

The Mental Health and Wellbeing of Children and Young People

Why is this important to Bradford District?

[The Mental Health Foundation](#) suggests that as many as **one in ten children and young people are affected by mental health problems**. Many more children will, however, experience emotional or behavioural difficulties, although they do not meet the thresholds for a clinical diagnosis.

There is an increasing body of evidence describing how good mental health begins in infancy; babies who do not develop a healthy bond with a parent are at much higher risk of developing mental health problems than a baby or infant with a strong parental bond.

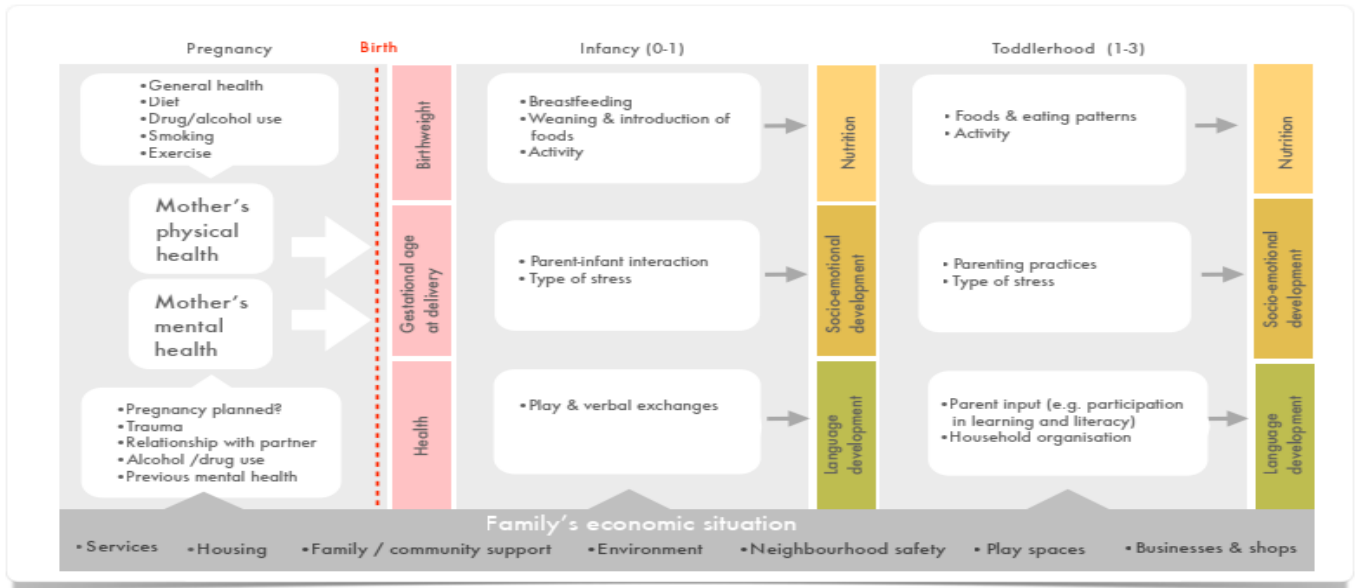
'Humans are instinctively motivated to care for and protect their young and promote their future wellbeing. The motivation is heightened during pregnancy and when a child is at his or her most dependent in early life. But sometimes it can be missing or frustrated as a result of internal (e.g. mental health) or external (e.g. poverty) factors. We need to connect with the deep motivation of parents and help to activate it where it has become deactivated.'

The majority of adult mental disorders have their beginnings in childhood; **around 50% of adult mental disorders have their onset before the age of 14**, and 75% of disorders before a person reaches their mid-twenties. Research suggests that early intervention in childhood could prevent between a quarter and a half of cases of adult mental illness. Accordingly, the emotional wellbeing of children is just as important as their physical health. Promoting children's emotional and social wellbeing, as well as helping children to develop resilience and the coping skills to deal with adverse experiences, is essential for children to grow into healthy and happy adults, and to protect them from a range of poor outcomes.

The Big Lottery 'A Better Start' Programme recognises the importance of nurturing children in the early years of life and aims to improve the nutrition, social, and emotional development, and language of young children living in disadvantaged communities. Underpinning the Better Start Programme is the science of child development, described by Dartington Social Research Unit and Warwick University. Figure 1 shows their framework which brings together the key influences on a child's early development, including socio-emotional development.

The [Health Foundation](#) identifies a number of ways in which the mental wellbeing of children and young people can be promoted **throughout** the early years and into early adulthood. This includes having opportunities to **learn** and **succeed**, and being part of a **family** that gets on well (**figure 2**).

Figure 1: Key influences on child development in the early years



Source: Dartington Social Research Unit

Figure 2: Factors which promote good wellbeing and resilience in children and young people



Source: Mental Health Foundation

[The Determinants of Mental Health and Wellbeing](#) section of the JSNA provides further detail on the determinants of mental health and wellbeing in children, in addition to the [Children's Mental Health, Emotional and Social Wellbeing Health Needs Assessment](#).

Strategic context

National context: In 2014 the Government established the Children and Young People's Mental Health and Wellbeing Taskforce, which published its report in 2015 with the aim of improving outcomes for children and young people: [Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing](#). The five key themes articulated in this report were:

- Promoting resilience, prevention and early intervention;
- Improving access to effective support (a system without tiers);
- Care for the most vulnerable;
- Accountability and transparency;
- Developing the workforce.

The priorities for Future in Mind are as follows:

- schools liaison - primary care mental health workers in schools
- schools liaison MH lead/champions in schools
- community based eating disorders
- first response becoming all age
- integrated model of care specifically for Looked After Children
- Access Hub including Voluntary and Community Sector

[The Five Year Forward View for Mental Health](#) followed in 2016, recommending the system wide transformation of the local offer to children and young people, with the aim of improving outcomes. In response to the Five Year Forward View, local health and care systems were required to refresh their Children and Young People's Local Transformation Plans.

NICE has published a range of guidance on promoting the mental health and social and emotional wellbeing of children. This includes:

- [Antenatal and post natal mental health](#)
- [Children's attachment](#)
- [Eating disorders: recognition and treatment](#)
- [Social and emotional wellbeing in primary education](#)
- [Social and emotional wellbeing in secondary education](#)
- [Social and emotional wellbeing in the early years](#)

Local Context: In 2016 [Mental Wellbeing in Bradford District and Craven a Strategy 2016-2021](#) was published; the local [Future in Mind](#) transformation plan forms part of this. Our strategy and plans set out how partners in the District will work together to ensure that children and young people:

- Are supported to recognise and value the importance of their mental wellbeing, and take early action to maintain their mental health through improved prevention, awareness and understanding.

- Can enjoy environments at work, home and in other settings which promote good mental health and improved wellbeing.
- Will experience seamless care and have their physical and mental health needs met through services that are integrated and easily accessible.
- Can reach their maximum potential through services which are recovery focused, high quality, and personalised, and which promote their independence.
- Can expect support to be commissioned and delivered in a way that leads to increases in efficiency and enables transformation of care through reinvestment.

What do we know?

In 2015 we published a comprehensive health needs assessment into [children's mental health, emotional and social wellbeing](#). The information presented here is a summary of the findings of the HNA.

The City of Bradford Metropolitan District Council has one of the largest populations of children and young people of any local authority in the country, coupled with high levels of risk factors which are known to increase the likelihood of poor wellbeing and mental health in children and young people. This includes the high number of children living in poverty. 23.2% of children in the District live in poverty; children from the most disadvantaged 20% of households are three times as likely to have a mental health difficulty as the most advantaged 20%.

Children in the most deprived wards of the District also show poor levels of social and emotional development when they start school, which is associated with poorer social, emotional and mental health outcomes later in childhood.

In every child's history there will be factors which help to build emotional resilience and protect a child from mental ill health, and other factors which have the opposite effect, contributing to poor mental health and wellbeing. Whilst these factors have been previously described, understanding the role of these factors helps to identify population groups who may be at higher risk of having poor mental wellbeing, or experiencing mental, social or emotional difficulties. **Table 1** describes these vulnerable groups in the context of the Bradford District population.

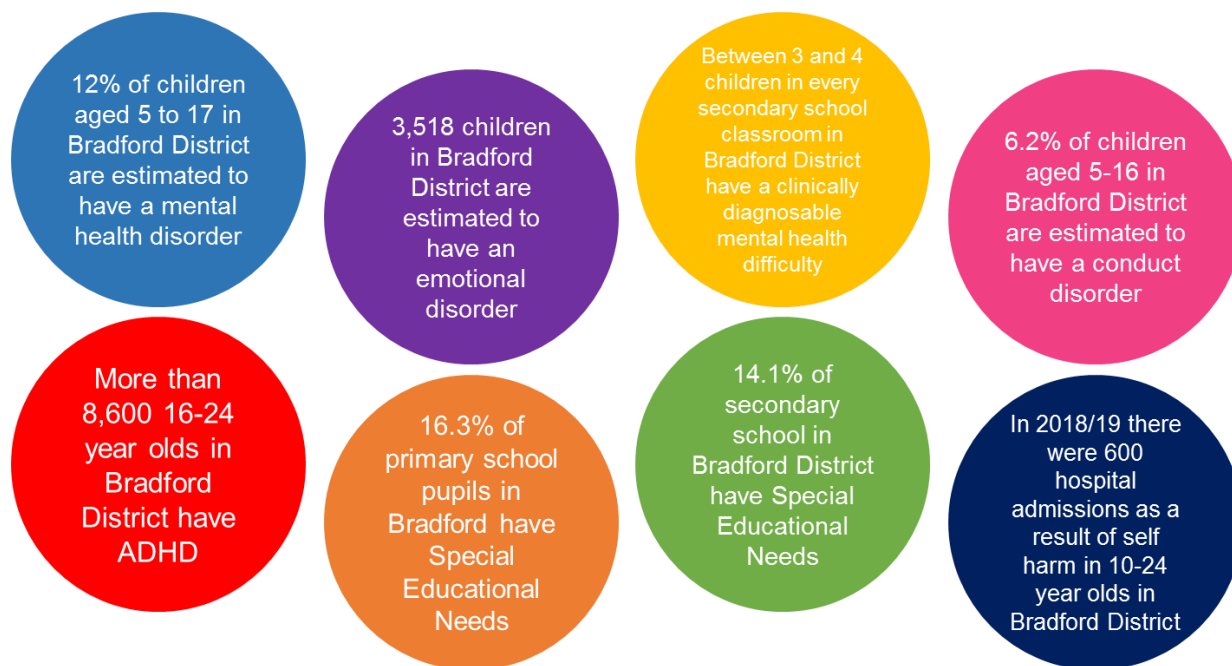
When comparing the figures for children's mental health indicators in Bradford District to the average figures for England, it is clear that in many areas Bradford District has a higher prevalence of children's mental health issues than the average for the country.

Bradford District has 72.8 per 100,000 more hospital admissions as a result of self-harm than the average for England. Furthermore, Bradford District has a **higher prevalence of children with conduct disorders** compared to England. This is also true for children that have an emotional disorder. The percentage of primary school children in Bradford District identified as having a **SEN where the primary need is social, emotional and mental health is 2.0 the same as the average** for the country. Bradford District is also 1.8 percentage points higher for this measure but for secondary school children. Overall **12% of children aged 5 to 17** within Bradford District are estimated to have a **mental health disorder**; this is higher than the average for England overall which is 9.2%.

Table 1: Population groups at higher risk of experiencing mental, emotional or social difficulties

Population Group	Bradford District Context
Children with learning difficulties & disabilities	A HNA identified 19,219 children and young people with a special educational need or disability. For 9,940 children this need related to a disability. Our local Children & Young People’s Health and Lifestyle Survey (2013) found that children with special educational needs were more likely to have low self-esteem.
Refugees & asylum seekers	Published Home Office figures show that as of July 2014 around 400 asylum seekers were being supported while awaiting a decision on their claim. Sharing Voices, a BME advocacy support organisation, report working with significant numbers of refugee and asylum seeking families, many of whom have experienced severe trauma.
Children with chronic physical health problems	The District has one of the highest prevalence’s in the region of children with complex medical conditions considered to be life limiting. In 2011 it was estimated that there were 595 such children in the District. As of 2015, 335 children were receiving support through the Children with Complex Health and Disabilities Team.
LGBT young people	Survey estimates suggest that between 5 and 7% of the adult population are LGBT. This would equate to 1,750 young people aged 15-19 in the District.
Looked after children	927 children were looked after at March 31 st 2017. In 2016, 73% of looked-after children in Bradford completed a strengths and difficulties questionnaire. Of these children, the emotional and behavioural health of 60% was assessed as “normal”, 10% as “borderline” and 30% as of “concern”. This is better than the results for both England and the region.
Children & young people in the criminal justice system	In 2018 there were 198 first time entrants to the youth justice system in Bradford District.

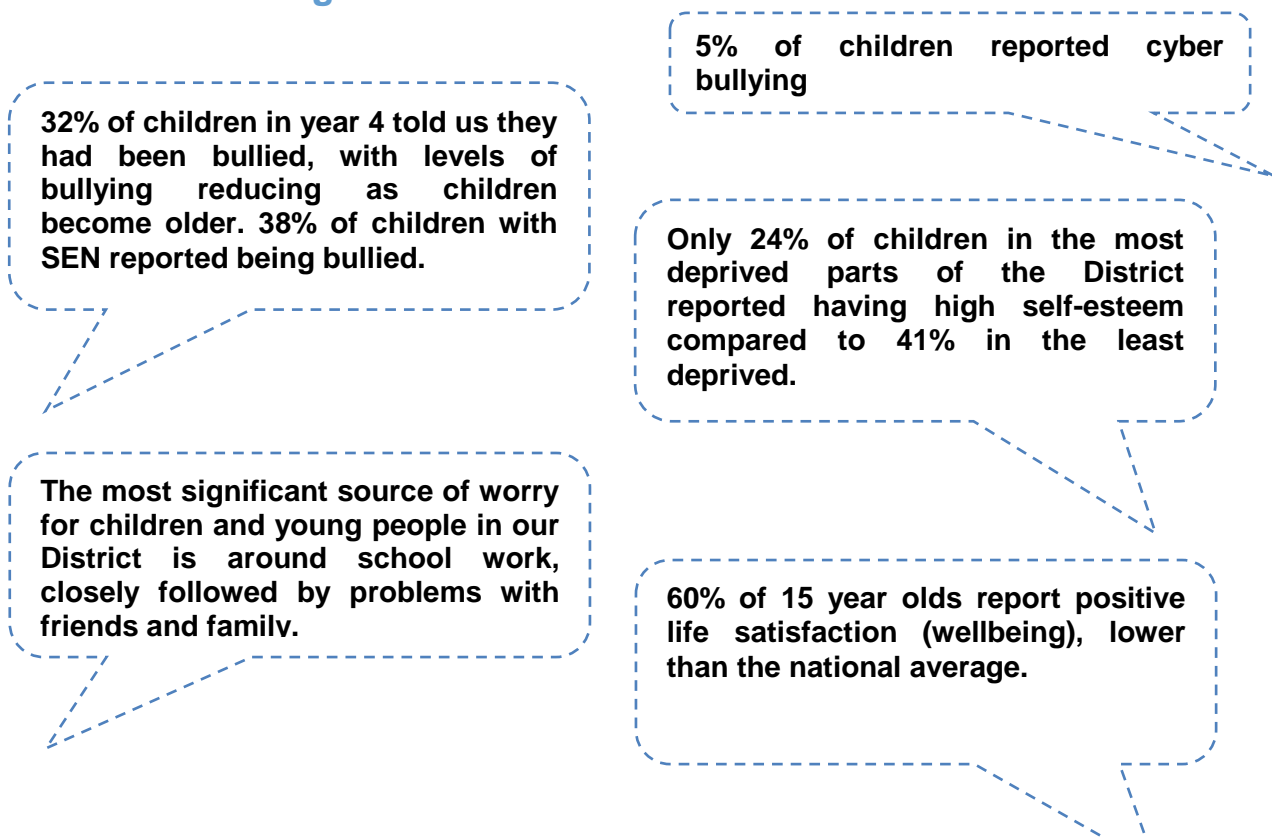
Figure 3: The Mental Health of children and young people in Bradford District



Source: Public Health England

The results from the National Study of Health and Wellbeing: Children and Young People have recently been published at a national level. The 2017 survey aims to find out about the health, development and wellbeing of children and young people aged between 2 and 19 years old in England. It covers around 9,500 children and young people living in private households in England. Results from this survey will be included in this section when the data is made available.

What children and young people in Bradford District tell us about their mental wellbeing?



Assets

In addition to the mandated health visitor checks, the public health 0-19 service includes an additional contact at 3-4 months for maternal mood assessment. This focuses on the following high impact areas:

- Transition to parenthood and the early weeks
- Maternal mental health
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition
- Managing minor illnesses and reducing hospital attendance/admissions
- Health, wellbeing and development of the child aged 2: Two year old review and support to be 'ready for school'

Better Start Bradford is a partnership working with families and children to improve the life chances of children living in some of the most deprived wards in Bradford District, through focusing on improving health, social and emotional development, and communication, and to share lessons from this to promote wider change. Projects supporting mental health and emotional development include:

- Baby Steps is a group-based programme designed to support expectant parents to be able to manage the emotional and physical transition into parenthood
- Little Minds Matter helps strengthen the relationship between babies and their parents by delivering the messages about infant mental health to the community, offering training, support and guidance to those working in the area and directly supporting families that need more help.
- Perinatal support services providing emotional support to families where a parent is struggling with their emotional health or wellbeing during pregnancy and the first year after birth.

We have a Specialist **Perinatal Mental Health** Service. A clear perinatal mental health pathway is in place and referrals are being received from maternity services, health visitors and GPs. Bradford District Care Foundation Trust are a wave 1 specialist perinatal mental health community team funded by the National Community Service Development Fund.

Gaps / challenges / opportunities

The comprehensive health needs assessment recognised that Bradford District has one of the **largest populations of children and young people** in the United Kingdom, and that services provided to them are under pressure as a result of national austerity measures.

The importance of children's mental health and wellbeing, and the need to prioritise action to improve outcomes for local children, is not in doubt; this is recognised across the District by all partners. However, the health needs assessment also recognises that both **need and demand is high**, and services are accordingly under pressure to meet the increasing numbers of people who could benefit from support. Not only is **prevention, promotion and early intervention** important from the perspective of children and young people living in the District, but it is an essential part of managing demand and protecting capacity in specialist services.

The health needs assessment makes the following recommendations:

1. Avoid further direct disinvestment in children and young people's mental health services.
2. All partners should consider children and young people's emotional and mental health services as a high priority for additional investment when the financial climate allows.
3. Review and redesign services to provide maximum capacity in Tier 2, community, and school based interventions, protecting the small capacity within specialist Children and Adolescent Mental Health Services (CAMHS), and responding to what children and young people tell us about their ideal services.
4. Continue to support and expand workforce development and the skilling up of workers in Tier 1 (universal) services who have day to day contact with children.
5. Continue to promote the role of schools in supporting children's mental health and emotional wellbeing, and as potential direct commissioners of services.
6. Consider the potential of other professionals and organisations to extend the services that they offer to meet need, for example VCS organisations and school nursing.
7. Plan and deliver a mental health promotion strategy for children and young people through schools and community settings.
8. Ensure that support for children who present with behavioural difficulties is considered as an integral part of the overall system for children's emotional wellbeing and mental health.
9. Work to increase the amount of useful data routinely shared between providers and commissioners.
10. Continue to design services in ways that support access for children and young people from BME communities, particularly from the South Asian community, and the growing Eastern European community.
11. Create strong links between children's mental health service, early years' services, and parenting and family support.

Although we have a Specialist Perinatal Mental Health Team we do not have dedicated specialist perinatal mental health midwives [as the time of writing]. Currently specialist perinatal mental health services are commissioned by NHS England, but this is being transferred to clinical commissioning groups in April 2019, bringing with it opportunities to improve outcomes for women and their families in the District.

What are we doing about it and what does the information presented mean for commissioners?

A number of projects are in place to support the mental health of children and young people, from the prevention of mental health problems, to support in crises. For example, so far, 74 schools are signed up to the **Mental Health Champions** scheme, to provide support for children with mental health needs who don't need referral to specialist services.

Prevention and early intervention is further supported by the **Wellness Recovery Action Plan** (WRAP) service: a 10-week course emphasising self-care, resilience building and peer support; and **Primary Mental Health Workers** (PMHWs), who can deliver brief interventions and support for children and young people and their families, support and empower staff in schools, and act as a conduit for specialist CAMHS referrals.

For children and young people requiring further assessment and intervention, the average waiting time from referral to **CAMHS** to treatment has significantly reduced since baseline measures in September 2017. The **First Response Service** provides a single point of access 24 hours a day for referrals, including self-referrals for urgent and emergency mental health needs for children and

young people. Safer Spaces provides a one-night stay in a safe, non-clinical space for children and young people aged under 18, who are at risk of a mental health crisis or emotional distress. In order to support young people through their mental health journey, the **Youth in Mind** model was designed by young people, and provides them with a consistent named worker. Youth in Mind uses a range of ways to engage young people including drop-ins, one to one and peer support work through Buddies, WRAP group work led by Barnardo's, MYMUP's digital self-help tool, evidenced based peer support groups and longer term volunteer mentoring.

A number of projects are on-going to care for the most vulnerable children and young people in Bradford District:

- An enhanced model of CAMHS service provision for looked after and adopted children have been developed and are in the process of being implemented.
- To address the mental health and psychological support needs of refugee and asylum seeking children in Bradford District, Bevan Healthcare are delivering both one-to-one counselling sessions and a range of activities, such as fun days, football, cook and eat sessions, and homework club, among others.
- A new specialist team for perinatal mental health is now operational and taking referrals.

Supporting Information

Dartington Research Unit: <https://www.biglotteryfund.org.uk/research/a-better-start/systems-change/better-evidence-for-a-better-start>

Families Health Needs assessment:

<https://jsna.bradford.gov.uk/documents/Health%20Needs%20Assessments/Families%20Needs%20Assessment/Families%20Needs%20Assessment%202017.pdf>

Children's Mental Wellbeing Health Needs Assessment: