

# HARINGEY JSNA: FOCUS ON CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

SEPTEMBER 2019

The emotional health and wellbeing of children is just as important as their physical health and wellbeing. Mental Health affects all aspects of a child's development including their cognitive abilities, their social skills and their emotional wellbeing. With good mental health, children and young people do better in every way, enjoy their childhoods, are able to deal with stress and difficult times, are able to learn better, do better at school and enjoy friendships and new experiences. Over the past few years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people. 50% of mental health problems are established by age 14 and 75% by age 24<sup>1</sup>. A child with good mental health is much more likely to have good mental health as an adult, to be able to take on adult responsibilities and fulfil their potential.

## Facts and figures

- It is estimated that around 4,800 children and young people aged 5-15 years have a diagnosable mental health condition in Haringey.
- It is estimated that around 5,700 young people aged 16-24 years have a diagnosable common mental health condition in Haringey.
- 2,200 CYP (0-17 years) accessed support and treatment for mental health conditions, across the range of Child and Adolescent Mental Health Services (CAMHS) services offered in 2016/17.

## Measures for reducing inequalities

- Building resilience in CYP and their care givers.
- Classroom based learning - emotional and problem solving programmes.
- Parenting programmes.
- Family therapy.
- Cognitive behavioural therapy.
- Community based services.

## Population groups

- Childhood mental health problems are most common amongst:
  - Children in poverty.
  - Children in looked after care
  - CYP with physical health problems
  - Young people involved in the justice system
  - Young people with money problems

## National & local strategies

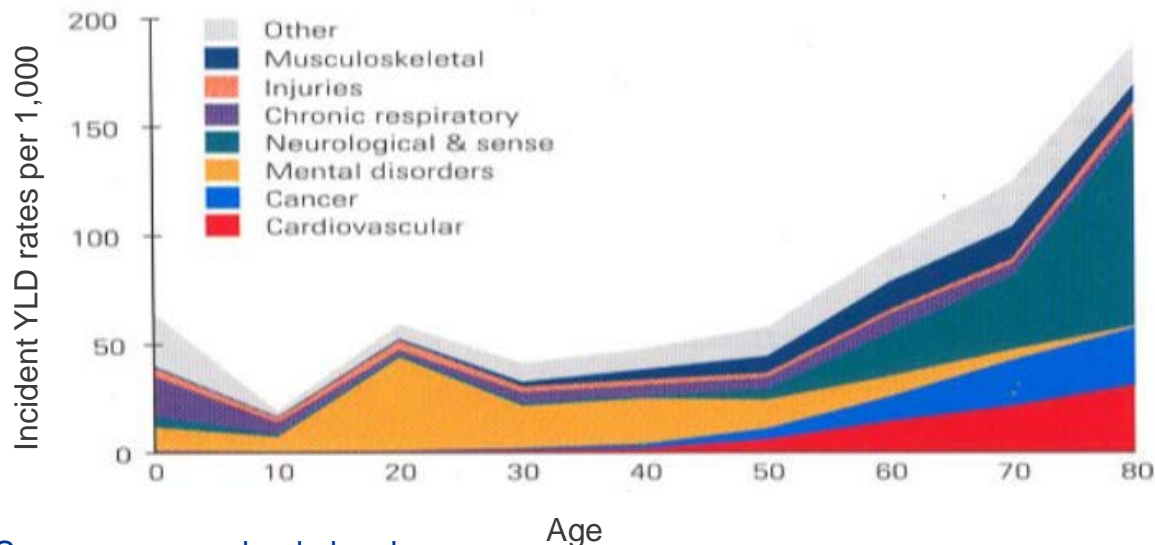
- NHS Long Term Plan 2018
- The Five Year Forward View For Mental Health 2016
- Future in mind: Promoting, protecting and improving our children and young peoples mental health and wellbeing 2015
- Haringey's Borough Plan 2019-2023
- Haringey's Young People at Risk of Violence Strategy
- Haringey's CAMHS Transformation Plan 2018.

## SETTING THE SCENE: MENTAL HEALTH IN YOUNG ADULTS

Young adulthood is a particularly vulnerable and challenging time as many young adults up to 25yrs may be experiencing mental health issues for the first time. Evidence<sup>2</sup> pertaining to brain development shows significant changes up until the age of 25. This suggests the importance of targeting mental health services up to 25 years while the brain is still developing.

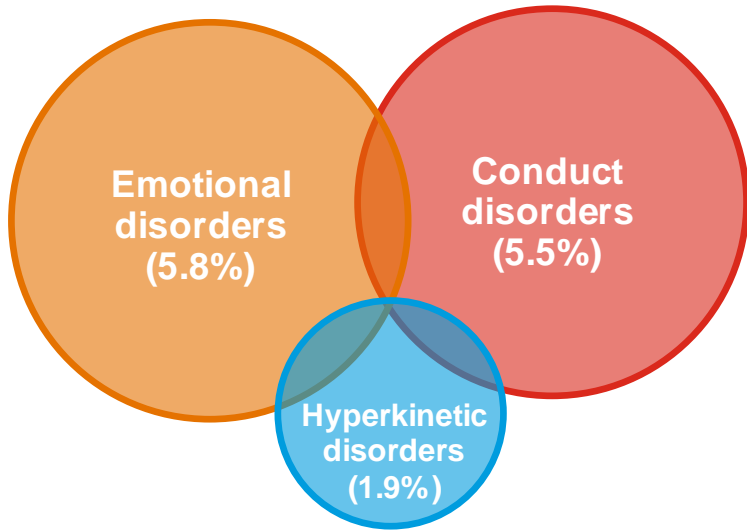
The NHS Long-Term Plan recognises the importance of adopting an integrated approach to service delivery across health, social care, education, and voluntary and community groups for people aged 18-25. There is an increased drive nationally towards greater focus on early intervention and prevention for those children and young people with long-term mental health needs. Major psychological changes and life transitions may happen together during young adulthood including mental health disorders and injuries. As such, services need to be developed and targeted appropriately to meet the challenges which people up to 25 yrs face to reduce the risk of these issues manifesting themselves further into adulthood.

### Incident Years Lived with Disability (YLD) rates by Broad Disease Grouping in Victoria in Australia in 1996



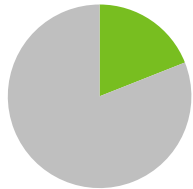
Source: [www.england.nhs.uk](http://www.england.nhs.uk)

## Prevalence in children aged 5-15



**13%**  
Of children aged 5-15 in Haringey are estimated to have one or more emotional or behavioural disorder (emotional disorder, hyperkinetic disorder, and/or conduct disorder)

## Prevalence in young people aged 16-24



**19%**  
of Haringey young people aged 16-24 were estimated to have a common mental illness in the past week<sup>3</sup>

## Secondary care use

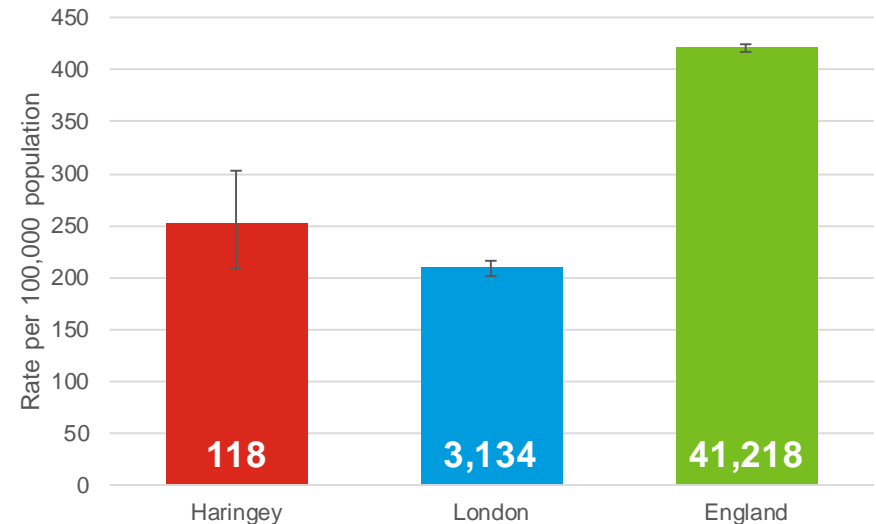
**72** Children under 18 in Haringey **attended** A&E with a mental health primary diagnosis in 2017/18

**76** Children under 18 in Haringey **attended** A&E with a mental health related diagnosis in 2017/18.

## Suicide and self-harm

Based on national survey data, an estimated 10% of men and 26% of women age 16-24 have a lifetime history of self harm. Applied to Haringey, this would affect **5,454 individuals**. An estimated 19% of men and 35% of women age 16-24 have a lifetime history of suicidal thoughts. Applied to Haringey, this would affect **8,217 individuals**.

## Directly standardised rate of hospital admissions as a result of self-harm, Haringey, London and England, 2017/18



Source: PHE Fingertips

**8%** of Year 4 and 6 pupils surveyed by Haringey's Health Related Behaviour survey in 2017 had low self-esteem scores

In 2017, a new version of the **Mental Health of Children and Young People in England** survey was published for the first time since 2004. As a result of the length of time between publications of this survey, the prevalence estimates have changed, affecting estimated population sizes in Haringey:

- An increase (+) in estimated prevalence of emotional disorders, hyperkinetic disorders and Autistic spectrum disorder
- A decrease (-) in estimated prevalence of conduct disorders and eating disorders

### Change from 2004 – 2017

Disorder	Estimated prevalence 2004*	Estimated count in Haringey in 2019	Estimated prevalence 2017**	Estimated count in Haringey in 2019	Net Change as a result of prevalence change
Emotional disorders	3.7%	1,490	5.8%	2,166	+676
Hyperkinetic disorders (ADHD)	1.5%	604	1.9%	698	+94
Conduct disorders	5.8%	2,335	5.5%	2,067	-268
Autistic Spectrum disorder	0.9%	362	1.3%	501	+139
Eating disorders	0.3%	121	0.2%	81	-40

\*Prevalence estimates in 2004 were for children aged 5-16.

\*\*Prevalence estimates in 2017 were for children aged 5-15.

## Estimated prevalence of mental health disorders in children

Disorder	Estimated prevalence in Haringey	Estimated count in Haringey in 2019	Definition of denominator
<b>Any emotional or behavioural disorder</b>	13%	<b>4,844</b>	5-15 year olds
<b>Emotional disorders</b>	5.8%	<b>2,166</b>	
<b>Hyperkinetic disorders (ADHD)</b>	1.9%	<b>698</b>	
<b>Conduct disorders</b>	5.5%	<b>2,067</b>	
<b>At risk of personality disorder in adulthood</b>	up to 50% of children with conduct disorders develop a personality disorder in adulthood <sup>4</sup>	<b>1,034</b>	
<b>Autistic Spectrum disorder</b>	1.3% <sup>5</sup>	<b>501</b>	
<b>Eating disorders</b>	0.2%	<b>81</b>	
<b>Learning disability (LD) and mental illness (MI)</b>	MI estimated in 40% of people with LD, estimated prevalence of LD: 0.97% of 5-9 year olds, 2.26% of 10-14 year olds	<b>216</b>	5-14 year olds

## Estimated prevalence of mental health disorders in young people

Disorder	Estimated prevalence in Haringey*		Estimated count in Haringey in 2019	Definition of denominator
	Men (%)	Women (%)		
<b>Common Mental Illness</b> Includes depression and anxiety disorders as well as unspecified common mental disorders	10	28	<b>5,708</b>	16-24 year olds
<b>Hyperkinetic disorders (ADHD)</b>	15	14	<b>4,446</b>	
<b>Antisocial Personality Disorder<sup>a</sup></b>	6.4	3.3	<b>1,488</b>	
<b>Borderline Personality Disorder<sup>b</sup></b>	4.2	7.3	<b>1,730</b>	18-24 year olds
<b>Bipolar disorder</b>	3.1	3.7	<b>1,039</b>	
<b>Psychosis</b>	0.2	0.5	<b>109</b>	
<b>Autistic Spectrum disorder</b>	9.8 per 1000 population <sup>6</sup>		<b>298</b>	16-24 year olds
<b>Eating disorders</b>	1.7	5.47 <sup>7</sup>	<b>1,059</b>	
<b>Post Traumatic Stress Disorder (PTSD)</b>	3.6	13	<b>2,413</b>	
<b>Learning disability (LD) and mental illness (MI)</b>	MI estimated in 40% of people with LD, estimated prevalence of LD: 2.67% of 15 to 19 year olds. <sup>8</sup>		<b>161</b>	15-19 year olds

\*Except where indicated, all from: NHS Digital. Adult psychiatric morbidity in England, 2014. (2016). Available from: <http://content.digital.nhs.uk/catalogue/PUB21748>

<sup>a</sup> Diagnostic definitions for personality disorders are a subject of some debate. We have used the diagnostic categories referred to in NICE guidance. For a fuller discussion see <http://content.digital.nhs.uk/catalogue/PUB21748>

<sup>b</sup> Borderline personality disorder is not diagnosed before age 18

## SETTING THE SCENE: KEY FACTS

### Risk Factors affecting Children's Mental Health



13%

of children aged 5-16 in Haringey were estimated to have a mental health condition in 2016.

#### Protective factors include:

- Secure attachment experience
- Good communication skills
- A positive attitude
- Experiences of success and achievement
- Capacity to reflect
- Family harmony and stability
- Strong family values
- Positive school climate
- Good housing
- Range of sport/leisure activities

### RISK FACTORS

Childhood poverty is linked to poor mental health.

- **26% of children** under 16 in Haringey lived in poverty in 2014.
- **36% of children** live in social housing.
- **99 homeless young people aged 16-24** in Haringey in 2016/17, a rate of 0.86 per 1,000, a rate higher than the England average (0.56).

Nearly 50% of children in local authority care and nearly 70% children living in residential care have a diagnosable mental health condition.

- **445 children under 18** were looked after in 2017; a rate higher than England and London.
- **3,954 children in need referrals** in 2017; a rate of 643 per 10,000, a rate higher than the London (507), and England (548) averages.

About 7% of children in Haringey with physical health problems have mental health condition<sup>14</sup>

- **198 children age 5-16** had a diagnosed long term condition in Haringey as at December 2018.

Self esteem, physical health and educational attainment all influence psychological wellbeing later in life.

- **37% of students** were overweight (including obese) in Year 6 in 2016/17 higher than the England average (34.2)<sup>9</sup>
- **32% of boys and 29% of girls** age 10-11 had a high self esteem score in 2017.
- **74% of children** had a good level of development, higher than London and England.

THE HARINGEY PICTURE

## FUTURE NEED



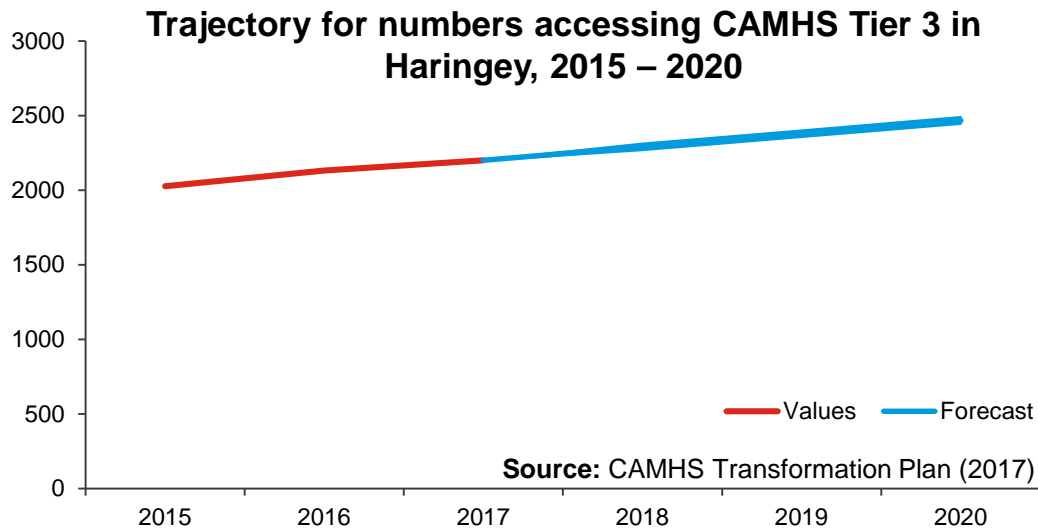
**50%** of all mental health conditions emerge before the age of 14 and  
**75%** by the age of 24

...but most go untreated. In 2016-17, 2,200 (500 estimated from school counselling) children and young people (aged 0-18) received treatment for a mental health condition out of an estimated 8,176.

### Demand on community services

NHSE has set a new national target requiring that by 2020, at least 35% of children with a mental health condition receive treatment. In Haringey for 16-17, 27% of those children and young people estimated to have a mental health condition received treatment by NHS funded community services.

\* defined as the percentage of young people with diagnosable mental health conditions



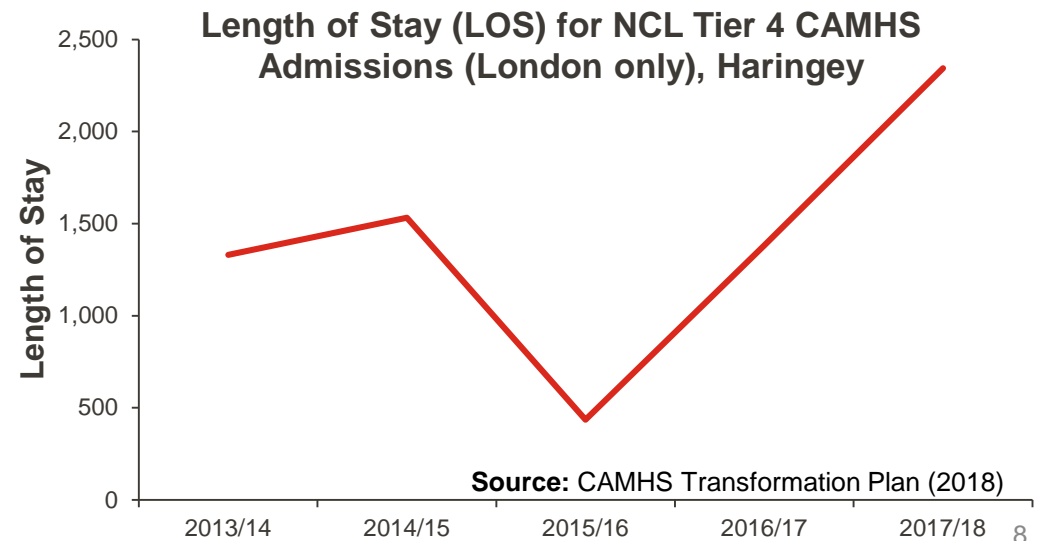
The length of stay for NCL Tier 4 CAMHS admissions (London only), has increased by 539% since 2015/16.

Improved community care and better links between hospital and community services can reduce the number of days young people spend in hospital.

### Developing resource across North Central London

Working jointly with Camden, Islington, Barnet and Enfield has provided an opportunity to develop specialised services where local solutions are impractical. Through a joint sustainability and transformation plan these boroughs are planning to develop:

- ❖ Local management of tier 4 mental health beds for children and young people to allow care closer to home and better links with local community services
- ❖ Provision of out of hours and crisis mental health services for young people to help prevent attendance at A&E and admission to acute hospital.





# WHAT INFLUENCES

## Risk Factors affecting Young People's Mental Health



**19%**

of Haringey young people aged 16-24 were estimated to have a common mental illness in the past week.<sup>10</sup>

**Protective factors include:**

- Good communication skills
- A positive attitude
- Experiences of success and achievement
- Capacity to reflect
- Family harmony and stability
- Strong family values
- Positive school /college climate
- Good housing
- Range of sport/leisure activities

**RISK FACTORS**

**Young people reporting money worries were more than twice as likely to have poor mental health.**

- **11.8% of young people** were not in education employment or training (NEET) in 2016/17.
- The proportion of young people who say they are mostly or completely satisfied with their household income was **45%** in 2014/2015.<sup>11</sup>

**Young people involved in the justice system have at least 3x the prevalence of mental health conditions.**

- **394 proven youth offences** in Haringey in 2014/15.<sup>12</sup>
- **5.2% of men and 3.2% of women** aged 16-24 have an AUDIT score of at least Harmful drinking/mild dependence.<sup>13</sup>
- **26.4% of men and 17.1% of women** aged 16-24 have used an illicit drug in the past year.<sup>13</sup>

**Around 7% of young people with physical health problems have mental health conditions.<sup>14</sup>**

- **1,468 young people** had a diagnosed long term condition in Haringey as at December 2018.

**Self esteem, physical health and educational attainment all influence psychological wellbeing later in life.**

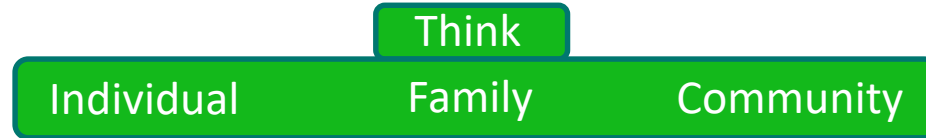
- **13% of Haringey pupils in Year 8/10** reported being bullied at or near school in 2017/18.
- **33% of pupils** in Year 10 reported a high self esteem score in 2017.
- **59% of pupils** attending Haringey schools achieved 5 or more A\*-C grades at GCSE, lower than London (61%) and higher than England (54%).

**THE HARINGEY PICTURE**

**WHAT WORKS?**

**Building Resilience**  
- the ability to cope with adversity and adapt to change

**Building resilience in young people**



**BELONGING**  
All members of the community are valued and develop positive relationships

- Positive relationships with friends
- Positive relationships with caring adults
- Everyone needs to feel that they belong
- Loneliness is the worst feeling

**ACHIEVING**  
Every person possesses strengths and talents to be nurtured

- Mastering skills, knowledge & problem solving abilities while celebrating successes
- Avoid crowing about successes & share learning tips with others
- Compete with self rather than with others

**EMPOWERMENT**  
Young people are given responsibility and grow in self-confidence

- Perceived efficacy and control
- Relationships that are inter-dependent
- Having a strong sense of self
- A sense of freedom to make decisions

**PURPOSE**  
Contributing to the well-being of others gives meaning to life

- Belief that life has meaning
- Being generous & helping others
- Faith, hope and spirituality
- Motivation to achieve

Meeting universal needs of belonging, achieving, empowerment & purpose through individual, family & the community increases feelings of safety & the ability to be adventurous

**Haringey Resilience Wheel**

**SAFETY**  
Children are protected from emotional, physical and cultural pain

- Emotional security
- Effective caregiving and parenting
- Effective teachers and schools
- Having self-regulation skills



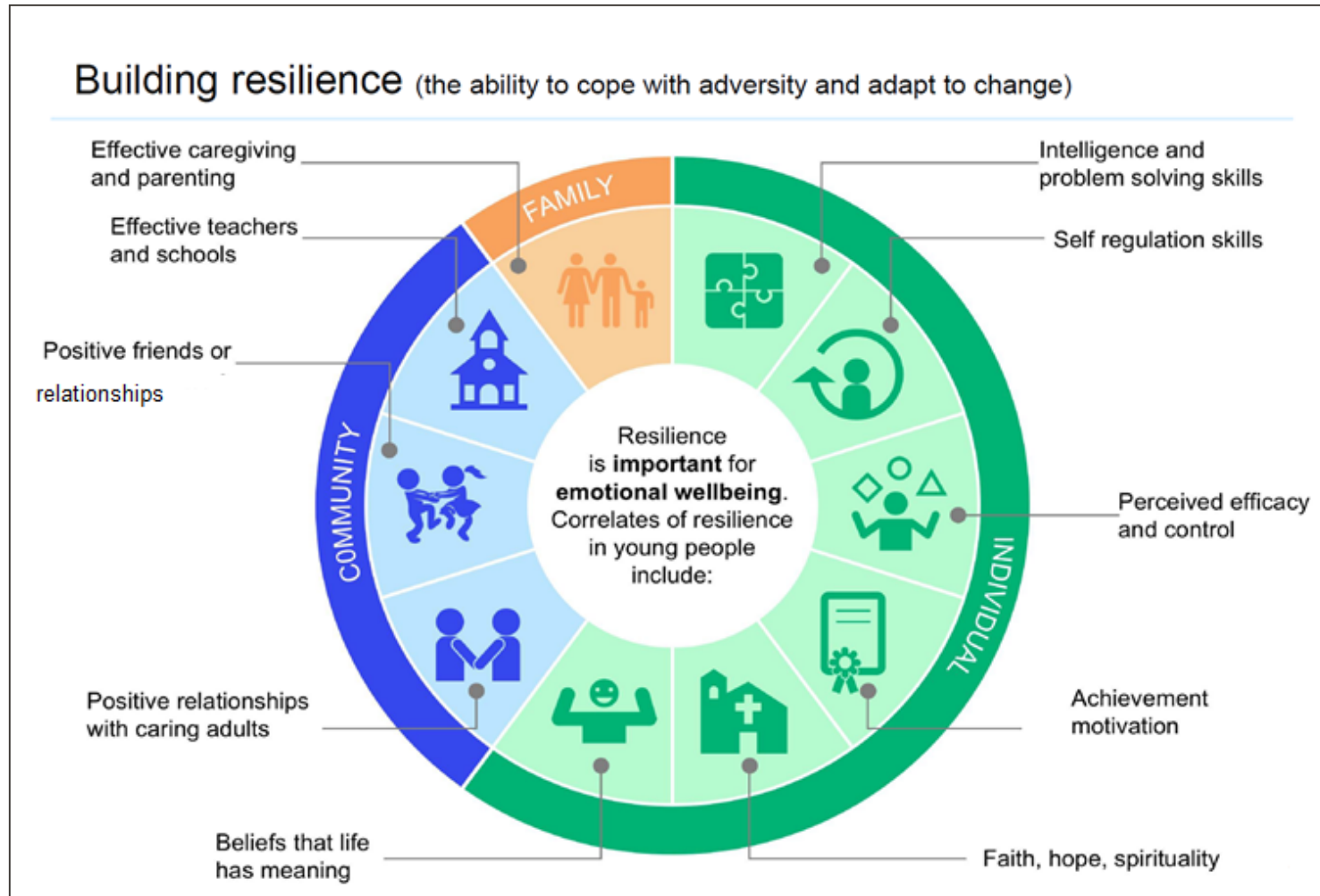
**ADVENTURE**  
The courage to overcome fear enables young people to flourish

- Taking up life's opportunities/experiences
- Stepping outside our comfort zone
- Taking appropriate risks in life & learning
- Being creative



**WHAT WORKS?**

**Building resilience in young people<sup>15</sup>**



**WHAT WORKS?**

Haringey I-Thrive Model



**WHAT WORKS?<sup>15</sup>**

Actions to manage conduct disorder include:



**Classroom-based** emotional learning and problem-solving programmes



Group **parent training** programmes



**Multisystemic therapy** to young people aged 11-17 years



Do **not** offer pharmacological interventions for the **routine** management



Develop local **care pathways** between education and healthcare that **promote access** to services

Actions to manage anxiety include:

**Early intervention**

Targeted work with small groups of children to develop problem solving approaches and other skills

**Specific approaches**

These are dependent on the anxiety disorder and include:

- ✓ Group based cognitive interventions
- ✓ Behaviour focused interventions
- ✓ Education support
- ✓ Play based approaches to develop more positive child/parent relationships
- ✓ Considering medication if therapy alone is not working

Actions to manage depression include:

**Mild depression**

- ✓ Watchful waiting
- ✓ Psychological therapy, if there are no co-morbid conditions or suicidal ideation
- ✓ Referral to tier 2 or 3 CAMHS team if no response after 2-3 months

**Moderate or severe depression**

- ✓ Review by tier 2 or 3 CAMHS team
- ✓ Individual psychological therapy
- ✓ Consider medication
- ✓ Multidisciplinary review if unresponsive to psychological therapy
- ✓ Consider inpatient treatment if high risk of suicide or self-harm

Actions to manage ADHD include:

- ✓ Parenting programmes to give parents the skills and strategies to help their child
- ✓ Behaviour therapy with children to replace behaviours that don't work or cause problems
- ✓ Advice for teachers about how to teach children with ADHD
- ✓ Medication for severe cases



**Nearly all** parents of children with ADHD seek some form of help because of concerns about their child's mental health, but only a **minority** of children receive **evidence-based** treatment

## WHAT WORKS?

Actions to manage eating disorders include:



**Prevention through school-based peer support groups**



**Family therapy**



**Cognitive-behavioural therapy**



**Hospital care**  
Inpatient or outpatient



There is a clear pattern of **delay** in **seeking help** for eating disorders, which in turn **delays diagnosis** and **treatment** creating more **severe** and **long term impacts**

Actions to manage schizophrenia include:



**Exclude** organic causes



**Antipsychotic medication**



**Psychoeducational group intervention** for young people with psychosis and their carers



Help the child or young person to **continue their education**



Provide a **supported employment programme** for those above school age



**Discuss and plan transition** to adult services

Actions to **reduce suicide** include:



Tailor approaches to **improvements** in mental health



**Reduce access** to the means of suicide



Support the media in delivering **sensitive approaches** to suicide



Support **research, data collection** and **monitoring**



Provide **better information** and support to those bereaved or affected by suicide

**PREVENTION PYRAMID: WHAT ARE WE CURRENTLY DOING IN HARINGEY?**

**Tertiary Prevention**

- Brandon Centre
- First Step and First Step Plus
- Lighthouse
- Open door
- Out of Hours Nurse Led Team
- Royal Free Hospital Eating Disorders Service
- Youth Offending Service
- Forsenic CAMHS (Consultation)

Solace Women's Aid/ Heartstone

**Secondary Prevention**

- Embed CAMHS staff into social care e.g. Youth Justice Service and Early Help
- First step to embed good practice in supporting Looked After Children

- Future Project, Hope in Tottenham
- CAMHS in GP practices
- Alcohol and Drug Service (PLATFORM)
- Positive behaviour support
- Choices
- CAMHS Consultations to Special Schools
- Early help in schools
- School based counsellors drama, art therapy
- Transforming Care and Partnership Support (TCaPs)
- Early Help/ Trailblazer Pilot Project
- Perinatal mental health services (antenatal to 2<sup>nd</sup> year)
- Parenting courses
- National regional body e.g. Young Mind, Haringey Mind
- Positive Behaviour Support Kidstime (Young Carers)
- Parent and Infant Project

**Primary Prevention**

- Policies that relate to reducing violence
- Social Prescribing
- Parenting Strategy

- Recognition of mental health difficulties
- One Haringey
- Anchor Approach
- I-thrive
- Tottenham Hotspur Foundation, range of VCS
- Kooth (coming soon): Online counselling and emotional well-being platform for children and young people
- Adverse childhood experiences
- Free swimming/ low cost swimming for U16s/Gym for LAC
- Healthy Schools Programme
- Digital Offer e.g. Cyber peer to peer support

**Population health**  
(policy interventions to improve health)

**Community wellbeing**  
(working with our communities and businesses to improve health)

**High Quality health and care services**

**ASSETS AND SERVICES**

**SERVICES FOR CHILDREN, FAMILIES AND YOUNG PEOPLE**

**NHS**

*Core and some GPs by Barnet Enfield and Haringey Mental Health Trust (BEHMHT)*

*School nursing and health visiting by Whittington Health Anchor Approach*

*NCL Out of Hours Nurse led service  
NCL Lighthouse*

**COUNCIL**

*Early Help  
Governors  
Green Gyms/ Free Gym schemes and swimming*

- Haringey Education Business Partnership
- SEND/ Local Offer
- Haringey Healthy Schools
- Anchor Approach /Trailblazer Pilot
- Child Well-being practitioners
- Various therapists commissioned by schools

**EDUCATION**

*Languages and Autism Team  
Traded Services e.g. Anchor/Educational Psychologist*

**VOLUNTARY SECTOR**

*Open Door evidence based therapies  
Markfield inclusive community hub*

*Hope in Tottenham: targeted programmes of work across areas of social deprivation to improve social cohesion*

*Project Future  
Oasis  
One Haringey  
Anchor Approach*

*Psychotherapy and family counselling through the Brandon Centre*

*Various Voluntary Organisations via the Bridge Renewal Trust*



## ASSETS AND SERVICES

### SERVICES FOR PARENTS

#### NHS

Parent Infant Psychology Service (PIPS)  
*Whittington Health*

*Temporary Pilot*  
*Innovation aimed at alcoholic parents*

Whole Family Team with Perinatal Specialism - A therapeutic service to parents with children under five year and during pregnancy.  
*by Whittington Health*

Preparation for new parents  
Various maternity services

#### COUNCIL

Children's Centres - wide range of services on offer providing emotional support to parents  
*by Haringey Council*

Across both NHS and council  
Preparation for parenthood courses - support for parents around sensitive parenting and attachment and to help parents-to-be to manage the transition  
*by Barnet Enfield and Haringey Mental Health Trust and Haringey Council*

#### VOLUNTARY SECTOR

*Open Door Parenting Support: service provided to young people aged 12 to 24. Open Door provides separate support to parents/carers aged 12-21*

*Young Minds Parenting Helpline: providing information for both parents and young people*

*KidsTime Haringey: work with families, the council, NHS, schools and colleges to support young people affected by parental mental illness*

*Haringey Shed (with support from the council and BEHMHT)*

## ASSETS AND SERVICES

### Building resilience and mental health awareness

#### Anchor Approach: Supporting children and their families to live resilient and stable lives

Haringey’s Anchor Approach supports the emotional wellbeing and mental health of children, young people and their families by supporting staff in schools, health, children’s services and community organisations to build strong relationships with them. The work is informed by research into attachment and trauma.

Anchor tools and resources provide parents with information to promote child development, strengthen attachment relationships, increase resilience and support emotion and behaviour regulation.

Schools using the approach report reduced exclusion rates while foster carers have described improved relationships with children in their care and a wider range of strategies to de-escalate situations of potential conflict.

The Anchor Approach provides the wellbeing element to Haringey Children’s Service and to two national pilots in Haringey: Trailblazer project for youth mental health and the Innovations Project to support children of alcohol dependant parents.

More recently, the Anchor Approach has started linking with Haringey Youth Justice service, Haringey Gangs team and Met Police to support those working to reduce serious youth violence in Haringey.

#### Mental Health First Aid Training

As part of the Mayor of London’s programme to ensure every school in London has at least one Youth Mental Health First Aider (YMHFA), Haringey Council is rolling out free two-day training for school staff. The Youth MHFA course is designed to provide staff with the skills and confidence to identify the early signs of mental health needs in a young person, offer mental health ‘first aid’ and, if appropriate, guide them towards other support they may need. This forms part of Haringey’s strategic approach to supporting the emotional wellbeing and mental health of children and young people.

YMHFA supports participants to recognise early signs of mental health problems and respond appropriately to assist people in their community, family or workplace. It covers topics specific to young people that include psychosis, bullying/cyber bullying, and promoting protective factors and good parenting.

Youth MHFA for Schools and Colleges has been designed especially with schools in mind, based on the Youth MHFA course but targeted to meet the needs of educational environments.

Key facts	Setting the scene	Future need	What influences?	What works?	Assets & services	Targets & outcomes	The Voice	Gaps	Further info
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## ASSETS AND SERVICES

### Building resilience and mental health awareness

#### Haringey Healthy Schools Programme

The Haringey Healthy Schools Programme aims to support a whole-school ethos around health and wellbeing, including mental health, through reflecting on current practices and establishing a joined-up approach with support services and partners. Emotional wellbeing and mental health is a key focus for the Healthy Schools programme, which requires schools to:

- Have a named person from the school's senior leadership team who is responsible for emotional wellbeing and mental health.
- Include emotional wellbeing and mental health in the curriculum.
- Provide opportunities to build pupils' confidence and self-esteem, and celebrate their achievements.
- Ensure support and arrangements are in place to meet the needs of vulnerable pupils.
- Offer opportunities for staff training on emotional wellbeing and mental health.
- Support the health and wellbeing of staff.

Schools are strongly encouraged to adopt an Active Mile initiative, which enables children to run, jog or walk for 15 minutes during the school day. Evidence suggests that physical activity can improve children's health, wellbeing and educational attainment and this therefore forms a key priority for the Healthy Schools Programme.

#### SENCO's and Emotional Wellbeing Co-ordinators

Early years SENCO's work with children who have a range of additional needs, which includes autism, downs syndrome, cerebral palsy, and speech and language/communication difficulties. They provide further support to parents with information on Haringey's education system and procedures.

A SENCO works with teachers to ensure that they adjust their teaching to meet the needs of the pupil. This includes meeting the needs and objectives set out in an Education, Health and Care Plan for those pupils with additional needs.

Haringey School Improvement Service and Haringey Education Partnership supports the work of Haringey's schools, helping to support teaching and learning as well as leadership and management.

# TARGETS AND OUTCOMES

Local Priority Scheme (work streams)	Main KPI
<p><b>1) Promoting resilience, prevention, early intervention and peer support for the mental wellbeing of children and young people and to further develop and deliver the early help provision with Council partners</b></p> <p>a. Community mental health promotion, peer support and participation (including schools)</p> <p>b. Building resilience in services: training and development in early recognition of mental health problems and intervention. Working with council partners to further develop and deliver early help</p> <p>c. Improve mental health training for children and young people workforces</p>	<p>a. Trailblazer Pilot in poorest areas</p> <p>b. Use Trailblazer pilot to develop I-thrive and improve co-ordination of social mental health services within schools</p> <p>c. Increased awareness of MH, understanding resilience and self-care strategies</p> <p>d. CYP participation in commissioning and reviewing services and in commissioned services</p> <p>e. Increased confidence in schools staff in recognition, early intervention and signposting to early help.</p> <p>f. Improve the SEND local offer for social emotional mental health</p> <p>g. Ensure a social emotional mental health training programme across health and in school settings</p> <p>h. In 2017/18, the hospital admission rate for self harm in Haringey in 10-14 year olds was 133 per 100,000, which was lower than the England average of 210.</p>
<p><b>2) Improving access to support: routine care, urgent care and admission, specialist care including for Eating Disorders</b></p> <p>a. Extended opening hours, improved response and waiting times, extending outreach in community based provision, increase numbers accessing services</p> <p>b. Workforce development plan including an increase in CYP Improving Access to Evidenced Based training programmes</p> <p>c. Out Of Hours (OOH) crisis care. Extended hours pilot across NCL</p> <p>d Collaborative commissioning planning for local management of inpatient CAMHS Haringey Young People in beds.</p> <p>e. Provide 24/7 telephone triage/support</p>	<p>a. Increase numbers of CYP and families seen early am or after 5pm</p> <p>b. Reduced wait to assessment and treatment % CYP with referral to treatment time; nobody is waiting over 18 weeks from referral to treatment</p> <p>c. Increased number of CYP accessing services as agreed in operating planning</p> <p>d. Increase recruitment of trainee posts and maintain these posts in the borough</p> <p>e. Improve the response time of CYP on paediatric wards seen by community CAMHS/out of hours and a full CAMHS assessment</p> <p>f. NCL wide local management of inpatient beds</p> <p>g. Access NHSE/HE England long term plan funding</p>

## TARGETS AND OUTCOMES

Local Priority Scheme (work streams)	Main KPI
<p>2. continued</p> <p>d. Community eating disorder service</p> <p>e. How services for 0-25yr olds may be re-configured</p>	<p>d. Community Eating disorder service - % routine cases with referral to treatment within &lt; 4 weeks, compliance with national specification, providers member of quality network , delivery of training and support to community providers including GPs to support early identification</p> <p>e. Review services for young people and plan with local authority adult services, voluntary sector, NCL CCGs for onward provision to meet needs of young people.</p>
<p>3. Care for the most vulnerable</p> <p>a. Mental health Act Place of Safety</p> <p>b. Improving access to assessment for Autistic Spectrum Disorders (ASD). Transforming Care Plan for young people with LD, ASD, behaviour that challenges</p> <p>c. Planning for health needs of CYP in the Youth Justice System</p> <p>d. Implement NCL Child Safe House for those experiencing sexual assault</p> <p>e. Support for young people on the edge of care, LGBTQ, BAME groups</p> <p>f. Improve crisis planning</p>	<p>a. Review and plan development of EIP and transition to adult services</p> <p>b. Develop NCL wide young people appropriate place of safety</p> <p>c. NCL wide plan for young people with LD, ASD, behaviour that challenges</p> <p>d. Local commissioning of health service for the Youth Justice Service</p> <p>e. Earlier identification of mental health risks and vulnerabilities for women and families</p> <p>f. NCL wide programme. To review CAMHS provision to the developing Child Safe House</p> <p>g. Develop business cases to support young people on the edge of care</p> <p>h. Review Healthy London Partnership Action Plan to improve crisis planning</p>

**THE VOICE: WHAT DO LOCAL PEOPLE THINK ABOUT THIS ISSUE?**

**Engagement**

**Key findings**

**Haringey Youth Parliament**

- Mental health is one of the main priorities of Haringey Youth Parliament in 2019
- Consultations have informed the commissioning and work of the Trailblazer Pilot and related commissioned work to improve access in schools to emotional and mental wellbeing services for children and young people
- Results from the Make Your Mark 2018 “Youth Parliament” survey in Haringey show that some of the biggest issues amongst young people in Haringey include putting an end to knife crime and improving mental health services in schools through the involvement of young people.

**Trailblazer Pilot Consultation**

- Consultations were held with headteachers of schools who agreed to participate in the Trailblazer project.
- A range of concerns were identified by pupils in their schools which relate to: self-harm, exams and related anxiety and stress, family and poverty and gang grooming.
- Schools will share best practice, develop policies and services through Schools led Learning Networks

## THE VOICE: WHAT DO LOCAL PEOPLE THINK ABOUT THIS ISSUE?

### Minding the Gap, project looking at the gap between CAMHS and adult MH services<sup>16</sup>

- Young people described several potential barriers to accessing services
- A lack of awareness may influence whether young people view poor mental health as something that can be supported by services
- Even if young people recognise they want or need to access services, the stigma of mental illness and even simply needing support was highlighted as a barrier to seeking help
- There was a general uncertainty on what services may be appropriate to access, and what services are available

Responses to the 2017 Health Related Behaviour Questionnaire<sup>17</sup> indicate the following prevalence rates within Haringey's school population:

### Primary schools

- 39% of boys had high self-esteem scores.
- 29% of girls had high self-esteem scores.
- 70% of boys and 71% of girls reported that they worry about at least one problem 'quite a lot' or 'a lot'.
- 11% of boys and 11% of girls are "not very happy" or "very unhappy" with their life at the moment.
- 13% of boys and 10% of girls said that there's usually no-one I can talk with about anything that worries them.

### Secondary schools

- 36% of Year 8 boys and 34% of Year 10 boys had high self-esteem scores.
- 25% of Year 8 girls and 31% of Year 10 girls had high self-esteem scores.
- 67% of Year 10 boys and 83% of Year 10 girls reported that they worry about at least one problem 'quite a lot' or 'a lot'.
- 11% of Year 8 pupils and 21% of Year 10 pupils said they are "not much" or "not at all" satisfied with their life at the moment.
- 7% of Year 8 and 13% of Year 10 pupils said that there's usually no-one I can talk with about anything that worries them.

**GAPS: UNMET NEED**

**Gaps**

1. Long waiting times for children and families to be assessed for autistic spectrum disorders and a lack of services

2. Gaps in mental health support services for parents in the perinatal period

3. Local inequalities in terms of access to care and services

4. Gap in services for most vulnerable: young offenders, LGBTQ and those who don't engage with mental health services

5. Extend work on Prevention and Building Resilience

**What we are doing**

1. Ensure there's a lead for ASD  
Improve services for young people and their families

2. NCL wide specialist mental health perinatal service and improve support

3. Trailblazer Pilot in the poorest parts of Haringey

4. Transforming Care and Partnership Support (TCaPS) project

Explore the potential to establish Kooth (free, safe online support for young people) across NCL

5. Co-ordinate the social and emotional mental health support to schools e.g. Anchor, Mental Health First Aid (Spell Out)

6. i-THRIVE Community Access Learning Network and improve local offers

Inclusion of mental health as part of Haringey Healthy Schools



# WHAT ARE THE PRIORITIES FOR IMPROVEMENT

## Recommendations

<b>Promoting resilience, prevention and early intervention</b>	Take a life-course approach, which encompasses taking a whole community approach to recovery, addressing factors that influence mental wellbeing for all children and young people, whether or not they have a diagnosis; and creating environments and cultures that support wellbeing from schools and colleges, to homes, communities and on the streets.
	Continue to develop whole school approaches to promoting resilience and improving emotional wellbeing, preventing mental health problems from arising and providing early support where they do. Co-ordinate the social, emotional, mental health services to schools. This could be achieved using the Anchor Approach and I Thrive model.
	Develop a workforce which can interpret verbal and non verbal communication, support emotion and behaviour regulation and create positive peer cultures.
	Ensure that children and young people are able to access appropriate support at the earliest opportunity to help to avoid escalation, personal distress and crisis management. Every commissioner or provider should do more to help people access mental health support earlier, throughout the life course and in a range of settings including school, housing and communities.
<b>Ensure needs are met</b>	To commission and offer digital options to support children across Haringey who need but may not currently access support. A good approach would be KOOTH which is a digital tool which provides access to a range of emotional wellbeing support, online councillors and offers peer to peer support both within and outside of usual working hours. It is advocated by the national CAMHS taskforce and has been commissioned in a number of areas across the UK.
	Develop a clear point of entry to the range of mental health services and share information on how people can access different services.
<b>Care for the most vulnerable</b>	Deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, those who are most vulnerable, including LGBTQ, Refugees, Young People who don't engage with the service,
<b>Developing the workforce</b>	Ensure professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.
<b>Improving access to effective support</b>	Ensure that people are able to transition between services well including child to adults services and acute to community and recovery/aftercare services
	Improve integrated and joint service models to address the needs of children and young people at the point of a mental health crisis in and out of usual working hours
	Reduce waiting times for CAMHS and other mental health services and ensure those diagnosed with a mental health condition are seen by the appropriate service in a timely manner
	Ensure that inpatient beds in Haringey are optimally utilised using a collaborative approach to ensure young people are not placed outside Haringey if there is capacity locally to accommodate them.

# WHAT ARE THE PRIORITIES FOR IMPROVEMENT

## Recommendations

<b>Adverse Childhood Experiences</b>	Develop a research-based framework which includes practice, tools and resources to increase workforce and community understanding of ACEs. An emphasis on protective factors to facilitate resilience building and co-developed with Haringey residents with lived experience of alcohol (Innovation Pilot)
	Developing greater resilience amongst communities and supporting prevention and early intervention across local services through partnership supported interventions between LB Haringey and community groups
	Embed the ACE framework, developed and piloted within the national Innovation Project supporting children of alcohol dependent parents, as part of workforce development incorporating training in ACE awareness, ethical considerations, resilience building and delivery of trauma informed care
	Create robust systems within a strong ethical framework to identify those children and young people most at risk of ACE and to develop care plans to support these individuals
<b>Home Education</b>	Ensure parents have access to information on local sports clubs, hobbies and events so that children and young people who are home educated don't feel socially isolated
	Provision of support and information relating to home education study groups and to other parents who home educate who live nearby
<b>Refugee and Migrant Children</b>	LB Haringey continues work with partners, the community, and VCS in the borough to support refugees and migrant children to access the required services and support integration within the local community
<b>Children and Young People who have experienced Domestic Violence</b>	Ensure prevention programmes are in place to reduce the risk of violence to children and young people through universal and selective services, home visits and through parenting and family programmes.
	Develop and implement social care systems to prevent intergenerational neglect and abuse.
<b>Young people at risk of offending</b>	Continue to work collaboratively across service including social care, youth offending services and early help (troubled families initiatives) to reduce the risk of young people offending
	Provision of a single point of contact in schools for children and young people who are at risk of offending
	Regularly review the records of repeat offenders over time to provide a more thorough understanding of the risk factors associated with past offending in the borough and opportunities to mitigate this in future
	Focus group discussions with a selected group of Haringey Youth Offending Team practitioners to gather their views on the different working pressures they operate under, how these can impact the service, and opportunities for improvement
<b>Support families affected by alcohol</b>	On-going support to children and young people of alcohol dependent parents through a system-wide approach between Haringey Council and Adfam (Innovation Pilot Project).

## FURTHER INFORMATION

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## About Haringey's JSNA

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