

Draft Emotional Wellbeing and Mental Health Strategy

The attached draft 'Emotional Wellbeing and Mental Health Strategy' (Appendix 1 contains a summary of the strategy and Appendix 2 contains the draft strategy in full) seeks to describe the situation in Norfolk, identify 6 strategic priorities, and propose ways of working and outcomes we wish to achieve to ensure improvement.

Background:

We wish to ensure services are available to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

At a national level one in ten children and young people aged 5 to 16 have a clinically diagnosed mental health disorder and around one in seven has less severe problems.

The Care Minister, Norman Lamb, in August described '**Mental health services for young people in England are "stuck in the dark ages" and "not fit for purpose"**' and will be launching a task force to look into how to improve services.

In Norfolk we are already beginning to think about how emotional wellbeing and mental health support and services can be improved with the Health and Wellbeing Board Joint Health and Wellbeing Strategy priority of:

- **Promoting the social and emotional wellbeing of pre-school children**

Also the local 'Closing the Gap' priorities for essential change in mental health in Norfolk includes theme 3:

- **starting early to promote mental wellbeing and prevent mental health problems**

There is a range of mental health support which goes on within universal services and schools contribute considerably in supporting children presenting with emerging mental health difficulties as well as working with agencies for those requiring more intensive and specialist support.

However we note that currently there is fragmentation across agencies and organisations in relation to earlier responses to emotional wellbeing and emerging mental health difficulties with children and young people at times unable to access earlier help or longer term support.

A proposed way forward:

The strategy aims going forward:

1. Ensure services are available to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

2. Early years settings, schools and other agencies working with children and young people so that they feel good about themselves and are able to build positive relationships
3. Align and re-shape services/resources so that integrated commissioning arrangements and services within the universal support and early help offer are in place reducing current fragmented approach and that gaps are addressed
4. Improve access and provide clarity about support services available for emotional wellbeing and mental health at all tiers and for all children and young people
5. Engage children and young people, parents and carers in informing and shaping support, commissioning of provision and service delivery

Tell us what you think:

We are seeking feedback on the strategy on the following:

- **Is this the right vision?**
- **Are these the right aims?**
- **Are these the right outcomes?**

What do you have to offer?

We are interested in knowing what agencies and organisations will be able to contribute in developing and implementing this strategy.

Consultation process:

We are aiming to go out for wider agency and stakeholder consultation on the strategy over a 4-5 week period up to and including October 2014.

This will include consultation with schools through the schools forum and autumn term fair funding proposals as we wish to work with schools on how DSG funding can be used for earlier emotional wellbeing and mental health support. We have linked this with NCC Children's Services 'A Good School for Every Norfolk Learner' strategy and DfE guidance '*Mental Health and Behaviour in Schools*' June 14.

We are also planning to present the draft strategy to the Child Health and Maternity Board, Health and Wellbeing Board, Joint Camhs Commissioning Group, Camhs Strategic Board in the near future and work is underway with the Youth Council to ensure engagement with children and young people. Further involvement work as part of the consultation will see us consulting with a range of children's and young peoples' groups. In addition we will be consulting with a range of parents and parent groups including Family Voice Norfolk.

If you wish to discuss further please contact:

**Christopher Butwright, Head 5-11 Commissioning, Norfolk County Council
Children's Services: christopher.butwright@norfolk.gov.uk tel: 01603 638049**

Appendix 1: Emotional Wellbeing and Mental Health Strategy - Summary

Introduction

In Norfolk through an early help offer we wish to provide services to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

Emotional wellbeing has been defined as: ***"A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."*** It is increasingly used alongside mental health, and is often favoured by schools and others whose main contribution is around prevention and health promotion.

(Better Mental Health Outcomes for Children and Young People)

What do we already know?

Both national and local data highlights

- Significant number of children in Norfolk effected by mental health – up to 10% of child population
- Range of vulnerable groups at greater risk of mental health concerns
- Range of contributory factors influencing emotional well-being and mental health

That referrals to mental health targeted and specialist services continue to increase and have been on the rise since 2003.

What are our aims and ambitions?

1. Developing Resilience
2. A Focus on Emotional Wellbeing
3. Improving Mental Health outcomes
4. Working together to improve outcomes
5. Listening to children and young people
6. Resources and funding focussed on earlier intervention and assessed needs

1. Developing Resilience:

The strategy aims to:

- Ensure agencies work together in such a way as to develop protective factors focused on a holistic approach
- Ensure joined up commissioning, provision and specialist and targeted interventions.
- Create the conditions within our communities, schools and settings that enable all children and young people to thrive and seek to reduce the impact of risk factors.
- Keep families together
- Identify and provide timely interventions for those at most risk

2. A Focus on Emotional Wellbeing:

The Strategy aims to ensure:

- **Good transitions at all stages of childhood**
- **Parent and infant mental health support accessible and joined up**
- **Emotional and wellbeing support into school and especially high school**
- **Understanding the importance of good relationships and creating the conditions to support**
- **Promoting play based approaches in the early years and beyond to ensure positive experiences in a supportive environment**
- **Promote active and healthy lifestyle**
- **Promote inclusion in all areas**

A way of working:

- **Priority 1 – Promoting the social and emotional wellbeing of pre-school children**

The approach here is to consider a range of factors which impact on young children's lives and seek to improve outcomes by focussing support and targeting services in such a way so as to provide positive experiences in relation to health, education and social care. A good example of this is the 'Every Child a Reader' campaign which addresses not only literacy issues for children and adults but also builds positive relationships and experiences between children and their parents and carers.

3. Improving Mental Health Outcomes:

The strategy aims to enable improved ways of working by:

- **Promoting reflective practise including at a multi-agency level**
- **Awareness raising**
- **Capacity building**
- **Understanding and agreeing best practise approaches to ensure joined up working**
- **Knowing where trained staff are e.g. trained trainers**
- **Sharing skills and information at a local level**
- **Ensuring clear pathways to and from services so as children, young people and their families are well supported at all stages.**
- **Joint training and workforce development**

4. Working Together to Improve outcomes:

The strategy aims to ensure:

- Local need is understood
- Parent and infant mental health needs are recognised, assessed and support and interventions are provided as early as possible
- Support and interventions for post traumatic stress disorders are in place for those suffering from physical and emotional abuse
- Longer term interventions are recognised and services identified
- Support for sexually aggressive young people is in place
- Understanding and responding to self harm with the aim of reducing emergency admissions
- NCC Children's Services, Clinical Commissioning Groups, Community Adult Services, NHS England, NCHC and NSFT working together to ensure understanding of need and provision for Learning Difficulties Camhs services and when required in-patient beds
- Pathways to and from services clearly defined
- Camhs Strategy priorities are delivered in partnership with leads and outcomes identified

5. Listening to Children and Young People:

The strategy aims to ensure the voice of the child:

- Enable parents, carers and those working with children and young people to understand children's and young people's needs through their communication so as to ensure earlier support and interventions.
- Individual assessment/plans/interventions
- Service development
- Strategic direction
- Commissioning activity
- Direct provision

6. Resources and funding focussed on earlier intervention and assessed needs:

The strategy aims to:

- **Build on existing joint commissioning arrangements and enhance further as exemplified by the SEN joint commissioning work**
- **Promote use of pooled funding at a local and county level**
- **Align staffing and resources so as to avoid duplication**
- **Identify key interventions such as PATHs and Perinatal Infant Mental Health Services (PIMHS) as approaches to address priority improvements**
- **Reduce use of acute services through earlier recognition and support**
- **Promote alternative ways of working and support within the communities and families**
- **A focus on relationship building and healthy and active lifestyles**

The overall aim being to redistribute spend to meet needs at the earliest opportunity where small amounts of funding can make big differences to

The strategy aims:

To achieve collaborative working and management of limited resources by the proposed development of a therapeutic partnership approach:

- (i) Joint commissioning based on needs assessment including what children and young people and their families are telling us at countywide and local level including school clusters**
- (ii) Collaborate in developing specialist skills and knowledge at the countywide and community levels, this includes identifying, and planning to fill, gaps in the provision of specialist activities by identifying unmet need.**
- (iii) Coordinate the delivery of specialist activities (including seeking to commission and/or combine existing specialist skills / knowledge in order to strengthen the provision of specialist activities).**
- (iv) Lead and contribute to the implementation across Norfolk of national and local initiatives related to emotional wellbeing and mental health including for the LA promoting healthy lifestyles.**

The key here is to enhance good working relationship with education, health and social care colleagues including Clinical Commissioning Groups and Public Health Commissioners and establish those with District Council Commissioners, Police and Crime Commissioner and the voluntary sector.

Emotional Wellbeing and Mental Health Strategy – draft V5

Introduction

In Norfolk through an early help offer we wish to provide services to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

To enable ongoing improvement the following principles underpin our approach:

- A recognition that children are best cared for in their own families
- Raising educational standards
- Value partnerships at every level both local and county-wide
- Produce seamless service from the perspective of children and their families
- It must join up NCC CS directly provided and commissioned services with those provided by our partners including in education and health
- It must drive up service improvement – the right children, the right service, the right duration

There is recognition that there are protective and risk factors in children's lives. The balance between the risk and protective factors are most likely to be disrupted when difficult events happen in children's lives. These include:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;
- **life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and
- **Traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

Universal services such as early years settings, schools and colleges will often be able to support children at such times, intervening well before mental health problems develop. This requires information, advice, guidance and support when required to enable preventative working.

(‘Mental Health and Behaviour in Schools’ June 14)

The above factors whilst applied to mental health specifically in the reference document are also the same factors which bring children to the attention of a variety of children's services and agencies resulting in the need for support and intervention. Whilst the pathway we wish to maintain is within the universal support at times targeted and specialist support will be required to ensure children's assessed needs are met at tiers 2/3 and 4.

Providing effective support for families means wiring local services so that each family's needs are at the heart of the universal pathway core offer within their community



Supporting Families in Norfolk

Pathways to and from services provided need to be clear and equitable regularly reviewed, monitored and evaluated to ensure they are meeting local and countywide assessed needs at the right time and for the right children.

What do we know about emotional wellbeing and mental health?

At a national level one in ten children and young people aged 5 to 16 have a clinically diagnosed mental health disorder and around one in seven has less severe problems.

Mental health professionals have described mental health difficulties as the following:

- Mood disorders, e.g. depression
- Anxiety disorders e.g. phobias, panic disorder, obsessive-compulsive disorder, post traumatic stress disorder
- Psychosis, e.g. schizophrenia
- Developmental disorders, e.g. autistic spectrum conditions, tic disorders, dyspraxia
- Hyperkinetic disorders e.g. Attention Deficit Hyperactivity Disorder (ADHD)
- Conduct disorders e.g. persistent and severe aggressive, antisocial or defiant behaviour that is very different from expected behaviour in peers
- Attachment disorders e.g. difficulties caused by a persistently abnormal pattern of attachment with care givers
- Emotional and behavioural disorders e.g. problems with emotions and behaviour that do not meet the criteria for a mental health diagnosis, e.g. enuresis (wetting) and encopresis (soiling)
- Learning disabilities and developmental delay

Just like adults, any child can experience mental health problems, but some children are more vulnerable to this than others. These include those children who have one or a number of risk factors in the following domains:

- from low-income households; families where parents are unemployed or families where parents have low educational attainment
- who are looked after by the local authority
- with disabilities (including learning disabilities)
- from black and other ethnic minority groups
- who are lesbian, gay, bisexual or transgender (LGBT)
- who are in the criminal justice system
- who have a parent with a mental health problem
- who are misusing substances

- who are refugees or asylum seekers
- in gypsy and traveller communities
- who are being abused.

While children and young people in these groups may be at higher risk, this does not mean that as individuals they are all equally vulnerable to mental health problems. A range of protective factors in the **individual**, in **the family** and in **the community** influence whether a child or young person will either not experience problems or will not be significantly affected by them, particularly if receiving consistent support from an adult whom they trust.

(Better Mental Health Outcomes for Children and Young People)

In addition approximately 10% of child population can be described as having "disorganised" attachments (approximately 960 infants developing disorganised features each year) which if not addressed will lead to significant relational, behavioural and mental health difficulties.

What does the local data tell us?

Local mental health prevalence data available from chimat via Public Health tells us:

- In the 2-5 years age range average prevalence rate of **7380** children with a mental health disorder.

Prevalence rates in children 5+ based on 2012 data:

- **3980** in 5-10 age range
- **6515** in 11-16 age range
- **10,395** in 5-16 age range

We also know from 'Early Help Working together to make a difference' that:

- An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves. Of the 175,000 young carers identified in the 2001 census, 29% – or just over 50,000 – are estimated to care for a family member with mental health problems. *(Norfolk Children's Service: Understanding Children & Young People's needs, April 2013)*
- In a class of 26 primary school children, it is estimated that six or seven children are living with a mother with mental health difficulties.
- Parental mental health is also a significant factor for children entering the care system. Childcare social workers estimate that 50–90% of parents on their caseload have mental health problems, alcohol or substance misuse issues

Furthermore Public Health 'Mental Health Needs Assessment 2013' for Norfolk and Waveney highlights:

- For anorexia nervosa, among young women aged 15 – 30, estimated 860 sufferers, and across all sexes and ages, 108 new cases per year.
- For bulimia, estimated 177 new cases per year
- For an eating disorder 'not otherwise specified', a much higher proportion of people are affected, accounting for 50% of people who present for treatment, but up to 6%, 59,000 people, in our population
- Between 2003 and 2011, 4.3% of all deaths in Norfolk and Waveney were attributed to mental and behavioural disorders, giving an average of 408 deaths per year, not including suicides. The most common cause was dementia in older people, but in younger age groups substance misuse was the predominant cause.
- **Women with post natal mental illness:** In 2011 there were 10,633 births in Norfolk and Waveney. Applying published rates of postnatal depression, it is anticipated that between 1000 and 1500 mothers would have been effected

- **People with learning disabilities:** 1000 to 1600 people effected with mental illness
- **People with sensory impairment:** levels of mental ill health are likely to be higher among people with sensory impairment and in order to ensure they have fair access to mental health services, diagnosis needs to be good, and reasonable adjustments made
- **Young carers:** nearly a third of young carers care for someone with a mental illness. Carers themselves are at risk of developing mental health problems

Emotional Wellbeing:

Emotional wellbeing has been defined as: ***“A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.”*** It is increasingly used alongside mental health, and is often favoured by schools and others whose main contribution is around prevention and health promotion.

(Better Mental Health Outcomes for Children and Young People)

Understanding levels of wellbeing is a challenging and complex measurement to ascertain. Various tools are available such as SDQ which is often used with the LAC population and the PATHs programme applies an approach to understand this within schools.

The ‘Good Childhood Report 2013’ published by the Children’s Society provides a helpful understanding of important factors which can impact and contribute to an overall sense of well-being.

	Positive affect	Life satisfaction	Psychological well-being
Single item	Overall, how happy did you feel yesterday?	Overall, how satisfied are you with your life nowadays?	Overall, to what extent do you think the things you do in your life are worthwhile?
Multi-item	How calm did you feel yesterday? How excited did you feel yesterday? How relaxed did you feel yesterday? How full of energy did you feel yesterday?	My life is going well My life is just right I wish I had a different kind of life I have a good life I have what I want in life <i>plus ‘domain’ measures such as:</i> How happy are you with your health?	I feel that I am learning a lot at the moment I feel that I am achieving things in my daily life I feel that I have a sense of direction in life I feel that I do things that are useful in my daily life

However to give an overall ‘happiness’ measure here would be misleading and in fact a measure of wellbeing is perhaps best done by asking children about how they evaluate their lives as a whole. Again the ‘Good Childhood Report 2013’ provides a helpful approach based on the ‘Five Ways to Wellbeing framework’:

1. **Connect**
2. **Keep Learning**
3. **Be active**
4. **Give**
5. **Take notice**

It is possible to survey children based on the five ways framework and factors that are relevant to children themselves. The key here is to enable the voice of the child.

Finally of significance is the link between emotional wellbeing and mental health and reasons for why children die. The May 2014 report 'Why children die: death in infants, children and young people in the UK' by the Royal College of Paediatrics and Child Health highlights the following:

- Injuries are a common cause of death among adolescents who have chronic conditions including mental and behavioural disorders, accounting for a third of deaths among 15 to 18 year olds in England who had a long term condition
- Injuries are non-random preventable events
- Many children who died from suicide had not had any contact with mental health services, and there were reportedly problems with services failing to follow patients who had been referred but not turned up for appointments
- The most common causes of injury related deaths are transport accidents, drowning and intentional including self-harm and assault
- Injuries resulting in death among adolescents often occur when there is coexisting chronic conditions e.g. injuries accounted for nearly 70% of deaths among 15-18 year olds with mental health or behavioural problems
- Social and economic inequalities are matters of life and death for children
- Approximately three quarters of lifetime mental health disorders (excluding dementia) have their onset before 24 years of age. The peak onset for most conditions is between 8 and 15 years, with children and young people in the poorest households three times more likely to have a mental health problem than their wealthier counterparts.

In conclusion both national and local data highlights

- Significant number of children in Norfolk effected by mental health
- Range of vulnerable groups at greater risk of mental health concerns
- Range of contributory factors influencing emotional well-being and mental health

That referrals to mental health targeted and specialist services continue to increase and have been on the rise since 2003.

What are our aims and ambitions?

- 1. Developing Resilience**
- 2. A focus on Emotional Wellbeing**
- 3. Improving Mental Health outcomes**
- 4. Working together to improve outcomes**
- 5. Listening to children and young people**
- 6. Resources and funding focussed on earlier intervention and assessed needs**

1. Developing Resilience:

Central to children and young people reaching their potential in life and achieving their ambitions is the importance of their emotional, mental and physical health and wellbeing.

To assist in understanding how the strategy and approach will make a difference to children, young people and families the following table highlights risk and protective factors in relation to mental health:

	Risk Factors	Protective Factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	<ul style="list-style-type: none"> • Overt parental conflict including Domestic Violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile or rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the school	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open-door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness 	<ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living

	<ul style="list-style-type: none"> • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities
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(*'Mental Health and Behaviour in Schools'* June 14)

Clearly what we want to achieve is ensuring as many protective factors are in place for children and young people so as to have a positive impact on their lives. This is best described as developing **resilience** as it appears:

'Seemingly against all the odds, some children exposed to significant risk factors develop into competent, confident and caring adults. An important key to promoting children's mental health is therefore an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges.'

'Resilience seems to involve several related elements. Firstly, a sense of self-esteem and confidence; secondly a belief in one's own self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem solving approaches.'

Rutter, M. (1985) Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*. Vol. 147, pp. 598-611

Research suggests that there is a complex interplay between risk factors in children's lives and promoting their resilience. As social disadvantage and the number of stressful life events accumulate for children or young people, more factors that are protective are needed to act as a counterbalance.

(*'Mental Health and Behaviour in Schools'* June 14)

The strategy aims to:

- **Ensure agencies work together in such a way as to develop protective factors focused on a holistic approach**
- **Ensure joined up commissioning, provision and specialist and targeted interventions.**
- **Create the conditions within our communities, schools and settings that enable all children and young people to thrive and seek to reduce the impact of risk factors.**
- **Keep families together**
- **Identify and provide timely interventions for those at most risk**

2. A Focus on emotional wellbeing:

The 2013 'Better Childhood Report' highlights the following six priorities for children's wellbeing:

Figure 23: Six priorities for children's well-being



Given these holistic priorities it is important that there is a join up between social, education and health professionals from across the children's sector to ensure that as earlier support as possible is available to meet needs of both a mental and physical nature.

Therefore links need to be made with local priorities and developments such as:

- A Good School for Every Norfolk Learner
- Early Years Strategy
- Healthy Child Programme
- Supporting Families in Norfolk Strategy
- Healthy Schools Programme
- Active Norfolk
- Short break services for disabled children
- Clinical Commissioning Team

Aims

- Good transitions at all stages of childhood
- Parent and infant mental health support accessible and joined up
- Emotional and wellbeing support into school and especially high school
- Understanding the importance of good relationships and creating the conditions to support
- Promoting play based approaches in the early years and beyond to ensure positive experiences in a supportive environment
- Promote active and healthy lifestyle
- Promote inclusion in all areas

- Transition services
- District council
- CCG priorities
- Voluntary sector support

Ensuring the links between childhood development and progress across the system to address emotional wellbeing is complex but work is underway as part of the local Health and Wellbeing Strategy which has identified:

- **Priority 1 – Promoting the social and emotional wellbeing of pre-school children**

The approach here is to consider a range of factors which impact on young children's lives and seek to improve outcomes by focussing support and targeting services in such a way so as to provide positive experiences in relation to health, education and social care. A good example of this is the 'Every Child a Reader' campaign which addresses not only literacy issues for children and adults but also builds positive relationships and experiences between children and their parents and carers.

Using this as a model of a holistic approach in Norfolk to emotional wellbeing the aim will be to work with older children and young people in this way.

The strategy will build on already existing joint commissioning and working together practices and further develop between:

- NCC Children's Services
- Pre-school, school/academies and post 16 education provision
- Adult community services
- Public Health
- Clinical Commissioning Groups
- District Councils
- Police and Crime Commissioner
- Voluntary sector

3. Improving Mental Health outcomes:

In 2011, the government published its mental health strategy, *No health without mental health*. This set out long-term ambitions for the transformation of mental health care – and more importantly, for a broad change in the way people with mental health problems are supported in society as a whole. The strategy was built around six objectives:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

In January 2014 the Department of Health created the 'Closing the Gap: Priorities for essential change in mental health' document. Its policy is focused on making mental health services more effective and accessible, and supporting the governments mental health strategy '**No Health without Mental Health**'.

The document sets out 25 priorities for change in how children and adults with mental health problems are supported and cared for, and details how changes in local service planning and delivery will make a difference to the lives of people with mental health problems in the next 2 or 3 years.

The document aims to bridge the gap between long-term ambition and shorter-term action. It seeks to show how changes in local service planning and delivery will make a difference, in the next two or three years, to the lives of people with mental health problems.

(Department of Health)

In addition the DfE has just issued guidance to schools '*Mental Health and Behaviour in Schools*' June 14. This non-statutory advice clarifies the responsibility of the school, outlines what they can do and how to support a child or young person whose behaviour - whether it is disruptive, withdrawn, anxious, depressed or otherwise - may be related to an unmet mental health need.

Both documents highlight the need for joined up working and support at the local level and the importance of integrated commissioning and provision informed by service users and their families.

In addition it is recognised that earlier and preventative work will make a difference to improving emotional well-being and mental health issues.

At a local level the Child and Adolescent Mental Health Services Strategic Partnership has identified a range of priorities to address key areas for development:

- **Involvement & Participation**
- **Equalities**
- **Pathways to and from CAMHS need to be clearer**
- **Parent Infant Mental Health Services (PIMHS)**
- **Acute LD CAMHS cases**
- **Eating Disorders Pathways**
- **CAMHS Emergency & Out of Hours Pathways**
- **Gaps in post diagnostic integrated MH support for 'high functioning' Aspergers cases**

Furthermore the Children's and Families Act for the first time recognises Camhs needs within Education, Health and Care Plans.

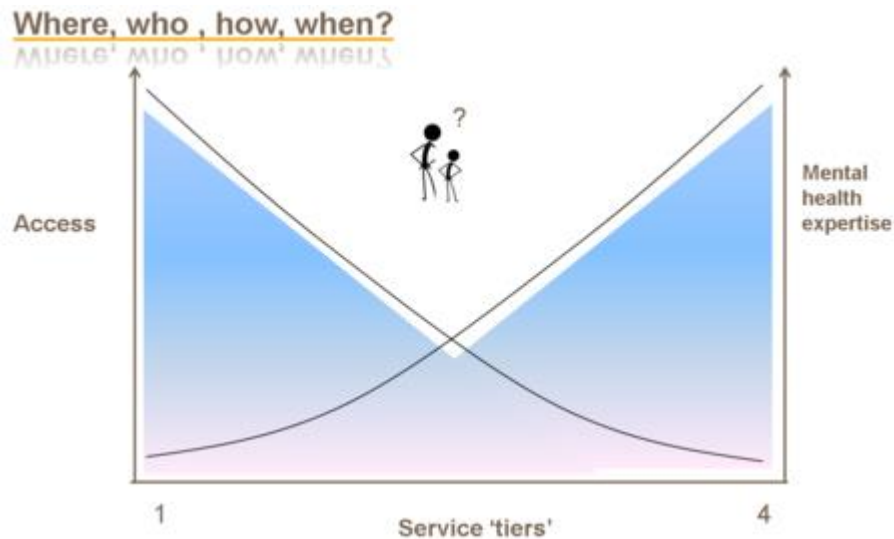
The strategy aims to ensure:

- Local need is understood
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- Support and interventions for post traumatic stress disorders are in place for those suffering from physical and emotional abuse
- Longer term interventions are recognised and services identified
- Support for sexually aggressive young people is in place
- Understanding and responding to self harm with the aim of reducing emergency admissions
- NCC Children's Services, Clinical Commissioning Groups, Community Adult Services, NHS England, NCHC and NSFT working together to ensure understanding of need and provision for Learning Difficulties Camhs services and when required in-patient beds
- Pathways to and from services clearly defined
- Camhs Strategy priorities are delivered in partnership with leads and outcomes identified
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4. Working together to improve outcomes:

Typically joint commissioning and working opportunities will need to be built on and further developed between the LA services including Public Health, Clinical Commissioning Groups, District Councils, Voluntary sector and statutory partner agencies of within education and the police. There are a range of local and national initiatives which seek to improve health outcomes through physical activity as well as educational and social experiences.

Therefore the difference the proposed **Emotional Wellbeing and Mental Health Strategy** will make is to ensure that the counterbalance is in place in for individual and cohorts of children whilst planning to improve access improve support and improve outcomes by attempting to answer the question posed in the caption below:



(Young Minds)

The strategy aims to enable improved ways of working by:

- Promoting reflective practise including at a multi-agency level
- Awareness raising
- Capacity building
- Understanding and agreeing best practise approaches to ensure joined up working
- Knowing where trained staff are e.g. trained trainers
- Sharing skills and information at a local level
- Ensuring clear pathways to and from services so as children, young people and their families are well supported at all stages.
- Joint training and workforce development

5. Listening to Children and Young People:

At a national level Young Minds is informing much of recent government thinking and guidance about how emotional wellbeing and mental health services are designed and locally delivered.

Within Norfolk the current Camhs strategy and current Camhs priority refresh includes involvement and participation of children and young people. In addition recent short breaks re-commissioning activity has included involvement from disabled young people to inform improving short breaks provision.

Often however children and young people let us know about their emotional and wellbeing and mental health in a variety of ways often expressed in their behaviours or how they present including through social media.

In addition what we do know is that children, young people and their families prefer to have support available when they need it, locally provided, without too long to wait and of a good quality.

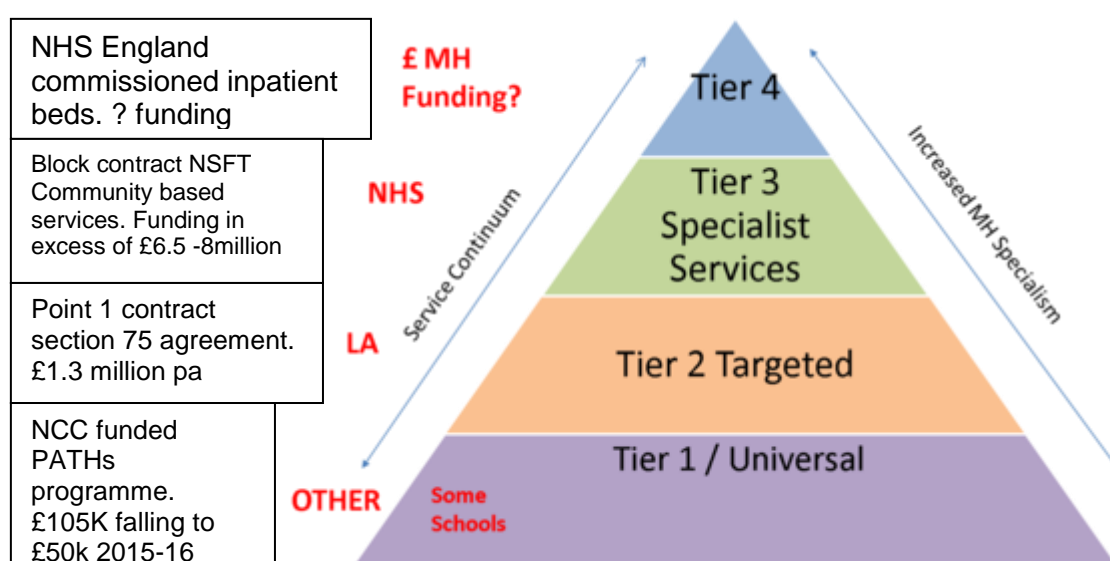
The strategy aims to ensure the voice of the child:

- **Enable parents, carers and those working with children and young people to understand children's and young people's needs through their communication so as to ensure earlier support and interventions.**
- **Individual assessment/plans/interventions**
- **Service development**
- **Strategic direction**
- **Commissioning activity**
- **Direct provision**

6. Resources and funding focussed on earlier intervention and assessed needs

Central to our understanding here is the fact that children can potentially require emotional wellbeing and mental health support from a variety of starting positions and for a variety of needs and therefore an approach which is able to respond flexibly and across a children's services system is critical.

The tiered diagram below assists us in identifying where assessed need is and how support is offered:



It is worth noting that the distribution of resources is heavily skewed towards the higher tiers. So the early intervention services get proportionately very little money despite the overwhelming evidence that early intervention can save very expensive tier 3 and 4 services from being needed later on. (*Young Minds*).

It is apparent CAMHs funding and resources in Norfolk are within the specialist and targeted services whilst through our Early Help strategy and offer we wish to provide support and intervention at the earliest opportunity.

Therefore the tiered model above and associated funding should also be seen alongside other NCC resources wholly or in part contributing to emotional wellbeing and mental health such as the Clinical Commissioning Team, Educational Psychology, specialist services for disabled children (non-social work), short breaks commissioning and the Targeted Support Team. In addition the voluntary sector provides a range of support services for children and young people and their families.

Looking across the sector there are also a range of health commissioned services both by Clinical Commissioning Groups and Public Health for Camhs and for physical health needs. The Healthy Child Programme of particular significance.

The strategy aims to:

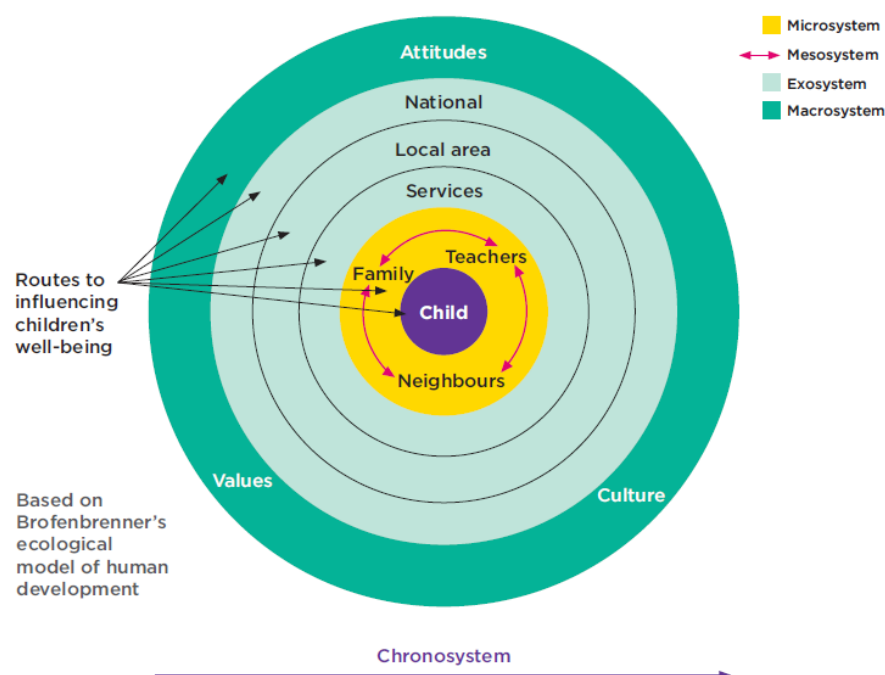
- **Build on existing joint commissioning arrangements and enhance further as exemplified by the SEN joint commissioning work**
- **Promote use of pooled funding at a local and county level**
- **Align staffing and resources so as to avoid duplication**
- **Identify key interventions such as PATHs and Pimhs as approaches to address priority improvements**
- **Reduce use of acute services through earlier recognition and support**
- **Promote alternative ways of working and support within the communities and families**

How will this be achieved?

The strategy requires an innovative and transformational approach as it will require commissioners and providers from across the education, social care, health, district council and voluntary sector to come together to understand customer insight, local needs and priorities for a wide ranging group of children but significantly focused on ways to improve emotional wellbeing and mental health concerns and associated physical health needs which can be of a specialist nature.

The diagram below highlights the need to focus on the child, the family and local community if the strategy is have an influence.

Figure 22: Different spheres of influence on children's well-being



Source: Based on Brofenbrenner's ecological model of human development (Brofenbrenner, 1979)

The proposal is for key strategies and approaches to be at the heart of implementation:

- **Earlier interventions**
 - Parenting Support including assisting parents with LD to better support their children
 - Play as a means to improve relationships and experiences
 - Over coming communication difficulties – including speech and language therapy
 - PIMHS
 - Activity based support e.g. short breaks
 - Developing self confidence and independence e.g. short breaks/home care services/portage
 - Support within education to enable good education attainment
 - Use of technology to increase access
- **Community/local interventions and support**
 - PATHS as an approach to support universal – children, parents and schools
 - OT services specialist and community based
 - Health Visitors
 - Psychological support – educational and clinical – responding to local need including training
 - Voluntary sector child and parenting support
 - Range of short break offers (disabled and non-disabled children and young people) to develop independence, improve confidence and self-esteem
 - Community offer – working with communities on improving wellbeing and mental health through community strengths and assets.
 - Access to physical activity and use of outside space
- **Targeted and specialist:**
 - Focused on outcomes

- Play therapy
- Psychological support – educational and clinical – responding to local need including training
- Communication support
- Speech and language therapy
- Family Nurse Partnership
- Range of pre-purchased and select provider list approach
- Clear pathways to and out of services including re-integration back into community
- Improved working with families to better enable support

The need for a single referral system and good information sharing processes.

All activity undertaken informed by children's and young people's involvement based on Norfolk County Council's involvement strategy and the principles of the Young Minds Children and Young People's IAPT which is all about improving and changing mental health services to help make them better for children and young people. IAPT stands for *Improving Access to Psychological Therapies*, which basically means **making sure more people, get proper help with their mental health and emotional wellbeing when they need it** (Young Minds).

The strategy aims:

To achieve collaborative working and management of limited resources by the proposed development of a therapeutic partnership approach:

- (v) **Joint commissioning based on needs assessment including what children and young people and their families are telling us at countywide and local level including school clusters**
- (vi) **Collaborate in developing specialist skills and knowledge at the countywide and community levels, this includes identifying, and planning to fill, gaps in the provision of specialist activities by identifying unmet need.**
- (vii) **Coordinate the delivery of specialist activities (including seeking to commission and/or combine existing specialist skills / knowledge in order to strengthen the provision of specialist activities).**
- (viii) **Lead and contribute to the implementation across Norfolk of national and local initiatives related to emotional wellbeing and mental health including for the LA promoting healthy lifestyles.**

The key here is to enhance good working relationship with education, health and social care colleagues including CCG and Public Health Commissioners and establish those with District Council Commissioners, Police and Crime Commissioner and the voluntary sector.

In summary:

The proposed **Emotional Wellbeing and Mental Health Strategy** providing a bridge between education, social care and health.

- **Tier 1-4 commissioned and provided services**
- **Therapeutic partnership approach**
- **Focus on key strategies, priorities and interventions**
- **Linked to meeting mental health and physical health needs in collaboration with health and other partners to ensure a blended**

commissioning approach as well as ensuring timely specialist intervention

- **Working across children's services and commissioned as part of child and family support. Providing services in relation to edge of care/LAC Camhs/disability etc**
- **Link with Community Services (Adults) as continuum of support post 16/18 and recognition that children are living in families with adults with mental health difficulties and receiving support.**

*Detailed action plan re delivering priorities against improvement outcomes to be developed. To include refreshed CAMHS Strategy priorities work already underway.