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# **Future in Mind Evidence Base: Prevention and Early Intervention**

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**Wirral Future in Mind  
Steering Group and Wirral  
Intelligence Service**

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## Future in Mind Evidence Base: Prevention and Early Intervention

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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 [Transformation Plan](#). The evidence base that underpins this work is outlined below.

## Why is this important?

It is not overstating the case to say that Resilience, Prevention and Early intervention is the biggest focus of current national and local strategic direction in the area of children's mental health. Supported by recent policies such as [The Five Year Forward View](#) (2014), which names 'Supporting health and Wellbeing as its first priority, [Future in Mind](#) (2015), which looks at transforming Children's Mental Health services by investing more in prevention and early identification of mental health problems, and the Government Green Paper '[Transforming Children and Young People's Mental Health](#)' (2017), which specifically sets out how this might be achieved with a focus on education settings.

We know that 1 in 10 young people between the ages of 5 and 16 years have a clinically significant mental health problem (ONS, 2016). We also know that 50% of lifelong mental illnesses begin before the age of 14, and 75% start before the age of 24 (Kessler RC, 2005). Tackling childhood mental health problems must be a priority. However, there has also been a recognition that current service provision is not up to the challenge this presents. Only 1 in 4 of those requiring treatment receive it (Green H, 2005) and waits for treatment are often too long (England P. H., 2017).

Issues that are important in considering resilience, early identification and prevention of mental health problems include the protective and risk factors, plus routes to early identification.

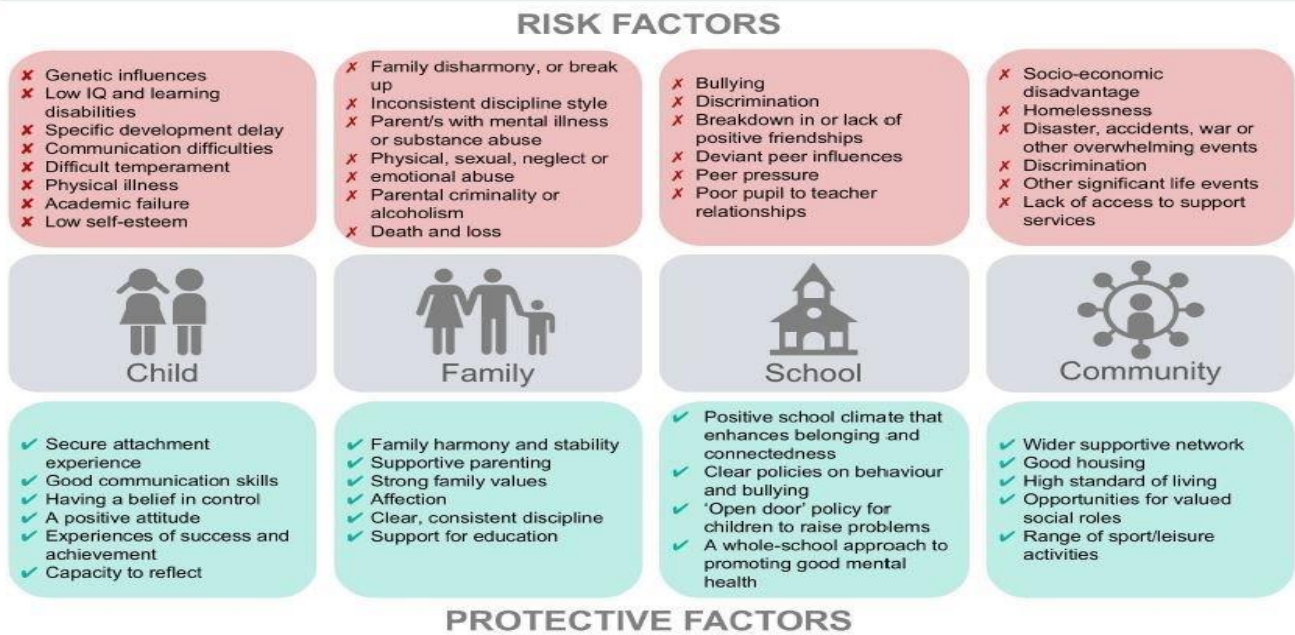
Certain factors have a correlation with worse mental health outcomes. Gender, socioeconomic status, ethnicity, disability, sexual orientation and whether or not they are a looked after child or in the youth justice system - all these factors influence mental health outcome of young people. (Public Health England, 2017)

[Adverse Childhood Experience \(ACEs\)](#) that are also linked with adverse mental health outcomes include:

- physical abuse
- sexual abuse
- domestic violence
- parental separation
- emotional neglect
- emotional abuse
- living with an alcoholic or drug abuser
- having a parent in prison

(Felitti, 1998)

# Risk and protective factors for CYP's mental health



School staff play a vital role in the early identification of signs of distress, ‘particularly for eating disorders, self-harm and attention deficit hyperactivity disorder (ADHD)’ (DoE, 2017, p. 10)

A helpful model for thinking about this topic is the [Thrive model](#) which aims to replace the tiered model of the mental health system; describing five distinct needs-based groupings of young people. At the centre of the model are those who are ‘Thriving’, while the first quadrant names a group of young people who are ‘Coping’ – able to self-manage with the right information and signposting to support.

It is likely that those children and young people who are within the first two quadrants (“Coping” and “Getting help”) that prevention, resilience and early intervention most applies. However the model acknowledges that young people with all levels of complexity and severity of mental health problems may access support at the coping quadrant, if that is where their needs are best met.

The Thrive paper estimates that 80-90% of young people can be said to be “Thriving”. Of the remaining 10-20% of young people, 30% fall into the “Coping” quadrant, with the remaining 70% “Getting Help”, “Getting More Help” or “Getting Risk Support”.



The scope of this section is led by the vision of the Green Paper to ensure that ‘children and young people showing early signs of distress are always able to access the right help, in the right setting, when they need it’ to ‘prevent problems escalating’ (DoE, 2017, p. 3).

Therefore this section includes data and information relating to:

- Children and adolescents showing early signs of distress.
- The prevention of problems escalating.

## Facts, figures, information (Wirral and beyond)

The following local data is available from the [Wirral Public Health Children and Young People’s Mental Health and Well-Being Profile \(2017\)](#).

### Headlines

- Rates of diagnosable mental health disorders (9.6% local - 9.2% national) and emotional disorders (3.6% local - 3.7% national) in Wirral **are** comparable to national levels.
- School age children with additional social, emotional and mental health needs make up 3.12% of the population locally, **but** 2.34% nationally.
- Rates of hyperkinetic disorders, including Attention Deficit Hyperactivity Disorder (ADHD) are 1.5% in Wirral **compared to** 1.1% nationally.
- Hospital admissions for self-harm in Wirral are **significantly above** national levels. In 2015-2016, in the age range 10-14 years, there was a crude rate of 503.1 admissions per 100,000 in Wirral, compared to 225.1 nationally. In the age range 15 -19 years there was a crude rate of 873.1 admissions per 100,000 compared to 648.8 nationally.
- [Wirral Future in Mind Assessment of Need](#) (2016) notes that Wirral has seen a **steady reduction** in the number of children and young people aged 0 - 14 admitted to hospital following deliberate self-harm since 2010. Hospital admissions for unintentional and deliberate injuries also declined for those aged 15 – 24 in that time period.
- The percentage of Wirral pupils with social, emotional and mental health needs at primary age is 2.83% **compared to** 2.12% nationally, and at secondary age 3.36% **compared to** 2.27 nationally. However, what is less clear is the rate of diagnosable problems, or early signs of distress.
- In the year 2017–18 there were over 1,500 telephone calls to the Wirral CAMHS Advice Line and, of these, 47% did not meet criteria for a specialist CAMHS services (unpublished local data). Further analysis will be undertaken over the coming year.

### Vulnerability factors

In terms of the issues that make young people more vulnerable to mental health problems, the significant differences in Wirral, compared to the national picture are as follows: ([Wirral Public Health Children and Young People’s Mental Health and Well-Being Profile, 2017](#)):

- Numbers of looked after Children **far outstrip** national levels. In Wirral there are 99.2 young people per 10,000 who are Looked After, **compared to** 60.3 nationally.
- Numbers of children under 18 who became the subject of a child protection plan with initial category of abuse as physical abuse, sexual abuse or emotional abuse **are raised** in Wirral, with rates per 10,000 of 31.1 in Wirral **compared to** 28.7 nationally.

- Rates of domestic abused related crimes reported on Wirral, are **slightly higher** than national rates. In Wirral there are 26.2 of these crimes per 1,000 **compared to** 22.1 per 1,000 nationally – although this data does not refer to incidents witnessed by children.
- Numbers of young people with Special Educational Needs are also **above** national levels, 17% locally, **compared to** 12.7% nationally.
- Rates of parents in treatment for drug misuse problems also **significantly outstrip** national levels. In Wirral 217.9 parents per 100,000 children **compared to** 110.4 nationally.
- At 4.5%, Wirral rates of 16 – 18 year olds Not in Education, Employment or Training (NEET) are **slightly higher** than nationally – 4.2%.
- Rates of bullying are **slightly lower** - 53.8% of 15 year olds had been bullied recently **compared to** 55% nationally.

### Protective factors for resilience and wellbeing

- A measurement of mental well-being in 15 year olds (the [WEMWEBS](#), (Tennant, 2007)) suggest mean scores on Wirral at 48.0 **compared to** national mean scores of 47.6.
- The percentage of 15 year olds on Wirral reporting positive life satisfaction was **slightly higher** than nationally: 68.5% or Wirral 15 year olds reported positive life satisfaction **compared to** 63.8% nationally.

Whilst the data indicates a high level of deprivation and need, the overall level of mental wellbeing and positive life satisfaction is slightly higher than the national average.

Having clear policies in place around emotional well-being is a protective factor in young people's mental health. They offer guidance on early identification and pathways to support, as well as indicating ways in which schools can organise themselves in order to promote well-being and prevent problems escalating.

In our local area [survey of schools](#), 58% of responding schools did not have a Mental Health policy in place although 77.4% plan to include it as a priority in the school development plan over the next 2 years. This is underpinned through the collaborative work undertaken by the local CAMHS service, education, commissioning and wider stakeholders as part of the local Future in Mind [Transformation Plan](#).

## Current activity and services

A range of commissioned and non-commissioned services undertake activity aimed at resilience, early intervention and prevention.

- See the embedded directory for the full range of services. [Resource and Information Pack February 2018](#)

Key commissioned services, working within the coping quadrant of the Thrive model on Wirral, include Wirral CAMHS Primary Mental Health Team.

The transformation of CAMHS Primary Mental Health provision is a key part of the local Future in Mind [Transformation Plan](#). Since October 2016 this has led to a rolling program of training for education staff, and more recently the wider children's workforce, with the aim of improving early identification of the early signs of distress, and preventing mental health problems from escalating.

In addition a telephone [Advice Line](#) has been launched, providing CAMHS expertise and advice to support all children and young people (including parents, carers, GPs and the CYP workforce) on Wirral. The team has also been working with some key schools to help cascade Whole School Approaches to Mental Health across Wirral, as we know this is one of the protective factors in preventing young people's mental health problems. This service is currently funded until 2020.

Other key commissioned services providing support in the coping quadrant of the Thrive model include:

- [Kooth.com](#)
- [Response](#)
- [Health Services in Schools](#)
- [Action for Children Counselling in Schools](#)

## What does this suggest as further action?

### Key gaps in knowledge

- Rates of *pre-diagnosable* emotional problems and the prevalence of mild – moderate mental health problems locally.
- Reliable data around *pre-diagnosable* disordered eating at normal weight.
- Rates of LGBT young people on Wirral.

### Horizon scanning

- The Government Green Paper [Transforming Children and Young People's Mental Health](#) sets the strategic direction for UK mental health support. It outlines that the future lies within the realms of prevention and early identification of mental health problems. It sets out a clear intention to direct more funding resources at this level; however, it is clear from the scanning of the current data that little is yet known about the demand for this level of intervention – beyond a universal offer.
- The paper sets out the intention to provide Mental Health Support Teams linked to every school, but what is not known is how many young people might require brief interventions from these teams.

### Future in Mind: Transformation Plan 2017/18

Work towards meeting local needs for prevention and early intervention have been included in the updated [FiM Transformation Plan 2017-18](#).

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