Starting Well

Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire

2019 - 2024

Our shared responsibility for Children and Young People's mental health

Prepared on behalf of the Starting Well for Emotional Wellbeing and Mental Health Partnership

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Contents

Summary

Emotional wellbeing is an area of both national and local concern, we know that the long-term consequences of inadequate support for children and young people with emotional difficulties can be enormous and have lifelong consequences. This strategy builds on the findings of Hampshire's emotional wellbeing and mental health needs assessment with the development of six priority areas.

National context

- In England, the number of children and young people presenting with mental health difficulties has risen from 9.7% in 1999 to 11.2% in 2017

- The NHS Long Term Plan has allocated £3.2bn additional funding for mental health, with a guarantee that funding for children and young people will accelerate ahead of wider mental health funding.

- The green paper 'Transforming children and young people's mental health provision' emphasises the need to improve mental health support in schools, shorter waiting times, and to review and improve outcomes for 16-25-year olds.

Local Context

- The partnership approach is vital for successful implementation of this strategy. Working together will facilitate discussions between key stakeholders ensuring changes to service provision are better coordinated.

- Key partners will include: NHS commissioners, Local Authority Public Health, Education, Children's Services, Public Health Nursing; the voluntary sector, Adults Social Care (to support transition) and CAMHS.

- The strategy will be aligned with: Hampshire Health and Wellbeing Board Strategy and Hampshire Children and Young People's Plan

Needs assessment for Hampshire Children and Young People

- Estimated number of children and young people aged 5 to 16 with mental health disorders (2015) = 15,716

- Estimated number of young people aged 16 to 24 with a potential eating disorder (2013) = 17,414

- Estimated number of young people aged 16 to 24 with ADHD (2013) = 18,518

Vision and Principles

- By focusing on the eight principles developed in partnership with children and young people, we will realise our vision:

"For all children in Hampshire to be happy, resilient, safe, able to reach their potential, and experience good emotional wellbeing and mental health, both now and in the future."

Priority areas for the strategy

Six priority areas have been identified:

1. Children and young people's emotional wellbeing and mental health is everybody's business

2. Support for good mental health of parents

3. Whole school /educational settings approach to mental health

4. Supporting mental health of vulnerable children and young people

5. Reducing rates of self-harm

6. Improvement of service provision.

Introduction

This strategy builds on achievements from 'Make it Worthwhile: Joint Hampshire Strategy for Emotional Wellbeing and Mental Health 2014/17'. Its successes informed the specification design of the Child and Adolescent Mental Health Service (CAMHS) provision in Hampshire in 2016, which included: the introduction of a single point of access, the development of a dedicated eating disorder service for young people, a combined neuro-developmental service and the development of a more co-ordinated approach to the provision of youth counselling services and parenting programmes.

A comprehensive needs assessment has been produced by Public Health in Hampshire County Council (HCC) guided by the Starting Well for Emotional Wellbeing and Mental Health Partnership Board, findings from the needs assessment inform the priorities in this strategy. The Partnership Board aims to meet the challenges of improving the mental health and wellbeing of children and young people in Hampshire by developing a sustainable local mental health system, reducing waiting times, promoting resilience and improving outcomes for all children and young people. It is acknowledged that a vast amount of work is already being done, further development within the priority areas will bolster this.

Young people and practitioners contributed to the development of this strategy both during the needs assessment and in helping shape its priorities and vision. We will have an ongoing dialogue with young people and practitioners to support the delivery of this strategy and the future transformation programme.

National context

In England, the number of children and young people presenting with mental health difficulties has risen from 9.7% in 1999 to 11.2% in 2017[1]. The NHS Long Term Plan reveals that less than a third of children with a mental health problem are accessing treatment and has made children's mental health a top priority[2]. Increased waiting times and subsequent delays to access specialist services can exacerbate conditions. Mental health problems range from short spells of depression or anxiety to severe conditions which can isolate and frighten those who experience them. These experiences can also often have an impact on the family/carers of these children and young people[3].

The national spotlight on children and young people's emotional wellbeing and mental health from parents, the media, frontline practitioners and policy makers is very high. The NHS Long Term Plan has badged £3.2bn additional funding for mental health, with a guarantee that funding for children and young people will accelerate ahead of wider mental health funding. This strategy is, in part, Hampshire's response to the NHS Long Term Plan. Shared priorities include: extending Children and Young People's care pathways from 0-18 to 0-25, introducing Mental Health Support Teams in schools, developing alternative provision to Accident & Emergency departments for those in crisis and developing a single universal point of access for those experiencing crisis through NHS 111.

The green paper 'Transforming children and young people's mental health provision' (December 2017) was published. This emphasised the need to improve mental health support in schools, for shorter waiting times, and to review and improve outcomes for 16-25 year olds, including transition from children to adult services. This strategy aligns with the Local Transformation Plan that delivers the 'Five Year Forward View, Future in Mind Priorities (2015)[4]. This report emphasised five key themes to be addressed to improve the mental health of our children:

- promoting resilience, prevention and early intervention
- improving access to effective support;
- care for the most vulnerable
- accountability and transparency (including lack of joined up commissioning and poor information sharing across the system)
- developing the workforce.

Good health helps children and young people achieve a good quality of life. Good mental
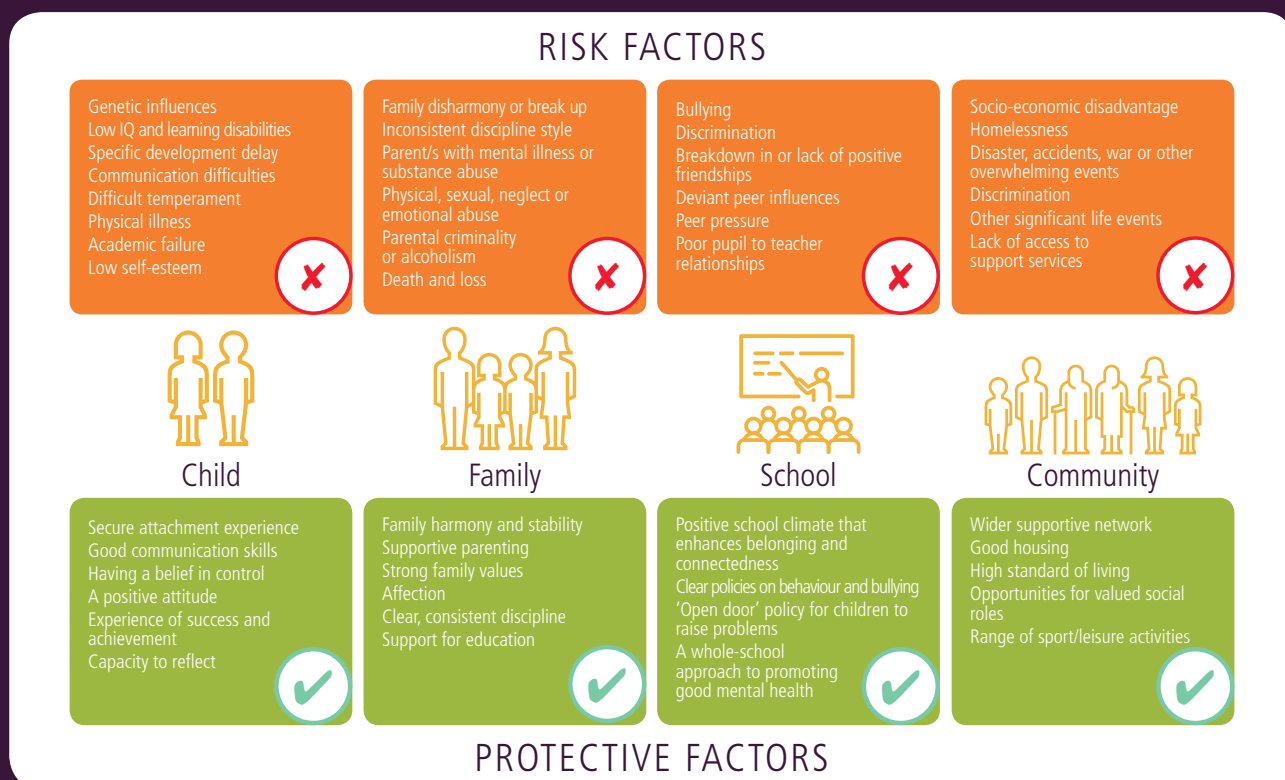
health is an essential component of this success, allowing children to develop resilience, a better ability to learn, improved educational attainment, and increased future prospects. Happy children with positive relationships are more likely to grow into healthy adults making positive contributions to society. Promotion of good mental health into adulthood is therefore beneficial not only to the individual, but also their family and wider society.

It is important to stress that most children and young people will not experience serious mental health problems. Good mental health is linked to reduced risk-taking behaviours including smoking, alcohol and substance misuse, sexual activity, and reduced health inequalities which results in less pressure on public and voluntary sector services. Figure 1 summarises both the risk and protective factors affecting the mental health of children mental health of children.

Figure 1: Summary of risk and protective factors affecting the mental health of children and young people

Source: Mental Health of Children and Young People in England, PHE (Dec 2016)

RISK FACTORS

Child	Family	School	Community
Genetic influences Low IQ and learning disabilities Specific development delay Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem ✗	Family disharmony or break up Inconsistent discipline style Parent/s with mental illness or substance abuse Physical, sexual, neglect or emotional abuse Parental criminality or alcoholism Death and loss ✗	Bullying Discrimination Breakdown in or lack of positive friendships Deviant peer influences Peer pressure Poor pupil to teacher relationships ✗	Socio-economic disadvantage Homelessness Disaster, accidents, war or other overwhelming events Discrimination Other significant life events Lack of access to support services ✗
Secure attachment experience Good communication skills Having a belief in control A positive attitude Experience of success and achievement Capacity to reflect ✓	Family harmony and stability Supportive parenting Strong family values Affection Clear, consistent discipline Support for education ✓	Positive school climate that enhances belonging and connectedness Clear policies on behaviour and bullying 'Open door' policy for children to raise problems A whole-school approach to promoting good mental health ✓	Wider supportive network Good housing High standard of living Opportunities for valued social roles Range of sport/leisure activities ✓

PROTECTIVE FACTORS

Focussing on prevention and early intervention to improve children and young people's mental health offers opportunities to upskill professionals in settings such as schools. By enabling children and young people to access the support they need earlier, and in familiar settings, it will in turn reduce the burden on specialist CAMHS. This enables quicker assessment, treatment and support to those who still need it.

Local context

In Hampshire there is already a policy context that supports the delivery of this strategy: The Hampshire Health and Wellbeing Board Strategy, 2019-2024[5]. The key priority areas for the Starting Well theme of the Health and Wellbeing Board's Strategy are:

- improving mental health and emotional resilience

- improving physical health (which has a positive impact on emotional wellbeing)

- working more collaboratively across organisation and disciplines to improve outcomes and services (which is critical to the delivery of this strategy)

Hampshire Children and Young People's Plan (CYPP) reflects a shared commitment to improve the lives of children and young people in Hampshire, making Hampshire an even better place in which to enjoy a good childhood. The plan impacts on wider determinants of health (see page 22) which can improve children and young people's emotional wellbeing. The Plan contains the vision, principles and key priorities of the Hampshire Children's Trust. The current priorities are:

- being healthy

- staying safe

- enjoying and achieving

- making a positive contribution

- achieving economic wellbeing.

There are real opportunities for improving system level implementation which often have overlapping priorities and can build on existing strategies and good practice. Current relevant strategies include (the list is not exhaustive):

- The Hampshire Local Transformation Plan led by CCG children's commissioners

- The Public Health Strategy, Towards a Healthier Hampshire, 2016-2021 including the work on resilience in CYP[6]

- Domestic abuse strategy: Hampshire County Council

- Substance misuse strategy

- Suicide prevention strategy

- The mental health strategy for adults, [in development], will be vital for the transition from CAMHS to adult mental health services

- Shaping place to improve health outcomes

- Hampshire: a safe place to learn, a safe place to grow. LBGT+ guidance for schools and colleges, June 2018[7]

This Starting Well strategy will be delivered through the Starting Well for Emotional Wellbeing and Mental Health Partnership. Working together to implement this strategy will facilitate discussions between key stakeholders ensuring changes to service provision are better coordinated. Key partners will include: NHS commissioners, Local Authority Public Health, Education, Children's Services, Public Health Nursing, the voluntary sector, Adults Social Care (to support transition) and CAMHS.

Learning from needs assessment and engagement

The findings from Hampshire's emotional wellbeing and mental health needs assessment have informed the strategy priorities on page 25. This section summarises the findings of the needs assessment. Quotes are used from engagement work to highlight the personal experiences behind the statistics.

Mental health conditions

> **"Mental health needs to be addressed the same way as a physical injury"**
>
> Young person

> **"I feel disregarded"**
>
> Young person

> **"Older people now tend to think that mental instability is an excuse for behaving badly, when they don't fully understand how it affects people"**
>
> Young person

There are just over 313,000 children and young people aged 0 -19 years living in Hampshire. They make up nearly a quarter of the county's total population (23%). Population forecasts suggest that the children and young people population will be over 336,000 by 2024. The greatest expected increase will be within the 10-14 year age range with an estimated increase of 16%. This is expected to increase demand for service provision, including mental health services for this cohort of children[8].

Health outcomes and life chances for children and young and people in Hampshire are generally good but it is estimated that 8.4% aged 5-16 years will have a clinically diagnosed mental disorder.[9] Mental health issues are more likely to be missed in children and young people than in any other age groups. Delay in treatment can exacerbate the problem.

Key points:

- estimated number of children and young people living in Hampshire aged 5 to 16 with mental health disorders (2015) = 15,716

- estimated number of young people aged 16 to 24 living in Hampshire with a potential eating disorder (2013) = 17,414

- estimated number of young people aged 16 to 24 living in Hampshire with ADHD (2013) = 18,518

Suicide

"What about suicide? Aren't there high rates of suicide among young people?"

Practitioner

Suicide is one of the greatest causes of mortality in young people[10] and can have a profound effect on family, friends and the local community. Nationally, the suicide rate in young people is low, however any death by suicide is a tragedy.

Anyone can be at risk of suicide but some groups are at greater risk. These include:

- young men
- young people misusing drugs and alcohol
- looked after young people
- young people in the care of mental health services
- those with a history of self-harm
- those involved in the criminal justice system
- those who have attempted suicide before.[11]

Key points:

Between 2014-2016

- there were 31 deaths by suicide in young people aged under 25 years
- in almost half of the young people (n=18) there was no recorded contact with mental health, substance misuse or criminal justice services
- 15 had no recorded contact with a GP within the three months preceding them dying by suicide
- most common recorded adverse life events were recorded as family relationships, mental health and traumatic childhood.[12]

Mental health needs to be addressed the same way as a physical injury

Young person

11

Self-Harm

"Talk to me. Listen to me. Don't just pass me on."

Young woman

"Everyone has a way of coping. Some use self-harm. Others use alcohol."

Young woman

"Self-harm experience is unique to each individual. I did it to cope with anger, being out of control."

Young woman

"This can be scary stuff for some practitioners to handle."

Practitioner

"I worry that I can make things worse."

Practitioner

Self-harm has been described as "any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation. This commonly involves self-poisoning with medication or self-injury by cutting."[13] Self-harm can be a symptom of underlying mental or emotional distress. It can be used as a coping mechanism for people who feel they have no other way to deal with extreme negative emotions. Self-harm can be a risk factor for suicide. However, it is important to stress that most of those who engage in self-harm will not attempt suicide. Conversations which are supportive and empathetic are essential to help children and young people and their parents and carers understand the reasons for self-harm and ways it can be managed.

Key points:

Between 2011-2016:

- hospital admission rates for self-harm in Hampshire for 10 to 14 year olds and 15 to 19 year olds were higher than the England rates

- more female emergency admissions for intentional self-harm than male; with a ratio of female to male admissions of almost 2:1

- 1 in 5 emergency admissions for self-harm were for young people aged 15 to 19 years old in Hampshire

- poisoning accounted for 86% of all emergency self-harm admissions in Hampshire.

Risk-taking Behaviour

"I worry about the way some of my friends drink alcohol and take drugs. Are they trying to cover up something? Pretend that something isn't there?"

Young woman

"Alcohol is used as a way of coping or distancing yourself from issues."

Young woman

Children and young people who are at increased risk of mental health problems are more likely to engage in unhealthy behaviours (Figure 3), this may be as a result of Adverse Childhood Experiences (ACEs). Practitioners working with children and young people to address risky behaviours should be aware of links between ACEs, risky behaviours and poorer outcomes. Support should be provided to improve outcomes, including mental health.

Key points:

- a recent survey of Hampshire school children aged 11-15 years reported that 49% of young people had consumed alcohol compared to 38% nationally[14]

- 16.8% of Hampshire 15 years old reported participating in three or more 'risky behaviours' (including a combination of smoking, drinking alcohol, using cannabis, using other drugs, not eating 5-a-day, and/or doing less than 60 minutes activity per week)[15]

- 50% of young people (who accessed specialist young people's substance misuse services) started using their problem substance by age 15 years[16]

- 8.7% of Hampshire young people aged 11–15 years reported having taken cannabis and 3.2% psychoactive substances[17]

- there is considerable evidence linking poorer mental health with alcohol misuse. People use alcohol to 'self-medicate' for problems, including mental health. It has been estimated that a third of suicides in young people are linked with alcohol intoxication[18]

MORE LIKELY

Smoking

Alcohol misuse

Drugs misuse

Physical health

Education

Employment

Social Relationships

LESS LIKELY

Figure 3: Health Behaviours and Mental Health Problems

Source: Mental Health of Children and Young People in England, PHE (Dec 2016)

Vulnerable groups

> "I worry about those that don't attend school, could be because of anxiety or depression. Took me weeks to see one young man downstairs. He just stayed in his room. He looked ill, pale and bags under his eyes. Mum said, 'at least he's not doing any harm and I know where he is.' That's not normal. He should be in school!"
>
> Practitioner

> "We are only firefighting, not changing things."
>
> Practitioner

> "Gay straight alliance. All young people have a sexuality. Should learn about them together. Be inclusive."
>
> Young man

> "Transgender identity. Need to understand how best to support young people. Need training and to be able to support both young person and family."
>
> Practitioner

- mental health problems can affect anyone, but some groups of children and young people seem to be more at risk. Though there are a number of groups that are vulnerable to poor mental health outcomes, not all vulnerable children and young people will develop mental health problems. The needs assessment identified a number of key groups of vulnerable children and young people

- looked after children
- children experiencing abuse including neglect and exploitation
- children with special educational needs and/or disabilities (SEND)
- those identifying as lesbian, gay, bisexual and transgender (LGB&T)
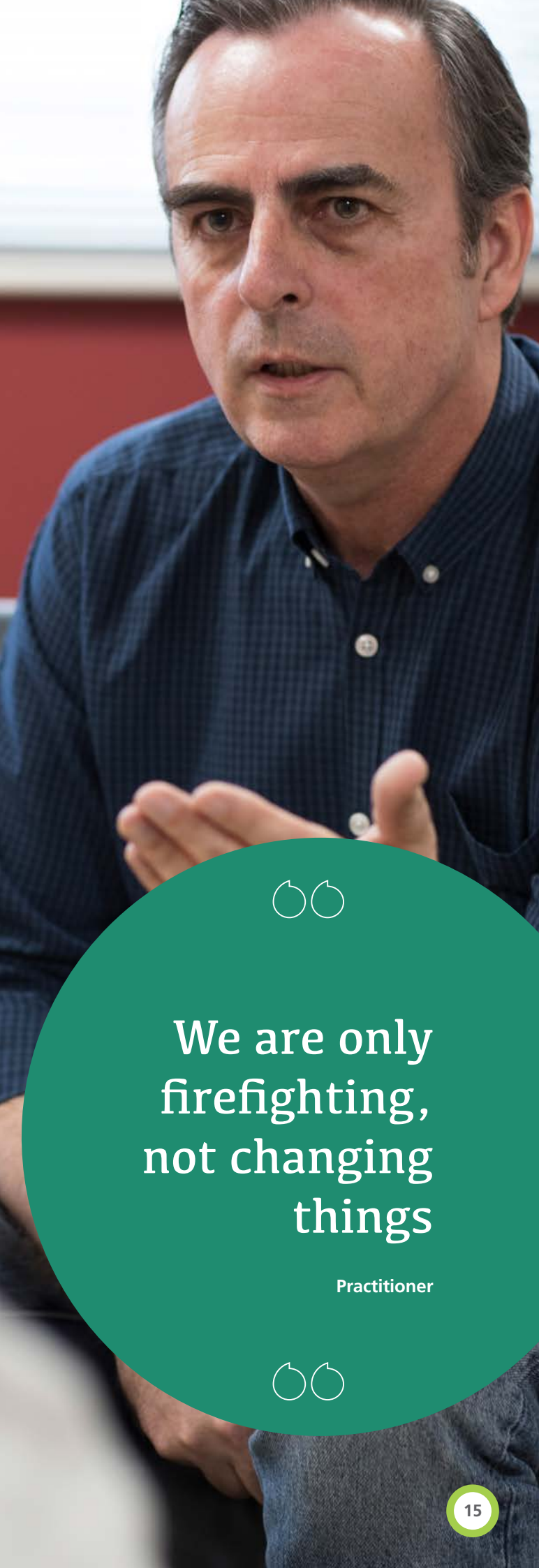- young carers
- young offenders
- those with eating disorders.

The above list is not exhaustive. A regular review of information about vulnerable groups and vulnerability will be undertaken to ensure that work and resource is directed to those most in need.

Key points:

- **Looked After Children (LAC):** Numbers in Hampshire are increasing. Research indicates that LAC are five to six times more likely to develop mental health problems than their peers.

- **SEND:** Early identification of Special Educational Need and putting the right support in place is key to achieving positive outcomes in health, education and employment.

- **Elective Home Educated:** Home educated children and young people in Hampshire is increasing. There is a need to promote mental health to this population, ensuring they have access to the same opportunities as those in school.

- **LGBT:** Figures from 2016 suggest there are 10,000 LGBT young people living in Hampshire. Despite living in a more equal society, research shows the LGBT community still faces significant health and socio-economic inequalities with a higher risk of suicidal behaviour, mental disorder, substance misuse and dependence than heterosexual people.

- **Young Offenders:** In Hampshire, there has been a year on year reduction in first time entrants to the youth justice system. However, the reoffending rate has not decreased since 2010. Children and young people who offend often have health, education and social care needs which, if not met at an early age, can lead to a lifetime of declining health and worsening offending behaviour.

- **School exclusion:** Since 2014 the number of fixed period exclusions in Hampshire has increased. The number of permanent exclusions is low and remains static. Those excluded can often be living with existing mental health conditions.

- **Young Carers:** Using census data (2011) there are 4,109 Young Carers in Hampshire. This is likely to be an underestimation. Young Carers are at increased risk of poor mental health, specifically anxiety and depression, are more likely to be bullied, often miss more days of school and subsequently drop out of education.

- **Exploitation:** Exploitation and abuse is associated with increased risk of depression, anxiety, eating disorders, post-traumatic stress disorder, sleep disorders and suicide attempts.[19] It can also lead to difficulties in building positive relationships in adulthood and result in future victimisation.

> ❝
> We are only firefighting, not changing things
>
> **Practitioner**
> ❝

School/educational settings and impact on mental health

> **"PSHE needs to be up to date and relevant. Fit for young people's lives now."**
> Young person

> **"Teens need to be taught about mental health just like every other major disease"**
> Young person

> **"Schools need to teach life skills. Like how to best cope with what life throws at you, managing money and bank accounts, not just maths."**
> Young woman

> **"All schools need counsellors"**
> Young man

> **"We need to make sure we use our limited resources effectively. Therefore, we need to understand what works in school that improves mental health."**
> Practitioner

> **"Some local schools are too quick to label child as difficult including mental health issues and undertake a managed move. Problem (child) just gets moved to another school, nothing changes. Some moves are helpful, but most do not deal with situation. Often to do with bullying. School doesn't do enough to deal with bullying."**
> Practitioner

> **"We want school to be positive experience."**
> Practitioner

Schools and colleges play an important role in promoting emotional wellbeing, in early identification of mental health issues and in supporting children and young people through difficult times including referral and treatment to a specialist mental health service. Early years settings also play a vital role in helping to shape a child's development including building a foundation for sound mental health and school readiness.

It is estimated that one in eight[20] children and young people have a diagnosable mental disorder – the equivalent of three or more pupils in every classroom across the county.

Protective factors in educational settings include a sense of belonging, clear policies on behaviour and bullying; an 'open door' approach to children raising concerns, and a whole school/educational settings approach to mental health.

In a recent national survey 60% of young people (aged 18 to 24) felt so stressed by a pressure to succeed that they felt overwhelmed or unable to cope. 39% of young people said they had experienced suicidal feelings because of stress and 29% of young people said they had self-harmed because of high levels of stress.[21] The reasons for being highly stressed included exams, fear of making mistakes, not succeeding, pressure on body image and appearance.

Bullying is linked to many negative outcomes including impact on mental health, substance use and suicide. It can affect those who are bullied and those who bully.

Key points from the HCC 'What Do I Think?' survey 2014-16:

- children reported that they mostly enjoy being at school, however there is a steep decline in reported enjoyment by pupils in Years 6 and 9.

- children in primary school reported that school helps them talk about their feelings, but this also declines as children reach Year 9.

- most respondents have not experienced bullying in school or out of school.

- cyber bullying increases with age, which is to be expected as older children have more opportunities to develop an online presence.

- children and young people reported that there was often no obvious reason for the bullying, however across the three years groups (6,7 and 9) when a reason was identified the top three were: looks/appearance, health conditions, home circumstances (and sexual orientation for year 9).

All schools need counsellors

Young man

Service provision and wider workforce

> **"Need other practical solutions on offer, not just counselling and CAMHS."**
>
> Practitioner

> **"Waiting times are ridiculous. Not helpful for anyone. Child, parent or service."**
>
> Practitioner

> **"Reform of services and attitudes is needed on a bigger scale. You need to be ambitious about change."**
>
> Young Man

> **"Show me that you care. Don't need all the answers, just listen and care about me. If referred to CAMHS don't stop supporting me whilst I wait to be seen."**
>
> Young woman

CAMHS

It is estimated that a significant proportion of children and young people will not access help for mental health problems. So, despite recent increases in both referrals to, and caseload for, specialist CAMHS there will be substantial unmet need for services for young people with mental health problems in Hampshire.[22]

Children and young people can be reluctant to access services for a number of often overlapping reasons. These include a lack of emotional competence and acceptance to recognise the need to seek help, a desire to 'tough it out' and use self-reliance, and/or distrust of professionals either from themselves or from parents.[23]

Longer waiting times, increasing demand, and shortage of appropriately qualified and experienced staff has a detrimental effect on the mental health of children and young people accessing or trying to access CAMHS. In a survey of over 3,000 mental health professionals, 73% said that staffing levels were inadequate to meet current service demands.[24] In July 2017, the Government announced plans to recruit and train 2,000 more CAMHS staff, including nurses, therapists and qualified clinicians by 2020/21, this is welcomed.

Promotion of positive mental health and the provision of earlier interventions such as online self-help, counselling services, and improving individual and community resilience are key to alleviating some of the pressure on specialist CAMHS.

Alongside our commitment to improving access to earlier intervention services, we are also committed to ensuring young people receive timely access to evidence-based interventions through specialist mental health provision. The growing demand on the CAMHS provision has meant that this has not always been possible. The NHS Long Term Plan makes a commitment to invest in expanding access to community-based mental health services to meet the needs of more children and young people. This ambition is supported locally and the Local Transformation Plan details how we expect to meet this commitment.

Key points:

Between 2016-2017:

- increasing demand for specialist CAMHS. CAMHS in Hampshire saw a 23% increase in the number of referrals from 6,844 in 2015/16 to 8,253 in 2018/19

- 40% of CAMHS referrals did not meet the eligibility criteria for the service

- more females than males referred to Hampshire CAMHS

- highest proportion of children and young people seen by CAMHS are aged 11-15

- 33.5% of assessments to CAMHS were completed within 4 weeks and 44.5% were seen for treatment within 18 weeks

- in 2017, due to high demand, children and young people's counselling services were reporting waiting times of between 3 and 10 months.

Safeguarding

Mental health concerns in children, young people and their parents can have a significant impact on children's safety and wellbeing. Safeguarding and promoting the safety and welfare of children and young people where there are significant concerns around the mental health of the child, parent or sibling is a shared responsibility and is dependent upon effective joint working between agencies and professionals that have different roles and expertise. Effective multi-agency relationships and good information sharing processes are crucial, so that the vulnerability and risk factors for each individual child can be properly understood and responded to.

> Reform of services and attitudes is needed on a bigger scale
>
> **Young man**

Digital culture and social media and impact on mental health

> "If you take my phone away from me it's like taking my arm away. My phone is part of me."
>
> Young man

> "Cyberbullying is relentless, no break from it at school or at home as phone is always with you."
>
> Practitioner

> "Parents not able to keep up with what children and young people are using online. Practitioners learn from young people, but not sure parents get same feedback from their children."
>
> Practitioner

> "Bullying keyboard warriors. Say things online they wouldn't dare say to your face."
>
> Young woman

> "Helps you meet other people like yourself."
>
> Young woman

> "Constant bullying. Doesn't go away, it's in your bedroom."
>
> Young woman

> "You put something happy on social media and 100 people hate it and make negative comments, that can't be ok for you."
>
> Young woman

Today children and young people are living and communicating in a digital world with most young people aged 16-24 years using the internet for social networking. Use of online platforms has been found to be both beneficial and detrimental to emotional wellbeing and mental health. Concerns have been raised about the impact of social media in terms of how long is spent on networking sites, the impact of cyberbullying and the nature of content viewed.

Benefits of being online	Concerns about being online
Raising a generation of digital natives who communicate and entertain themselves in different ways to previous generations	Under researched area, not fully aware of impact of use on mental health
Speed at processing information, the ability to motivate learning and improve academic performance	Links to depression, anxiety and poor sleep[25]
Increase in self-esteem	Social isolation and cyberbullying
Increased social capital	Heavy use of social media (three hours a day or more) linked to lower wellbeing scores
Opportunities for disclosure	Developing a compare and despair culture
Experimenting with self-identity	Impact on body image
	Girls reporting heavier use of social media than boys

Source: Information taken from p.43-44 of CYP needs assessment

Parenting

"Don't just focus on the child and young person, need to understand what is happening for the family - toxic trio as well as housing, benefits, money worries, other children and complex family relationships."

Practitioner

"Parents have experienced their own childhood trauma."

Practitioner

"Parenting is key! How parent impacts on children. Stating the obvious however needs to be improved!"

Practitioner

"Parents and families getting more complex and often more distant."

Practitioner

"Not all of us have good parenting."

Young woman

"Need other adult role models."

Young man

Good parenting is essential in supporting the development of children (Figure 1). It helps to build individual and family resilience and is a protective factor in promoting good mental health.

Absence of good parenting/caring can be detrimental for a child's outcomes including mental health. Family disruption including divorce, bereavement, domestic abuse, parental substance misuse, peri-natal and parental mental health, unemployment and poverty can all impact negatively on a child's mental health through to adulthood. Therefore, any work to improve mental health outcomes for children and young people needs to take into consideration the positive or negative impact of the family environment, and services need to work collaboratively to respond to situations considering the whole family.

Don't just focus on the child and young person

Practitioner

Wider determinants of mental health

Addressing social factors and improving the conditions in which people live can help reduce the stressors faced by the population, improve physical and mental health and reduce health inequalities. Efforts to improve outcomes should include action to reach and support specific groups who face particular disadvantage and exclusion[26].
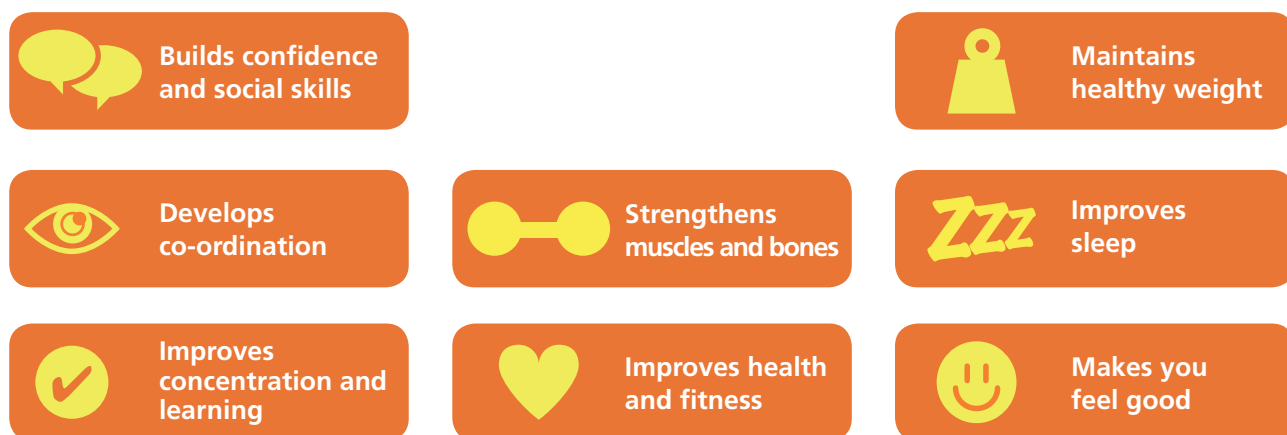
The prevalence of mental health disorders among children and young people and their parents is higher in families experiencing poverty, homelessness, domestic abuse, lone parent families, families with step-children, families where neither parent was working, and where parents had no educational qualifications.[27] Figures for family homelessness are low in Hampshire and the proportion of children living in poverty has remained stable over the last few years. However just over one in 10 children under 20 years is living in poverty, equating to 31,683 children.

An example of the potential beneficial impacts of the wider determinants on mental health is increasing physical activity.

Physical activity

Regular physical activity can help to prevent and manage over 20 chronic conditions and diseases. Many of these are on the rise and affect people at an earlier age; one in three of the working age population has at least one long term condition and one in seven has more than one.[28] In the Census (2011), 6.7% of the Hampshire population (almost 88,000 people) reported having a long term illness or disability that limited their day to day activities a lot.[29] Physical activity plays an important role in promoting mental health and wellbeing by preventing mental health problems as well as improving quality of life for those experiencing mental ill-health.[30] You can also include Active Travel activities such as walking or cycling to school which embed good habits, is sustainable and likely to have long term benefits to health and wellbeing.

Physical activity for children and young people (5-18 years)

- Builds confidence and social skills
- Maintains healthy weight
- Develops co-ordination
- Strengthens muscles and bones
- Improves sleep
- Improves concentration and learning
- Improves health and fitness
- Makes you feel good

Infographic showing the benefits of physical activity to children and young people:
Source Start active, stay active[31]

Green Spaces

Parks and public spaces that are accessible and safe mean that families have places they can enjoy outside and spend time together[32]. Activities for children and families in the park encourage more children to get out and be active. Play and physical activity can play a vital role supporting children's wellbeing and development. Evidence has linked play and physical activity to improved mental health and wellbeing. Children who play are happier and more confident, they are better at dealing with stress and forming healthy attachments.[33]

The benefits of green space are also dependent on its quality. Priorities for action in Hampshire include[34]

- ensuring green space standards are incorporated into District Council Local Development Plans and Green Space Strategies

- encouraging opportunities for children and young people in education and community settings to access outdoor space

- using the latest research evidence on the benefits of green and blue spaces and the most effective ways to provide accessible and high quality spaces

- improving the quality, safety and accessibility of green space in areas of deprivation

- maximising access to high quality green and blue spaces through the planning process for new residential developments

- developing initiatives in local green and blue spaces which encourage our most inactive residents to become active.

Vision and principles

We want to continue to build on the good work that is already progressing across Hampshire, learning from good practice, understanding gaps in provision and working together to drive long-lasting improvements.

Vision

Our vision is for all children in Hampshire to be happy, resilient, safe, able to reach their potential, and experience good emotional wellbeing and mental health, both now and in the future.

Principles

These principles have been developed through engagement with children and young people and extensive discussions with stakeholders:

1. to work together to promote sustainable change, improving early identification of potential mental health problems to prevent escalation of a problem into a crisis

2. to promote emotional wellbeing and mental health, including how to look after your own mental and physical health and support others around you

3. to ensure that the voices of children and young people and parent/carers and practitioners are listened to and acted upon

4. to support children and young people at greater risk of poor mental health, recognising the need to address inequalities and disadvantage

5. to reduce stigma around mental health so that more people are able to ask for help

6. to promote resilience amongst children and young people, families and communities, increasing protective factors and reducing risk factors

7. to ensure that children and young people in Hampshire have access to a confident and competent workforce, at the right level of service and/or support, at the right time

8. to have a whole school approach to mental health that delivers a positive learning environment and sense of belonging, enabling children and young people to achieve full potential, including academic success.

Priority areas for strategy

The following six priority areas have been developed using findings from the Children and Young People Emotional Wellbeing and Mental Health Needs Assessment, in conjunction with extensive engagement:

1 Children and young people's emotional wellbeing and mental health is everybody's business

4 Supporting mental health of vulnerable children and young people

2 Support for good mental health of parents

5 Reducing rates of self-harm

3 Whole school /educational settings approach to mental health

6 Improvement of service provision

Delivery of the identified actions below will be the joint responsibility of agencies working with children and young people. Action plans will state which agencies are responsible and / or involved in the delivery.

Strategic Priority 1:

Children and Young People's emotional wellbeing and mental health is everybody's business

What is the need? To ensure that all strategies working towards better outcomes for CYP address issues around mental health and practitioners feel competent and confident in promoting and supporting CYP's mental health including when to support in the community and when to refer to a specialist service

Priorities	Action
Strong system level strategic leadership	Work with partners to ensure that promotion of good emotional wellbeing and mental health is included in all relevant children and young people's strategies and these are inter-linked
Reduced stigma and discrimination surrounding mental health for children and young people and wider population	Promotion of campaigns to reduce stigma and discrimination
	Utilisation of social media to spread understanding
Increase the number of people in different settings promoting emotional wellbeing, using an evidence-based approach within their practice	Undertake Training Needs Analysis with a range of frontline staff to understand their development needs around recognition of mental health problems in children and young people
	Development of a training package to meet identified need
	Utilise digital technology to increase access to training for practitioners and advice for service users
Those with lived experience are heard and their voice(s) are acted upon	Seek views and feedback from children and young people/ family and carers to enable co-production of services
Identify opportunities to improve the wider determinants of mental health	Implementation of the Physical Activity strategy and action plan
	Improve access to green and blue spaces

Strategic Priority 2:

Support for good mental health of parents

What is the need? Using the "Think Family" approach, ensuring parents are supported with their own mental health, wellbeing and resilience to help their child(ren) thrive	
Priorities	**Action**
Better understanding and early identification of perinatal mental health problems	Raise awareness of the signs and symptoms of perinatal mental health for pregnant mothers and partners and support early identification and treatment for perinatal mental health problems
	Review and improve the current pathway for provision to support infant mental health in Hampshire
Children whose parents have mental health problems and/or substance misuse issues and are receiving treatment are supported to reduce impact on the child's health	Scale up opportunities for identification of parents caring for children accessing treatment services and ensure that needs of children are included in care plans
	Review pathways and service provision for children with parents who have mental health and or substance misuse problems
Resilient families	Review Parenting Support pathway and provision for Hampshire
	Development of digital offer for families, including fathers
	Emotional wellbeing support and assessment for the whole family (including siblings) when treating a young person with mental health/emotional needs

Strategic Priority 3:

Whole school/educational settings approach to mental health

What is the need? To harness opportunities for pre-schools, schools and colleges to support emotional wellbeing for children and young people	
Priorities	**Action**
Improved delivery of PSHE based in the reality of children's lives today	Ensure schools are ready to deliver the emotional wellbeing and mental health section of the Health, Relationship and Sex Education Statutory Guidance
A consistent approach to developing whole school/ educational settings approach to mental health	Focus on developing protective behaviours in education settings that are fully embedded and reflected throughout policy, practice and ethos.
	Work with schools and colleges to review and build existing good practice promoting anti-bullying and behaviour policies, and a consistent approach to mental health
	Encourage education settings to track prejudicial language/behaviour, to respond appropriately to areas of concern
	Set up Mental Health School Teams in Hampshire
	Encourage education settings to involve students in meaningful decision-making processes and development of easy to understand, child-friendly anti-bullying and behaviour policies
	Work with schools and all education settings to use evidence-based approaches to promote wellbeing
Inclusive whole school approach to supporting and celebrating diversity through the ethos, environment and curriculum	Zero tolerance to bullying in schools, including cyberbullying
	Work with schools and education settings to review and build existing good practice promoting anti-bullying practices
	Ensure staff have access to CPD to underpin inclusive practice
Development of a Health In Educational Settings Strategic Framework which is aligned with the priorities of Starting Well for Emotional Wellbeing and Mental Health Partnership	Build on opportunities of the Mental Health Green Paper
	Promote the introduction of Mental Health support teams into Hampshire schools
	Undertake Needs Assessment to support strategy

Strategic Priority 4:

Supporting mental health of vulnerable children and young people

What is the need? To identify children and young people who are more vulnerable to mental health issues using knowledge of Adverse Childhood Experiences to develop training and support existing strategies

Priorities	Action
Improve the emotional wellbeing and mental health of children and young people who have experienced multiple disadvantages including those who have experienced abuse, bereavement, those who are looked after children and young offenders	Multi agency approach to identify and develop a trauma informed approach to service delivery to support those children and young people in greatest need
	Support existing strategies that promote the mental health of vulnerable children and young people including suicide and domestic abuse strategies
Ensure mental health training for practitioners addresses the needs for vulnerable groups of children and young people including SEND, LGBT, young offenders, LAC, home educated, young carers	Review mental health training and support for those practitioners working with children and young people to ensure that the needs of all vulnerable groups are included
	Ensure a sustainable model of training is established
Extend support from 0-19 to 0-25 to improve transition to adulthood	Identify priority groups for pathway improvement work

Strategic Priority 5:

Reducing rates of self-harm

What is the need? While admissions for self-harm in 15-24-year olds are declining nationally they have increased in recent years in Hampshire. Admissions are significantly higher than the national average and among the highest in the South East.

Priorities	Action
Reduce rates of intentional self-harm in young people aged 10-24 years old	Undertake a review of the self-harm pathway for under 18s in Hampshire
	Review Hampshire's statistical neighbours to identify any areas of good practice which can be used to address self-harm locally
	Undertake engagement with young people who have experience of self-harm to help inform action to address issues

Strategic Priority 6:

Improvement of service provision

What is the need? There is system level recognition that more needs to be done in prevention and early intervention to reduce the demand for specialist mental health services. There will be an emphasis on co-designing services with children and young people, their families, commissioners and providers. Much of this work is being implemented through the Local Transformation Plan.

Priorities	Action
Understanding of capacity and capability of community provision (Tier 2 counselling and listening services)	Review the capacity and capability of Tier 2 service provision in Hampshire and identify any issues in accessing provision
	Understand gaps in tier provision and develop plan to address them
Improvement in appropriateness of referrals to specialist CAMHS	Work with wider services (e.g. GPs and schools) to improve the quality of referrals to specialist CAMHS by providing the necessary evidence to meet referral criteria
	Develop co-ordinated response to the promotion of emotional wellbeing, targeting key groups of young people and professionals
	Implementation of the Local Transformation Plan
Reduction in waiting times to specialist CAMHS	Promote alternative support for children and young people who do not need or meet specialist CAMHS criteria
	Increase promotion of children and young people's emotional wellbeing with focus on prevention and early intervention
	Timely access to system wide services to prevent avoidable escalation
	Greater emphasis on supporting commissioned services working with young people involved in substance misuse
System-wide mental health service with emphasis on prevention and early intervention	Aligned procurements and development of new model of care incorporating Public Health nursing, CCG community services and CAMHS.
	Develop single point of access for service users in crisis through 111
	Co-production with service users, families, providers and commissioners
	Promote and increase use of digital platforms for emotional wellbeing and mental health issues
Development of 0-25 specialist mental health service for children, young people and young adults	In recognition that the majority of adult mental disorders appear between ages 14-25, develop services that extend to age 25, thus avoiding transition at age 18.
Good recruitment and retention of specialist mental health workforce	Explore potential issues relating to the recruitment and retention of the specialist mental health workforce which may impact on current or future specialist service delivery
	Keep appraised of progress in the Local Transformation Plan regarding mental health workforce
Review approach to funding the delivery of this strategy	Quantify spend on children and young people's emotional wellbeing and mental health across Hampshire
	Determine best use of existing resources
Optimise safeguarding processes	Work with partners to ensure all services consider the impact on the unborn baby/ child and young person in the home environment and are confident with information sharing responsibilities

Delivery

- The strategy will be delivered through the Starting Well for Emotional Wellbeing and Mental Health Partnership.
  - A detailed action plan will support implementation with identified leads for each strategic priority
  - The intention is to develop a shared outcomes framework to monitor progress on delivery
- This strategy aligns with the priorities of the local NHS Local Transformation Plan.
- The strategy will be reviewed annually and refreshed in 2024.
- Delivery will be underpinned by regular engagement with children and young people, parents, practitioners and commissioners.
- Governance of the strategy will be through the Children's Trust Executive Group as shown in the governance chart below:
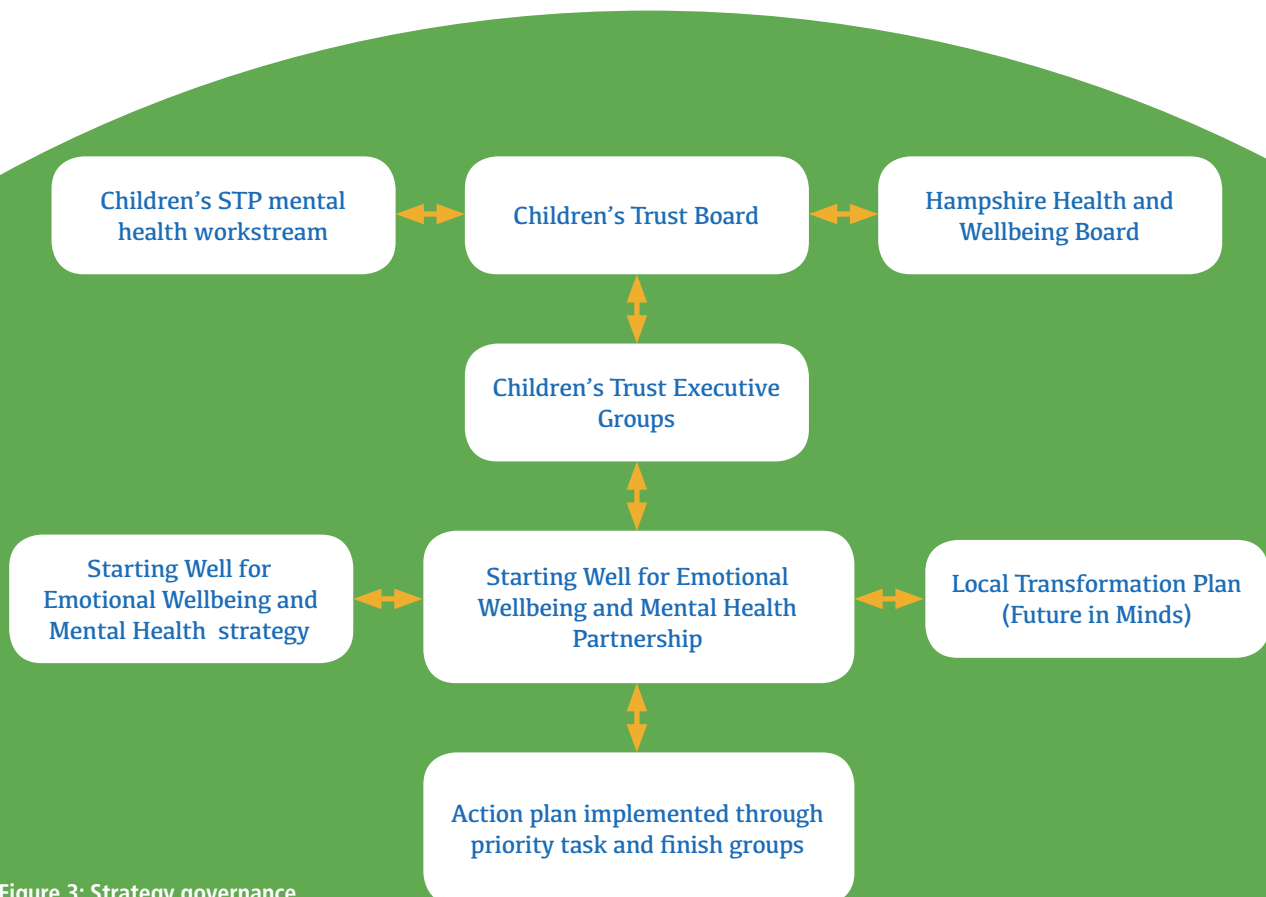
| Children's STP mental health workstream | ↔ | Children's Trust Board | ↔ | Hampshire Health and Wellbeing Board |

Children's Trust Executive Groups

| Starting Well for Emotional Wellbeing and Mental Health strategy | ↔ | Starting Well for Emotional Wellbeing and Mental Health Partnership | ↔ | Local Transformation Plan (Future in Minds) |

Action plan implemented through priority task and finish groups

Figure 3: Strategy governance

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The emotional wellbeing and mental health of children and young people is everybody's business. It is our shared responsibility to improve it.

Glossary

ACES: Adverse Childhood Experiences – Stressful events occurring in childhood which can have a long-lasting impact

CAMHS: Child and Adolescent Mental Health Service – Work with children and young people with their emotional and behavioural wellbeing

CCG: Clinical Commissioning Group – Clinically led statutory NHS body responsible for planning and commissioning health care services for their local area

Childcare and Early Years Education Provision – Includes Pre-schools and Playgroups, Day Nurseries, Childminders and Childminder Agencies, Local Authority Maintained Nursery Schools, Out of School Clubs, Independent Schools, Nannies and Home Childcares

CPD: Continuing Professional Development – Learning activities to develop and enhance knowledge and skills

CYP: Children and Young People

CYPP: Children and Young People's Plan – Reflects a shared commitment to improve the lives of children and young people in Hampshire

HCC: Hampshire County Council

LAC: Looked After Child – The Local Authority have a legal responsibility to look after the child. May also be referred to as "Children in Care" or "Child Looked After"

LBGT: Lesbian, Bisexual, Gay or Transgender – Terms used to describe people's sexual orientation or gender identity

PSHE: Personal, Social and Health Education – Part of the school curriculum which provides pupils with the knowledge, skills and attributes they need to keep themselves healthy and safe

SEND: Special Educational Needs and /or Disabilities – a child or young person who has a learning difficulty or disability, which requires special educational provision to be made for them.

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