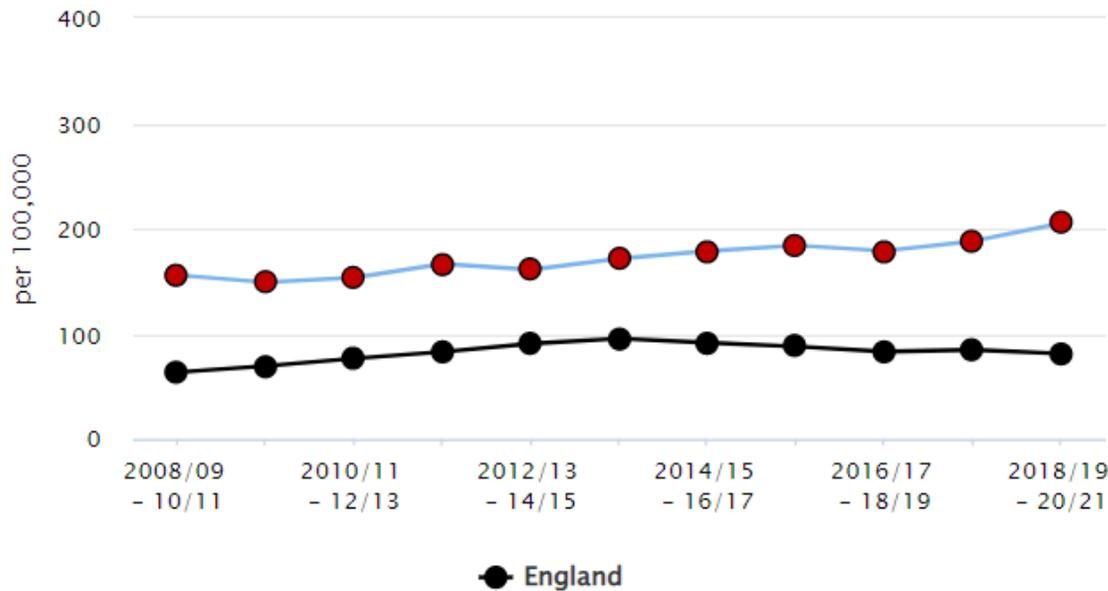
Area	Recent Trend	Count	Value
England	–	16,053	81.2
North West region	–	2,770	106.0
St. Helens	–	130	229.4
Wigan	–	215	206.5
Wirral	–	205	205.1
Halton	–	75	177.9
Blackpool	–	75	167.2
Knowsley	–	85	164.2
Warrington	–	105	158.8
Sefton	–	120	148.1
Cheshire East	–	135	124.6
Blackburn with Darwen	–	65	110.5
Liverpool	–	255	106.1
Cumbria	–	150	101.4
Tameside	–	70	95.0
Salford	–	95	94.4
Trafford	–	65	90.2
Rochdale	–	70	89.1
Lancashire	–	365	83.9
Cheshire West and Chester	–	90	82.9
Stockport	–	70	80.0
Bolton	–	80	79.9
Bury	–	45	72.9
Oldham	–	60	69.7
Manchester	–	160	57.0

Source: Child & Maternal Health Profile, Office for Health Improvement & Disparities (OHID, formerly PHE)

Background to project

- This project built upon a report produced for the Networked Data Lab (NDL) *Project 2: Children & Young People's Mental Health in Liverpool and Wirral (2022),* which provided local insights on patterns of mental health service usage for children and young people living in both Liverpool and Wirral https://www.health.org.uk/news-and-comment/charts-and-infographics/children-and-young-people-s-mental-health

- The Networked Data Lab (NDL) and University of Liverpool (UofL) worked with Wirral CCG, who completed the original dataset linkages, a significant exercise which was an integral platform for the University of Liverpool's analysis

- The NDL project was undertaken following a report published by the Children's Commissioner which showed that rates of probable mental disorders in children had increased by 6% since 2018, to one in six (16%) in July 2020

- The impact of the pandemic and growing concern that child health, already at crisis point pre COVID-19, would suffer further as the country emerges from the pandemic

- Proposed aims of the initial research were as follows: Which population groups are at increased risk of negative mental health outcomes due to the COVID-19 crisis? What were the factors driving increased risk? How did they change over time? What was the associated change in demand for services?

- Wirral-specific analysis used data from January 2017 through to July 2021 (Mental Health Services Dataset) and September 2021 (A&E attendances and hospital admissions data), to show a pre-COVID and during COVID picture of mental health among local children & young people (and a broader set of analysis – see next slide)

Summary of the analysis

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A&E Attendances	Hospital Admissions	CAMHS Referrals & Contacts	Correlations
• Eating Disorders • Alcohol • Substance Misuse • Self Harm	• Eating Disorders • Alcohol • Substance Misuse • Self Harm	• Deprivation • Geography • Trend over time	• CIN • CLA • CP • Alcohol misuse • Substance misuse • Domestic abuse

- A&E, Admissions & CAMHS referrals and contacts were all analysed by age and sex
- Also looked at *all* contacts (A&E, Admissions, Referrals & Contacts) over time and by age, sex and deprivation
- Analysis of demographics of the entire cohort (vs all C&YP in Wirral aged 0-25), transport and access to health services and correlations (e.g. ACEs) were all additional pieces of analysis that were not in the original NDL report, but were conducted on the Wirral data

Key findings: Demographics, A&E Attendances and admissions

- This cohort of children and young people were a more deprived cohort compared to *all* children and young people aged 0-25 in Wirral overall
- Both A&E attendances and hospital admissions broadly correspond with areas of deprivation in Wirral; CAMHS (or AMHS) referrals also followed a pattern consistent with deprivation, with higher referrals from the more deprived areas of Wirral
- Poor recording of ethnicity prevented any analysis of this demographic factor
- Females made up a smaller proportion of the mental health cohort than males at ages 1-11, but this changed from age 12/13 onwards, with females then comprising the majority of the cohort
- Reasons for this may include behavioural issues which affect males becoming apparent earlier in childhood than is the case in females and the large increase in A&E Attendances related to alcohol and substance misuse in females (which showed a huge increase between the ages of 13 and 14) indicating this is a key period of risk for females
- The highest rates of A&E attendances overall (both genders) were for substance misuse, followed by self-harm and alcohol; attendances for eating disorders were considerably lower than attendances for the other three reasons (alcohol, substance misuse and self-harm)
- Females had higher rates of A&E attendances and hospital admissions than males for all 4 reasons (eating disorders, alcohol, substance misuse and self harm)

Key findings: Referrals

- Referral rates to CAHMHS in males greatly exceeded that of females up to age 11; at age 12 however, the situation reversed, with female rates then overtaking males
- The peak age of referral to CAMHS (or AMHS) for females was 17, while for males it was age 25; overall referrals were slightly higher in males
- Contacts with CAMHS (or AMHS) followed the same pattern as referrals (broadly, males have higher referrals at younger ages, females have higher referrals during the teenage years); overall contacts are broadly equal between the sexes
- This appears to point to the fact that although females appeared to have higher need (as evidenced by A&E attendances and hospital admissions), referrals and contacts were roughly equal between the sexes, suggesting more unmet need in females
- CAMHS (or AMHS) contacts data showed a pattern consistent with deprivation, but the *individual* level data did not. For example, Heswall (affluent) had some of the highest rates per population of CAMHS (or AMHS) contacts despite not having particularly high numbers of individuals in this dataset
- The reverse was also true, as individuals living in the Bidston, Birkenhead, Seacombe and Bromborough areas appeared *not* to generate the number of contacts that might be expected, given the number of individuals in those areas; this may be an example of inverse care law in operation

Key findings: Impact of COVID
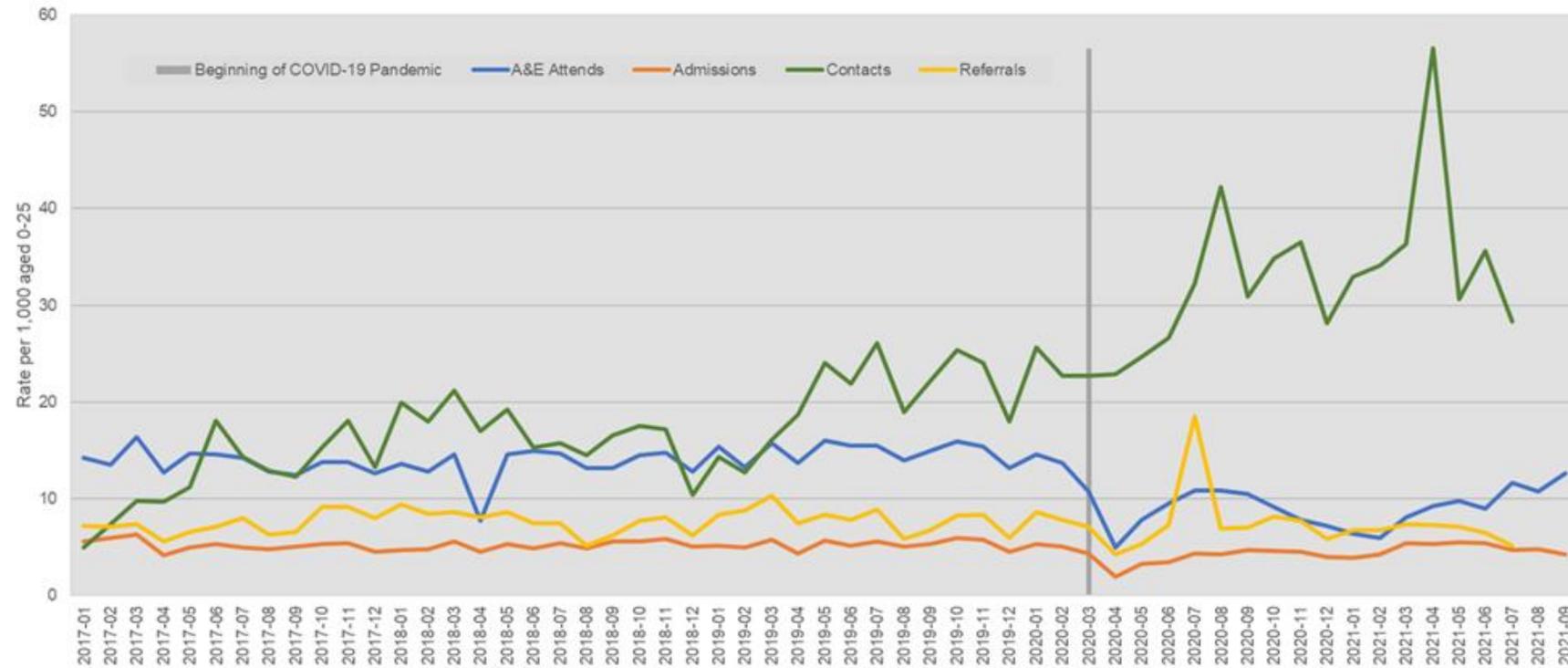
- COVID-19 (March 2020) resulted in a sharp decrease in A&E attendances and hospital admissions, but an increase in referrals and contacts with CAMHS (or AMHS)*
- Referrals and contacts with CAMHS (or AMHS) continued to rise throughout COVID-19, whereas A&E attendances and admissions had still not returned to pre-COVID levels by Sept 2021

*Contacts during this period predominantly via phone or internet

- COVID-19 appears to have narrowed the gap between the most/least deprived in Wirral for rate of any mental health contact, **but** the main driver was a steep decline in contacts in Quintile 1 (Most Deprived); in Quintile 5 (Least Deprived), the rate of contacts has remained more stable over time, with a shallower decrease following COVID-19

- COVID-19 did not change the pattern of mental health usage; broadly, the most deprived quintile continued to have the highest rates of usage, the least deprived continued to have the lowest rates of usage for any mental health reason

Key findings: Associated factors

- Mental health usage of any kind (A&E attendance, hospital admission, CAMHS referral and CAMHS contact), were moderately associated with **all** of the following factors: rate of children on the social care caseload (for any reason); rate of CIN (Children in Need), rate of CLA (Children Looked After), rate of CP (Child Protection); rate of children on the social care caseload where an exposure to alcohol abuse was noted; rate of children on the social care caseload where an exposure to drug abuse was noted; rate of children on the social care caseload where an exposure to domestic abuse was noted and access to Green/Blue space

- Analysis of access to health services* via car, public transport and walking, indicated that Wirral is well served; a majority of the population are likely to be able to access primary and secondary care services relatively easily (exceptions being the more rural parts of the borough such as Thornton Hough, Thurstaston and Clatterbridge)

- Mapping showed Woodchurch, Pensby & Thingwall had a smaller number of individuals but were generating a large number of A&E attendances, indicating a potential proximity effect (i.e. location of Arrowe Park)

- Suicide among 0-25s in Wirral between 2017 and 2020 comprised 7% of all suicide cases in Wirral and it is of note that all were male. ONS have noted that suicide decreased during the pandemic in 2020 (although this could be a result of delays in recording and cases coming to the Coroner); 2021 figures are not yet available

*Health services were standard ones such as GP, WIC, A&E and did not for example include mental health outreach services