

**Task Group Review of Children's
Mental Health in Merton
Final Report and Recommendations**

**Children and Young People's Overview and Scrutiny Panel,
September 2019**

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Acknowledgments

The task group would particularly like to thank the parents, voluntary and community organisations and council officers who shared their views and experiences with us.

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Foreword, Councillor Natasha Irons, Task Group Chair

As parents, we spend much of our lives trying to protect our children from harm. We teach them how to cross the road and to not speak to strangers. Yet many of us would struggle to know how to protect our children from mental health issues, or where to turn if our child develops one. With 75% of mental health conditions first developing by the age of 24 and, as outlined by Public Health England, only 25% of children needing treatment receiving it, the emotional wellbeing of young people in England has rightly become a national priority.

Initially, the group set out to make recommendations aimed at strengthening early years interventions as a way to prevent mental health issues developing in the first place. However, it quickly became clear that Merton already has a framework for postnatal and targeted early years support, but the offer once a young person starts school seems less clear. As a result, the Children's Mental Health Task group focused on what support is on offer for young people in Merton, understanding how our schools support their wellbeing and making recommendations that simplify pathways to support.

I would like to thank all members of our task group for their commitment, ideas and support throughout the process. As a group, we'd like to thank all those who agreed to give evidence – Hearts and Minds, Stem 4, Merton Council's Youth Inclusion Team, Ursuline High School and our Scrutiny Officer Stella Akintan for facilitating our work. A special thanks go to the members of Merton's Youth Parliament for inviting us to one of their sessions and for their invaluable contribution.

List of Recommendations

Recommendation	Responsible Decision Makers	Pages
Recommendation one: That the Children and Young People’s Overview and Scrutiny Panel consider reviewing Merton’s early years support and post-natal attachment strategies. This can either be looked at as a report to the Panel or an in-depth task group review.	Children and Young People’s Overview and Scrutiny Panel	Page 11
Recommendation two: Merton CCG to fund advocacy services for children and young people who are seeking support for their mental health issues but who don’t have appropriate support from a trusted adult.	Merton Clinical Commissioning Group (Merton CCG)	Page 13
Recommendation three: Ensure the named practice lead knows what changes and enhancements on services and training are available to Children and Young People and takes responsibility for keeping clinicians up to date.	Merton CCG GP Practices	Page 13
Recommendations four: The single point of access to be opened up to young people, parents and anyone worried about a young person.	Child and Adolescent Mental Health Services (CAMHS)	Page 13
Recommendation five: Ensure mental health first aid training is provided to anyone working with young people.	Merton CCG CAMHS Children Schools and Families Department	Page 13
Recommendation six: Pilot a young person social prescribing model.	Merton CCG	Page 13
Recommendation seven: Encourage schools to provide mental health first aid training to every parent in Merton – exploring opportunities to work with the Mayor of London to deliver.	Merton schools Children Schools and Families Department	Page 14
Recommendation eight: Encourage schools to adopt a mental health policy (which should include the importance of	Children School’s and Families Department	Page 15

early intervention, building resilience and signposting of services).		
Recommendation nine: Encourage School Governing Bodies to appoint a mental health lead, to ensure mental health and wellbeing is prioritised and training is up-to-date.	School Governing Bodies	Page 15
Recommendation ten: Encourage School Governing Bodies to take up training on mental health issues amongst children and young people.	School Governing Bodies	Page 15
Recommendation eleven: Encourage Governors to ensure PSHE lessons that focus on mental health and wellbeing remain in place for years 10 and 11.	School Governing Bodies	Page 15
Recommendation twelve: Council, Youth Parliament and CCG to work together on a communications plan to raise awareness of Merton's local offer and destigmatize mental health issues amongst young people.	Merton CCG/ Children Schools and Families Department	Page 16
Recommendation thirteen: CCG to lead a knowledge-sharing forum between Trailblazers and other Merton schools to ensure learnings and best practice from the pilot are shared.	Merton CCG	Page 17
Recommendation fourteen: Ensure that the work of the trailblazer reaches under-represented and seldom heard such as BAME and LGBTQ+.	Merton CCG	Page 17

Introduction

On 27th June 2018, the Children and Young People's Overview and Scrutiny Panel commissioned a task group to look at how to promote good mental health and wellbeing for all children and young people in Merton.

Given this broad remit, the task group used the early evidence-gathering sessions to gain a better understanding of the local issues and to consider how to refine the review to ensure the recommendations led to real changes in local service provision.

The national picture highlights that 1 in 8 children and young people will experience mental health problems such as anxiety, depression, eating disorders and self-harm, with the latter leading to a steep rise in hospital admissions¹. The reasons for this are varied and wide ranging; young people who are already vulnerable due to the impact of poverty, being looked after, or having traumatic childhoods are more likely to experience mental health problems. Additionally, the negative impact of social media and increased focus on body image can have a detrimental impact on self-esteem. There are also links between excessive social media use, sleep deprivation and depression in children and young people.²

However, Young Minds, a charity with 25 years sector experience note this as a time for some optimism. Children and young people's mental health has gained wider recognition, largely through discussion and high-profile campaigns on social media. As a result, attitudes are changing and this subject is no longer taboo, which in turn is helping to break the stigma associated with seeking support. However, difficulties in accessing services and the root causes of mental health problems are still prevalent³.

The Government has also dedicated an additional £1.7 billion by 2020 to improve services that help and support young people with mental health issues. In the 2018 Budget, part of the 10-year NHS funding package was allocated towards services supporting children and young people, including schools-based mental health support and specialist crisis teams for young people across the country⁴.

This task group will want to ensure that the monies dedicated to children and young people's mental health services in Merton are reaching those who are most in need and that this borough is at the heart of challenging issues within the sector.

¹ Local Government Association: Don't be left in the Dark, Children and Young People's mental health, January 2018.

² Children and Young People's mental health, the role of education: House of Commons Education and Health Committee. 02 May 2017.

³ Young Minds, 25 Years fighting for young people's mental health, 2018

⁴ Local Government Association: Don't be left in the Dark, Children and Young People's mental health, January 2018.

Terms of reference

1. To review Merton's universal mental health offer for children and young people aged 11-25, assessing whether the current provision is able to meet the diverse needs of this wide ranging group.
2. To review the mental health and wellbeing offer across all schools, assessing whether the provision is consistent for all pupils and that the schools can access mainstream mental health services and signpost wider services.
3. To consider existing projects and good practice from elsewhere and make recommendations aimed at ensuring the borough is friendly and supportive for those with mental health conditions.

The National and London Policy Context

In December 2017, the government published a Children's Mental Health Green Paper which set out an ambition for earlier intervention and prevention, a boost in support for the role played by schools and colleges, and better, faster access to NHS services. The specific measures in the Green Paper included:

- A designated Senior Lead for Mental Health in schools and colleges to oversee the approach to mental health and wellbeing.
- A four-week waiting time for access to specialist NHS children and young people's mental health services.
- The establishment of trailblazer areas incorporating all three pillars, operational from 2019, which will be supported by robust evaluation to understand what works.

Background to children's mental health needs in Merton

The task group met with the Children and Adolescent Mental Health Service (CAMHS), the Clinical Commissioning Group Leads for Merton and the Council's Commissioning Manager for Children and Families. Together, these groups provided an overview of the number of children and young people affected by mental health conditions, as well as some of the services available to support them.

There are an estimated 2,380 children and young people aged 5-16 in Merton with a mental health disorder, representing 8.5% of the total population of children and young people in the borough. It is thought that 38.2% are estimated to have emotional disorders, 1,427 (60%) conduct disorders, and 390 (16.4%) hyperkinetic disorders (i.e. ADHD).⁵

The data highlighted that conduct disorders are most prevalent in children and young people in Merton, followed by emotional disorders, hyperkinetic disorders and then a group labelled less common disorders. There is a strong gender bias in terms of

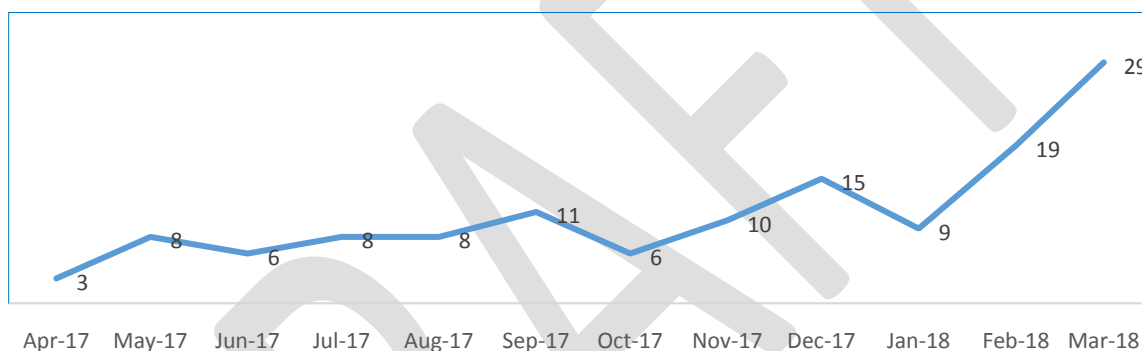
⁵ Data presented to the task group from Merton Clinical Commissioning and Merton Child and Adolescent Mental Health Service.

need; boys tend to be more prevalent in demonstrating conduct disorders and girls in emotional disorders.

The CAMHS team informed the task group that Merton has the second-highest rate of child mental health admissions compared to local authority statistical neighbours and the fifth highest compared to all London Boroughs.

As a result of concerns around self-harm, the South West London Health and Care Partnership has made children and young people’s mental health and well-being a shared health promotion and prevention priority. They aim to reduce the number of children and young people presenting at A&E as a result of self-harm by 20% over the next three years.

Merton A&E Attendances by Children and Young People for substance misuse and self harm 2017 - 18



There has also been an increase in the demand for services as reflected in the table below. These figures are expected to increase further given the projected population increases. The population of children and young people (0-24 years) in Merton is predicted to grow over the next 15 years by 7% from the current figure of 62,900 to 67,300. This suggests an increase in the demand for CAMHS, with the prediction that the number of children aged 10-14 years, currently the largest group accessing CAMHS, will increase by 6% by 2035 (from 12,300 to 13,000).

	2014/15	2015/16	2016/17	2017/18
Tier 2 Services - Data for 14/15 relates to Sep 14 to March 2015 following the introduction of the IAPTus clinical system				
No of Tier 2 Referrals	20	233	239	319
Waiting time from referral to assessment (weeks)	0.9	3.3	2.1	2.5
Waiting time from assessment to treatment (weeks)	7.4	4.7	4.8	5.4
Number of CYP in treatment	1	100	140	114
Number of contacts	44	952	1385	1959

Source: Merton Children and Young People Transformation Plan 2017-18

It was reported that since 2016-17, there has been a 'single point of access' to CAHMS to ensure a high-quality first assessment which takes place either on the phone or face-to-face, with users then directed to the correct services.

All professionals can refer young people into CAMHS where they will undergo a screening process. CAMHS also take a parent referral if the child is previously known to the service. The screening takes place within 24 hours and no-one is rejected but referred to appropriate services.

Merton CCG have commissioned services to meet the need for Tier 2 services and provide early intervention. 'Off the Record' is an online counselling resource and the Wish Centre provides support for those who self-harm. The task group were told both were highly regarded and in-demand. As a result, extra funding had been provided for Off the Record but at the time of writing this report the Wish Centre had withdrawn their service from Merton and was no longer operating.

Given the projected rise in demand for mental health services as well as in self-harm, the task group believes that a good range of Tier 2 services, which provide help and support for those with mild to moderate mental health problems, are essential for early intervention to help prevent people moving to Tier 3 level of need.

Findings and recommendations

Having gathered evidence from a range of witnesses and visited local services, the findings and recommendations from the task group review are set out below.

Prevention of mental health issues.

With over half of mental health problems in adult life starting before the age of 15 and 75% by the age of 18⁶, the initial aim of the task group was to focus on support for early year's development and post-natal attachment. Discussions with the Children and Young People Commissioning Manager indicated that Merton already has embedded targets and support for early years. Given the scale of this topic, the task group believes looking at the link between early years support and parental attachment as a way to prevent mental health conditions in children and young people, should be considered as a stand-alone topic.

The task group also looked at early intervention to stop problems from escalating. Young people should be supported to build emotional resilience and to practice everyday preventative steps to support their mental health. To achieve this, the task group would like to see a range of enrichment programmes to help young people make good choices, overcome challenges and move confidently towards adulthood.

In an attempt to gain a better understanding of preventative intervention methods, the task group considered the Blues Programme which was run by the National Children's Society. The Task Group held a telephone conference with the programme leader and were informed that this is a school-based intervention

⁶ Children and Young People's mental health, the role of education: House of Commons Education and Health Committee. 02 May 2017.

offering a one hour session every week for six weeks. It is aimed at 13-19 year olds and aims to reduce depression and anxiety indicators. It combines a variety of approaches including Cognitive Behaviour Therapy, coping strategies and physical activity. The programme initially offered free support to schools, yet unfortunately this funding came to an end in 2018.

Recommendations:

1. That the Children and Young People's Overview and Scrutiny Panel consider reviewing Merton's early years support and post-natal attachment strategies. This can either be looked at as a report to the Panel or an in-depth task group review.

The task group met with the founders of two local mental health charities, the Youth Parliament and council officers. All shared very clear messages about the current challenges affecting the mental health of Merton's young people.

Early Help

The task group were told about the difficulties young people face in getting support when they begin to suffer with their mental health. There are few alternative options for those who do not meet the threshold for CAMHS. Support is only likely to become available when the condition escalates and more serious intervention is required.

This was of great concern to the task group, given that 7.8% of the population suffer from anxiety and depression, making them the most common mental health conditions in the UK. National research supports this view and also found that many young people felt 'ignored' by health professionals if they did not show physical signs of distress⁷. Up to 44% found it hard to get a referral from their Children and Adolescent Mental Health Service⁸.

The task group also heard about challenges when trying to act on behalf of someone else who is experiencing the onset of anxiety and depression. There is a general lack of information about what is available in the community. As a result, people do not know how to get help, nor where to go for support. Again this can lead to the situation being left untreated until it escalates.

Youth Parliamentarians said that they are not aware of services in the community and teachers only refer pupils to Childline, given that is the only relevant organisation they are aware of.

It takes a concerted effort to ensure that local authorities, the clinical commissioning group and the voluntary and community sectors are working together to ensure that low-level mental health services such as drop-in centres and counselling services are available in the community. Research has highlighted that although there has been a

⁷ Fixing my Anxiety, Young People 'Fixing Anxiety Issues, Supported by the Wellcome Trust.2018

⁸ Young Minds, 25 Years fighting for young people's mental health, 2018

real-terms increase in funding for services, a postcode lottery still determines if spend per child on low-level mental health services actually increases⁹.

User-Friendly Services

Our witnesses expressed concern about the design of statutory mental health services and believe a completely different approach would be more beneficial to users. Given the immense pressure on the current provision and that demand outstrips supply, the focus is on crisis management and support is only given when young people communicate distress through self-harm and eating disorders.

Services were described as ‘top down’ and unresponsive to the needs of young people. Some young people felt that services do not work in a collaborative way to ensure the user’s voice is heard and integrated into service design.

Mental health services often dispense drugs as a solution when a more therapeutic approach is needed to help people understand and manage their own wellbeing. Young people would like to see an individualised approach to mental health in recognition that one size does not fit all and many mental health symptoms vary a great deal for different individuals.

The task group heard that some young people would prefer to have access to trusted adults, especially those with lived experience, who have suffered with mental health issues themselves and hence provide greater empathy and understanding. In reality, councillors were told that access to trusted adults with lived experience and support of this nature is rare and hard to come by.

Young people talked about the difficulties when seeking support or diagnosis from their GP. Concerns included the time-limited nature of appointments and the lack of knowledge about anxiety conditions.

These are similar to the experiences outlined in a report on young people’s experiences with anxiety, which highlighted that young people felt a sense of remoteness from statutory services and would prefer support from an ‘expert by experience’¹⁰. A survey also found that 29% said they had problems getting help from their GP¹¹.

The task group took the view that this should be approached with the view of creating a ‘mental health-friendly borough’ in a similar way to the dementia-friendly initiative; adopting a holistic approach recognises that the whole community has a role in making it easier for everyone to enjoy health and wellbeing. It is important that young people can find a safe space to talk rather than only through the formality of medical professionals.

The task group would like GP’s to be empowered to offer more therapeutic options to patients and believe that social prescribing would be the right approach. Social

⁹ Children’s Commissioner Early Access to mental health support, April 2019

¹⁰ Fixing my Anxiety, Young People ‘Fixing Anxiety Issues, Supported by the Wellcome Trust.2018

¹¹ Young Minds, 25 Years fighting for young people’s mental health, 2018

prescribing is when GP practices signposting patients to non-medical treatments in the community to improve their health and wellbeing. Merton ran a pilot targeted at adults for a year in the East of the borough. This was so successful that the scheme is being rolled out more widely.

Recommendations:

2. Merton CCG to fund advocacy services for children and young people who are seeking support for their mental health issues but who don't have appropriate support from a trusted adult.
3. Ensure the named practice lead knows what changes and enhancements on services and training are available to Children and Young People and takes responsibility for keeping clinicians up to date.
4. The single point of access to be opened up to young people, parents and anyone worried about a young person.
5. Ensure mental health first aid training is provided to anyone working with young people.
6. Pilot a young person social prescribing model

Support for parents and families

Ideally parents should be in the position to spot the early signs of illness and to understand how to offer support. The task group were told this is often not the case. Parents need a greater understanding of what to do when they spot the early signs that their child may be struggling.

Stigma around mental illness often means that parents are reluctant to come forward to discuss any issues they may be facing. The Education Inclusion Manager told the task group that there is often poor attendance when schools arrange sessions with parents to discuss mental health. Other young people said parents who may be struggling with their own mental health feared getting help, in case it led to social services intervention.

On the other hand, parents can unwittingly put too much pressure on young people to achieve academically, which is exacerbated during exam time. Young people felt parents would benefit from being given a greater understanding of mental health issues in a holistic way of how it affects them and how they can support their child. This would enable them do more to provide support and encouragement without making exam pressure any worse.

Young Minds run a parent helpline and report that many parents find it difficult to know how to support their child and access specialist services.

Recommendations:

7. Encourage schools to provide mental health first aid training to every parent in Merton – exploring opportunities to work with the Mayor of London to deliver.

Need for consistent mental health support in schools

The Task Group met with the Education Inclusion Manager who gave an overview of the work happening across schools to support mental health amongst pupils. The task group were concerned about the lack of consistent Tier 2 mental health provision in primary schools. The Targeted Mental Health in Schools (TaMHS) is utilised in 17 primary schools. Other schools could have implemented their own projects and within some schools there will be no support at all.

The picture is different for secondary school pupils who can access the Off the Record counselling service. The Education Inclusion Manager said some schools offer counselling - however as schools are required to support these services from within their own resources, the provision varies greatly.

The Education Inclusion Manager gave an overview of the activities taking place to support children's mental health in schools. Specific initiatives included:

- The council commissioned the Wishmore Academy to provide two days training to schools. Over 20 schools have completed this so far.
- Merton Clinical Commissioning Group provide themed network events looking at issues such as girls and autism, self-harm, eating disorders. This training is aimed at teachers and other professionals.
- There is a range of centrally-funded agencies for secondary schools who provide a range of support, including mental health first aid training.
- An event was held by the Anna Freud Centre to consider joint working and collaboration within mental health systems, which a range of partners attended. Feedback highlighted that signposting has improved - although it is harder to get referrals and waiting lists for an autism spectrum disorder diagnosis is longer than before.

Pressures within the school environment.

The task group attended a session with Youth Parliamentarians who highlighted the immense pressures within the school environment and the need for mental health support.

It was reported that the fear of failure generates a significant amount of stress. There is huge pressure to succeed academically, which comes from parents, teachers, peers and also the pressure young people put on themselves. This echoes evidence from the Mental Health Foundation which suggests that young people are being judged primarily on their academic performance. This is contributing to mental health

problems such as anxiety, depression and eating disorders. To combat this, it is important to put mental wellbeing at the heart of a child's school experience.¹²

The task group agrees that mental health issues need a more prominent position within schools and advocate that schools adopt a mental health policy. They may wish to model it on the approach taken by the London Borough of Camden, which has been widely put forward as an example of good practice.

Recommendations:

8. Encourage schools to adopt a mental health policy (which should include the importance of early intervention, building resilience and signposting of services).
9. Encourage School Governing Bodies to appoint a mental health lead, to ensure mental health and wellbeing is prioritised and training is up-to-date.
10. Encourage School Governing Bodies to take up training on mental health issues amongst children and young people.

Discussing mental health issues within the school curriculum

The Youth Parliamentarians told us that provision of Personal, Social and Health Education (PSHE) can be a useful forum to discuss emotional wellbeing and concerns around their own mental health. Many found that these sessions did not continue in year 10-11, during the busy exam season. However, Youth Parliamentarians felt this was the time the lessons would be the most beneficial.

Again, the Mental Health Foundation research found that PSHE is well placed to help young people understand their own experiences - especially as a significant number of young people report that they did not ask for help because they did not understand what they were going through. However, while there are schools that teach it well, the subject can be haphazardly delivered, frequently with irregular lessons and often rolled into other subjects like careers education.

Recommendation:

11. Encourage Governors to ensure PSHE lessons that focus on mental health and wellbeing remain in place for years 10 and 11.

Social Media

¹² Mental Health Foundation, Make it Count: Let's put mental health and wellbeing at the heart of children's school experience. Policy Briefing, October 2018.

The negative impact of social media upon the mental health of young people is well documented. The Youth Parliament reported that pressures from social media can cause low self-esteem, especially as young people compare themselves to celebrities and high-profile influencers. This resonates with findings from the work of the Education and Health Select Committee looking at the role of education in children and young people's mental health, who found a rise in cyber-bullying and online sexual abuse was linked to a negative impact on mental health¹³.

Youth Parliament Campaign

Given their concerns around mental health, the Youth Parliament are running a campaign. This will include a social media platform to talk about different issues and creation of an Instagram page highlighting relevant services within the borough. The Youth Parliament Manifesto states that:

Merton Youth Parliament have decided to create a Instagram page, to spread awareness on various types of mental health illnesses, the importance of mental health and services that young people can reach out to in order to seek support.

Create posters with mental health support details as well as importance of acknowledging mental health.

The task group believes that this is a good opportunity for the council, CCG and Youth Parliament to work in partnership to develop a Borough-wide campaign.

Recommendation:

12. Council, Youth Parliament and CCG to work together on a communications plan to raise awareness of Merton's local offer and destigmatize mental health issues amongst young people.

Mental Health Trailblazer

In December 2018, the task group review were pleased to hear that Merton, along with our South West London neighbours had been selected to participate in one of the Trailblazer projects which emerged from the Children's Mental Health Green Paper.

The task group met with the Programme Lead for the Trailblazer, who gave a comprehensive overview of the progress with the work. It was reported that the South West London Health and Care Partnership decided to focus on self-harm in children, given the high rates recorded at accident and emergency hospital services. One of the root causes of self-harm is the lack of consistent wellbeing support and early intervention for our young people.

¹³ Children and Young People's mental health, the role of education House of Commons Education and HEALTH Committee. 02 May 2017.

The pilot promotes partnership working, using a 'whole school' approach to emotional health, well-being and mental health. It will deal with mild to moderate mental health issues rather than more enduring mental illness. School leadership and an embedded programme was found to be the best route of delivery.

The task group were pleased to find that many of their early emerging ideas and recommendations were already incorporated into the mental health trailblazer.

Interventions in the whole school approach include:

- An on-line counselling service.
- Parent workshops with mental health support workers to discuss exam stress.
- Parenting - peer led parenting programme, delivered by trained parents.
- Mental health first aid training.
- Teachers receiving support for their own mental health.

The task group were told that schools who participated in the programme would be required to conduct a considerable amount of work themselves. They had to set up a self-assessment audit and assessment and have a cluster action plan. A total of 16 Merton Schools are involved. A list of participating schools is attached at Appendix A.

The task group welcomed the work of the trailblazer as it addressed many of their concerns. The task group want to see learning from the pilot shared amongst all Merton schools and that the pilot pays specific attention to under-represented groups who face additional barriers in finding support for their mental health.

Recommendations:

13. CCG to lead a knowledge-sharing forum between Trailblazers and other Merton schools to ensure learnings and best practice from the pilot are shared.
14. Ensure that the work of the trailblazer reaches under-represented and seldom heard groups such as BAME and LGBTQ+.

Appendix A: Schools involved in the Mental Health Pilot

Primary Schools:

Sacred Heart
St John Fisher
St Thomas of Canterbury
St Peters & St Paul's Catholic Primary School
St Teresa's
St Mary's
Gorringer Park Primary
Holy Trinity Primary
The Sherwood Primary
Links Primary
Hollymount Primary

Secondary Schools:

Wimbledon College
Ursuline High School
Raynes Park Secondary

Alternative Provision:

Melrose School
Smart Centre