Committee: Children and Young People Scrutiny Panel

Date: 8th February 2023

Agenda item:

Subject: Children and Young people's Mental Health

Lead officer: Jane McSherry, Executive Director of Children, Lifelong Learning and Families

Lead member: Cllr Brenda Fraser, Cabinet Member Children's Services

Contact officer: Keith Shipman, Head of Education Inclusion; Jacqui Wilson, Interim CAMHS Transformation Manager/Commissioner, South West London Integrated Commissioning Board

Recommendations:

A. Members to note the contents of the report

1	**PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

1.1.   The aim of this report is to give a summary of the key issues faced by children and young people in Merton with regards to their mental health, including the continued impact of the pandemic and the return to "normal" life. It also outlines the support being provided by mental health support services in Merton, how that support has been adapted in response to need, and how the expansion in preventative support continues to offer a service that is valued.

1.2.   The pandemic and lockdown responses had a significant effect on young people's mental health and referrals to support services. We know this from feedback from young people in the Merton Young People's survey, and the Clinical Commissioning Group (CCG)/Integrated Care Service (ICS) monitoring presented at the Child and Adolescent Mental Health Services (CAMHS) board. Mental health and wellbeing continue to be an issue for many young people but there are also signs that presenting problems are starting to change. This can be seen in the detail below.

1.3.   Mental health support services are commissioned largely by the South West London Integrated Care Board (SWL ICB) and the effectiveness of the support and its integration is led by the CAMHS board which is co-chaired by the SWL ICB and Local Authority.

1.4.   In 2015 the Department of Health published its 'Future in Mind' guidance, outlining the aims for transforming the way CAMHS services are delivered nationally. This has brought a restructuring and investment to support mental health services for young people. As recommended by 'Future in Mind', the Merton CAMHS Board decided in 2018 to move away from traditional models of CAMHS and implement a model called "i-THRIVE". This has involved a culture shift in practice as well as a reconfiguring of services. The model moves away from the old tiers of service (tiers 1 – 4), to the following categories: 'Getting Advice and Support'; 'Getting Help'; 'Getting More Help';

and 'Risk Support'. This involves ensuring that in all services access should be made easier, and linked more to community provision across the providing partnership. Embedding the new model remains a key priority as we recover from the impact of the pandemic.

1.5. The wider ICS region of SWL is now joining Merton in implementing i-THRIVE (see Appendix 1). It is hoped that this will assist cross brough providers such as the South West London and St George's Mental Health Trust to move fully to an i-THRIVE model regionally. Next steps in Merton's journey is an i-THRIVE audit to benchmark progress to date and develop an action plan to deepen the work, particularly around 'Risk Support'. The i-THRIVE Steering Group, and the separate Implementation Group, have worked on a Self-Harm and Suicidal Ideation protocol. This has been widely consulted on, with input from schools and parents and has now been rolled out to all schools in Merton.

1.6. i-THRIVE implementation has led to the development of more preventative services (Getting Help) including, in 2019, a young people's self-referral service for 11 – 25 year olds, run by Off The Record. Further detail is provided below.

1.7. In addition, the SWL ICB and LA have worked together to continue to develop clusters of schools working together, and each supported by their own Mental Health in Schools Team (MHST). Funding for these clusters has been achieved through successful bids to the Department for Health, with additional SWL ICB investment.

1.8. There are now five clusters, with an offer for all Merton schools and Merton College. The MHSTs are operated by the South West London and St George's Mental Health Trust and by Off the Record, and offer services linked to the needs identified by schools in their cluster and also pan Borough. A key focus for schools is working towards a whole school model of mental health support, and as part of this all schools have mental health leads who are supported through a whole borough mental health leads network.

1.9. At the 'Getting More Help' level all referrals are triaged by the Single Point of Access (SPA). This has meant that families get a reply about initial referrals more quickly. As well as taking referrals from professionals for all age groups, the Merton SPA also takes self-referrals from 16/17 year olds, although the numbers of children and young people choosing this route in to seeking support is low. The self-referral rate has remained low so far for this group.

1.10. The Young Inspectors supported the CAMHS board by mystery shopping KOOTH, Off the Record and CAMHS self-referral online processes. Feedback was given and improvements were made. The Board will monitor self-referrals across the year.

1.11. The SPA has a short-term treatment offer and continues to offer weekly consultation slots to schools within the borough. The uptake of these consultation opportunities varies from one to five schools per week. The average number of cases each school brings is three per meeting. Most cases are regarding referrals that have already been made, or

understanding a decision made by CAMHS regarding Autism and ADHD assessments.

1.12.   We have also increased community-based specialist services. Additional capacity has been given to Cricket Green School, the Youth Justice Service and Melbury College. There have been challenges with recruitment to these posts as a result of a national shortage of therapists.

1.13.   Merton LA commissions a CAMHS in Social Care team where therapists work alongside social workers. The Health and Wellbeing Board is currently looking at the structure, funding and impact of this service so that they can refresh the secondment agreement between the Local Authority and St George's. This team is very impactful and was singled out for praise in Merton's safeguarding inspection.

2   DETAIL

2.1.   In the Young People's Survey, undertaken immediately post pandemic, they told us that the pandemic had affected their physical and mental health. Young people told us that they worried about their families, especially where they were key workers. They were also worried about world events, poverty and the death of George Floyd. Many children suffered family bereavements and their worlds have changed. Pandemic responses affected their access to services, socialisation and education. This led to worries about falling behind in school and the value of their qualifications.

2.2.   Young people also told us that they are feeling happier now. However, post pandemic we know that school attendance has been 2% lower across the country and persistent absence levels have been double those seen pre pandemic. This in part is related to higher anxiety amongst young people and their parents.

2.3.   **Referrals to CAMHS 2019 – 2023 (Getting More Help Service)**

Referrals received (last 2 years)

2.4.   Referrals to CAMHS decreased during the lockdowns, and whilst there was a very high rate of referrals by the end of 21/22, these have started to decrease over 22/23. The intial hypothesis for this decrease is that it may be the result of the improvement and access in the 'Getting Help' domain, and the work of the MHSTs, which means that issues are being managed at an

earlier stage. However, this will need to be monitored for a longer period before any clear conclusions can be reached.

2.5. CAMHS reasons for referral

The SPA captures the primary reason for referral as written with the referral itself. It is important therefore to note that the information presented below is not final diagnosis information.

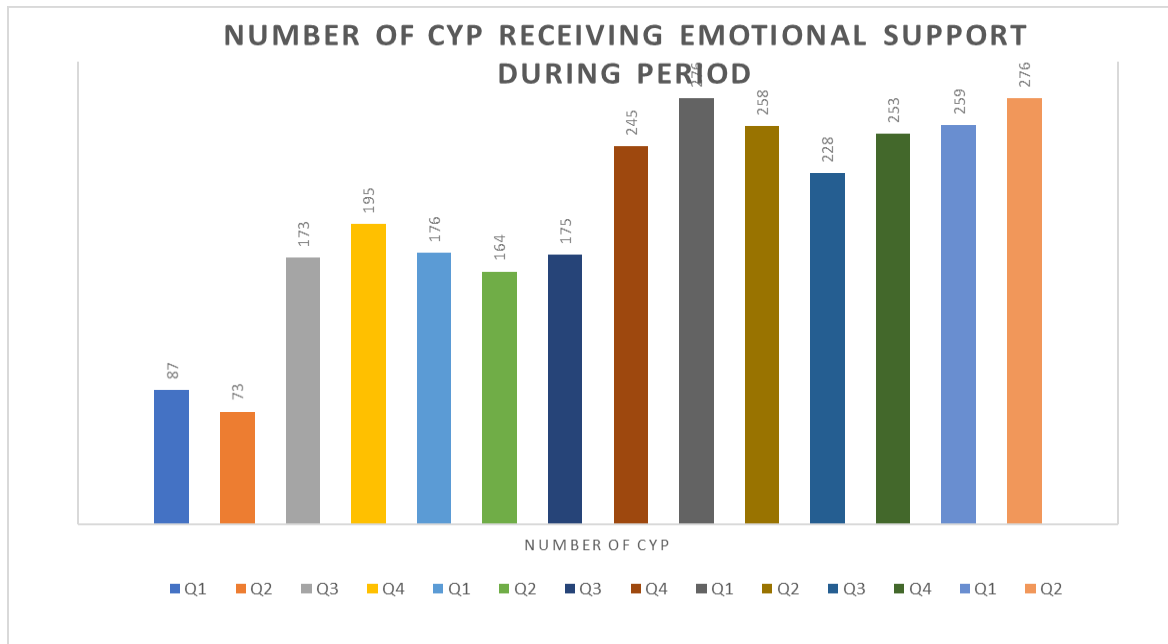In the last year the main three reasons for referrals were:

22/23

Presenting problem	Q2	%	YTD	%
Anxiety	132	24.4%	283	25.2%
Neurodevelopmental Conditions, excluding Autism Spectrum Disorder	121	22.4%	245	21.8%
Self harm behaviours	56	10.4%	127	11.3%

2.6 This year however there has been a significant change, and 39.9 percent of all referrals are in relation to Neurodevelopmental Conditions, and those identifying Anxiety as the primary reason for referral reduced by 4%. Referrals for self harm and conduct disorder have also fallen slightly.

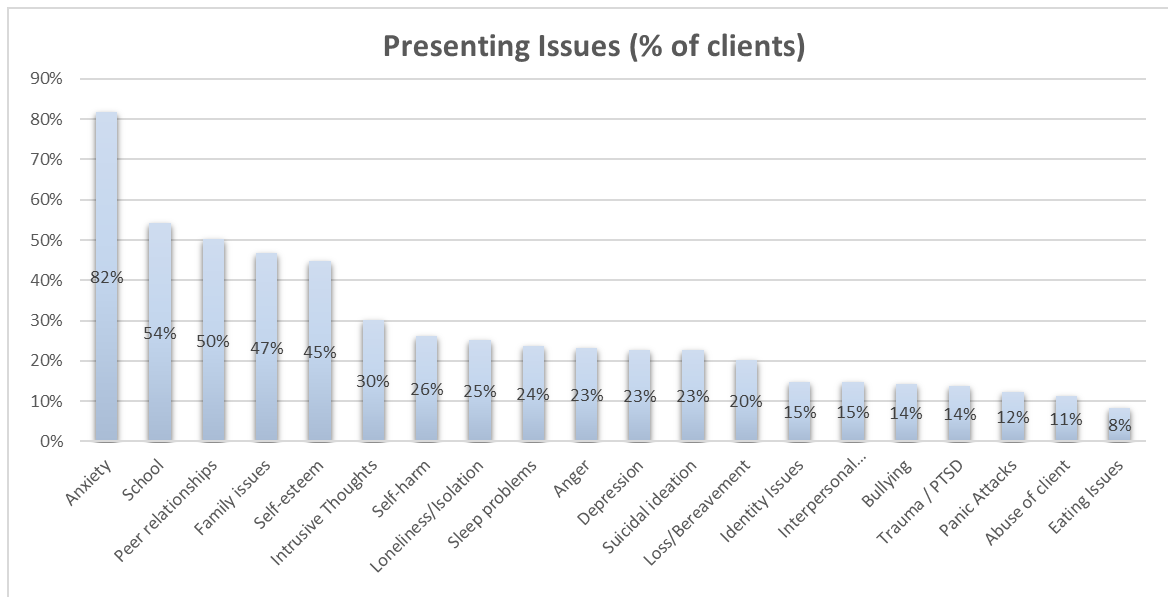| Presenting problem	Q2	%	YTD	%
Neurodevelopmental Conditions, excluding Autism Spectrum Disorder	136	26.3%	304	26.1%
Anxiety	116	22.4%	244	21.0%
Suspected Autism Spectrum Disorder	78	15.1%	161	13.8%
Depression	54	10.4%	127	10.9%
Self-harm behaviours	36	6.9%	116	10.0%
Conduct disorders	51	9.8%	108	9.3%
Behaviours that challenge due to a Learning Disability	12	2.3%	19	1.6%
Unexplained physical symptoms	9	1.7%	17	1.5%
Relationship difficulties	2	0.4%	15	1.3%
Diagnosed Autism Spectrum Disorder	6	1.2%	15	1.3%
Post-traumatic stress disorder	3	0.6%	10	0.9%
Eating disorders	6	1.2%	9	0.8%
Obsessive compulsive disorder	3	0.6%	8	0.7%
In crisis	2	0.4%	3	0.3%
Gender Discomfort issues	0	0.0%	2	0.2%
Suspected First Episode Psychosis	2	0.4%	2	0.2%
Adjustment to health issues	0	0.0%	1	0.1%
Attachment difficulties	1	0.2%	1	0.1%
Self - care issues	1	0.2%	1	0.1%
Personality disorders	0	0.0%	1	0.1%
Total	**518**	**100.0%**	**1164**	**100%**

2.7 Referrals to Off The Record (Getting Help Service)

The chart below shows the number of those receiving a service from Off The Record over the past three and a half years. This shows an increase in young people receiving support over the past year.

NUMBER OF CYP RECEIVING EMOTIONAL SUPPORT DURING PERIOD

87, 73, 173, 195, 176, 164, 175, 245, 258, 228, 253, 259, 276

NUMBER OF CYP

Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2

2.8   Over 22/23 38% of referrals were self-referrals, 22% came from CAMHS and 40% came from other professionals including schools. We are pleased at the high level of self referrals as one the key aims of i-THRIVE is to improve ease of access to services for young people.

2.9   There continues to be an overrepresentation of female clients, but within schools the number of referrals for males and females are more evenly matched. The service is seeing an increasing number of young people who identify as non-binary (an increase of 3% on the last quarter). Off the Record have started to record the sexuality of the young people they work with, though this is not done for schools. Of those young people that did share their sexuality, 26% identify as gay, lesbian or bisexual.

Presenting Issues (% of clients)

Chart: Presenting Issues (% of clients)

- Anxiety: 82%
- School: 54%
- Peer relationships: 50%
- Family issues: 47%
- Self-esteem: 45%
- Intrusive Thoughts: 30%
- Self-harm: 26%
- Loneliness/Isolation: 25%
- Sleep problems: 24%
- Anger: 23%
- Depression: 23%
- Suicidal ideation: 23%
- Loss/Bereavement: 20%
- Identity Issues: 15%
- Interpersonal...: 15%
- Bullying: 14%
- Trauma / PTSD: 14%
- Panic Attacks: 12%
- Abuse of client: 11%
- Eating Issues: 8%

2.10   For Off The Record referrals, Anxiety remains the top presenting issue and has increased this quarter in comparison with the previous two quarters. At 67%, this represents just over 2/3 of young people worked with by the service. The number of young people reporting family issues has fallen below the number citing school and peer relationships. This is probably due to the fact that this year has seen a return to a more "normal" way of life and young people now being back in school.

2.11   During therapy the issues that young people present with are also recorded. 48% report issues with regards to family; 44% with regards to school; 42% with regards to peer relationships; and 41% with regards to self-esteem. This paints a picture of the sort of issues young people are really struggling with in their relationships, both at home and at school.

2.12   The difference between CAMHS and Off The Record in terms of the key presenting issues can be explained by the fact that Off the Record does not provide neurodevelopmental assessments. It is also potentially a sign that those accessing Off The Record are benefitting from the service provided there, and so do not need to be escalated to CAMHS.

2.13   A fifth of the young people present to Off The Record with either self-harm or suicidal ideation, and there are additional processes in place to help manage safeguarding of those individuals.

2.14   Off the Record continue to refer to CAMHS when appropiate and there is a close relationship between the two services.

2.15   **Mental Health in Schools Teams (MHSTs)**

There are five MHSTs in place. 100% of Merton schools have access to these teams which is well above the national average. Some are funded as a result of successful bids to the Department of Health, but there is also additional funding from the ICB. We are indebted to Merton Head teachers and the Principal of South Thames College for their leadership of the clusters.

2.16   **Cluster 1 (the 'Trailbazer Cluster', led by Holy Trinity Primary School)**

As the first cluster established in the borough, the schools working within it are primarily now consolidating activity, with a new focus on looking at attendance patterns and the link to mental health. They have seen an increase in referrals to the education wellbeing practitioners, and that this support has been successful. The cluster is using the i-THRIVE model, signposting families towards the support available. There has been strong take up and engagement in workshops

The schools in this cluster are this year focusing on the embedding of zones of regulation, and working with families around emotional regulation. Those schools that have not taken up some of the facilities on offer as part of the MHST work are being encouraged to do so.

2.17   **The Further Education Cluster (led by South Thames College Group)**

This cluster has focused on improving the induction experience for new students. This has involved the team working closely with school and college staff, and with both parents and students.

There was a good uptake for parent workshops focusing on helping teenagers settle, and to manage anxiety.

The South Thames College Group have new pastoral teachers whose aim is to focus on early intervention and the identification of low-level mental health needs. The team has been involved in their induction training, and helping them to think about how to talk to young people, how to identify needs, and how to have a better understanding of mental health for early intervention. The Merton campus will be developing this programme over the next term.

Work has also included the engagement of the college principals, developing their support for their mental health leads, including to work together and provide early intervention.

2.18   **Mitcham and Morden Cluster (led by Hillcross School)**

This Cluster is supported by Off the Record. Referrals and engagement is strong in all schools. The whole school model to support mental health is developing practice across the schools particularly with regards to school attendance. There is also a pilot of drama therapy being rolled out by this cluster, as an important intervention for traumatised children.

2.19   **SEND Cluster (led by Cricket Green School)**

This is the most complex cluster as it works across Sutton and Merton. Cricket Green took over the leadership of this cluster from a Sutton School when their headteacher retired. Working across two boroughs with different cultures has proved challenging. There is a good take up of support from the MHST in the mainstream schools. A play therapy pilot is being developed and rolled out. The ICS is working with Sutton on the engagement of their schools within the cluster. As this pertains to Sutton children that is outside of the scope of this paper.

2.20   **Wimbledon Cluster (led by Bishop Gilpin School)**

This is the most recently formed MHST. The cluster has a particular focus on attendance, as part of which the team will undertake activity with pupils and

parents to improve attendance, and again with a focus on early intervention. The team has linked with all the cluster schools, developing links with their attendance officers. Research shows that attendance in the first two weeks of term is quite predictive of attendance across the year, so it is planned to look at those attendance levels in order to identify and work with schools across the term.

2.21   All clusters report their progress to the CAMHS board and a pan SW London governance board, which has been evaluating the impact of school based services across SW London. Whilst collecting hard data has been affected by the pandemic, the conclusion of the independent evaluation has been that there is considerable qualitative evidence that the schools' based teams had improved the offer for children, families and staff with regards to mental health. There was particularly strong evidence that they are supporting parents and families well.

2.22   The cultural change that a whole school approach to mental health requires is incremental. Different schools have joined the programme at different points, meaning that they are all at different stages of its implementation.

2.23   Issues highlighted in the evaluation include: the need for school based services for children with more severe mental health issues; some traditional rigidity in the offer by some teams; and the recruitment and retention of staff, in particular regarding Emotional Wellbeing practitioners. This role is seen as a good stepping stone for wider careers in mental health services.

2.24   A key focus of the CAMHS board in 2022/23 has been the monitoring of waiting times to see a therapist at the 'Getting More Help' level, following triage by the Single Point of Access. There have been vacancies in the past, and a rise in complexity of cases which led to significant waits for treatment. A plan was actioned by St George's to review all children waiting, to risk assess them and provide advice and support. Additional resources were provided to the Trust to recruit additional staff. This has now been done and waiting times have significantly reduced. All waiting times are now published live by the South West London and St George's Mental Health Trust. https://www.swlstg.nhs.uk/camhs-area/camhs-specialist-services/waiting-times. This focused work means at the time of this report Merton has the shortest average wait times in South West London to be seen by SPA and to access Treatment.

2.25   EATING DISORDERS

2.26   The numbers of children and young people presenting with eating disorders are relatively low in Merton. For Off The Record, 8% of the presenting issues were in relation to eating in 21/22.In the case of CAMHS it has only accounted for 0.8% of referrals so far this year as opposed to 1.4% in 21/22, suggesting a small decrease. However, there has been an increased focus on support for this aspect of children and young people's health.

2.27   Following a rise in presentations of disordered eating across London, the Transformation Partners in Health and Care (previously the Healthy London Partnership) worked closely with a group of experienced clinicians and experts by experience to develop a set of guiding principles for how to best support and meet the needs of this group. The group developed guidance and a series of resources to raise awareness of disordered eating, and to improve care pathways to better meet the needs of young people with this presentation. They are also currently running webinars for professionals working with young people with these issues, focusing on improving referrals and supporting young people, effective approaches to joint working and listening to young people.

2.28   I-THRIVE IMPLEMENTATION

i-Thrive Concept
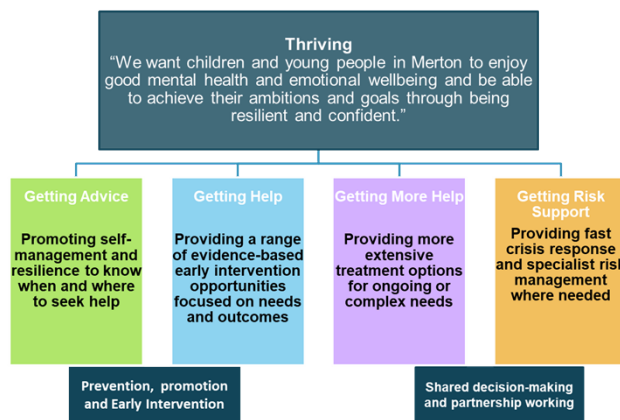
I-THRIVE SERVICES

2.29   NHS England have sent out a self-assessment tool for all ICB areas to complete. The ICS are now overseeing the self-assessment process for SW London, but Merton services and commissioners are currently completing this piece of work.

2.30   There are now separate meetings in place for each of the domains overseen by the ICB and the LA, and the self-assessment tool, once completed, will be used to ensure agendas are further sharpened and provide a clear focus on areas that require more work.

2.31   There is a current SWL ICB wide review of the previous "Transforming Mental Health Services for Children, Young People (0-25) and their families

across South West London plan". This will also inform the work plan going forward.

3   CONSULTATION UNDERTAKEN OR PROPOSED

3.1   Young People's Survey

4   TIMETABLE

4.1   Not applicable

5   FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1   Not applicable

6   LEGAL AND STATUTORY IMPLICATIONS

6.1   Not applicable

7   HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1   Not applicable

8   CRIME AND DISORDER IMPLICATIONS

8.1   Not applicable

9   RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1   Not applicable

10 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

10.1   None

11 BACKGROUND PAPERS

11.1   None