

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

21 JULY 2015

UPDATE ON THE MEDWAY CHILDREN'S AND YOUNG PEOPLE EMOTIONAL WELLBEING STRATEGY

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SUMMARY

This report provides Committee members with an update on the consultation and development of a Medway Children's and Young People Emotional Wellbeing Strategy.

Good engagement was achieved during consultation with a wide range of stakeholders directly attending and taking part in 14 consultation sessions. The priorities set out in the strategy proposal received broad support. There was a call for the further development of Early Help and clearer pathways to services that are known about and accessible to children, young people and parents when these are needed.

The draft strategy is attached with an outline delivery plan.

1. BUDGET AND POLICY FRAMEWORK

- 1.1. The Medway Council Plan 2013-2015 includes the target that children and young people have the best start in life in Medway, including the commitment to work with partners to ensure the most vulnerable children and young people are safe.
- 1.2. The Joint Health and Wellbeing Strategy for Medway 2012-2017 sets out five strategic themes, including working together to give every child a good start (theme 1) and improving physical and mental health and wellbeing (theme 4).
- 1.3. Priorities in relation to the health and wellbeing of children and young people are set out in the Medway Improvement Plan, the Looked After Children Strategy (1) and Medway Clinical Commissioning Group Operational Plan (2014-16).

- 1.4. Currently the combined annual direct expenditure on Medway CAMHS services by Medway Clinical Commissioning Group (CCG) and Medway Council is in the region of £1,850,000. This figure does not include Council and School expenditure on 'universal services' in schools; current Public Health education and promotion programmes; Medway CCG expenditure on Looked After Children nursing service; peri-natal mental health provision; and other specialist services. The CCG has also recently agreed considerable investment for Tier 2 and LAC CAMHS under Parity of Esteem.

2. BACKGROUND

- 2.1. The development of this Emotional Wellbeing strategy has paid regard to what has emerged in national policy since 2011, including a raft of new strategy, policy and guidance published in March 2015 (2,3,4) with a particular focus on the emotional health and wellbeing of children and young people, including the role of schools, colleges and the delivery of earlier help. Parity of esteem between mental health and physical health in the delivery of health services has been highlighted in several recent national policies.
- 2.2. The Government policy, *No Health without Mental Health* (5) places emphasis on early intervention to prevent serious mental health issues developing, particularly amongst children. It highlights that, in addition to mental health professionals, there are a wide range of professionals and groups who can support and improve a child or young person's psychological wellbeing - including:
- Midwives
 - Health visitors
 - Children centre staff
 - School teachers
 - School nurses
 - Community workers.
- These professionals are mostly located in "universal services" and are in a good position to provide help.
- 2.3. The update of government policy, *Closing the Gap: Priorities for essential change in mental health* (6) sets three particular priorities to support the mental health of young people:
- To support schools to identify mental health problems sooner;
 - To improve support in transition from adolescence to adulthood; and
 - To improve access to psychological therapies for children and young people.
- 2.4. In October 2014, the Department of Health published *Achieving Better Access to Mental Health Services by 2020* (7). This emphasises the need to bring about 'parity of esteem' between mental health services

and physical health services and to put into place better prevention and early intervention to support children and young people.

- 2.5. The last review of Medway Child and Adolescent Mental Health Services (CAMHS) took place in 2008. The Medway Child and Adolescent Mental Health Strategy 2009 to 2011 was published in June 2009. There is currently no up to date strategy in place. The Medway Joint Strategic Needs Assessment (JSNA) in relation Children and Young people Mental Health is in development.
- 2.6. The previous CAMHS strategy made much of prevention and early help, but was weak on the delivery of Early Help. This is because CAMHS are specialist services with high boundaries and limited criteria for access. Nationally CAMHS services reach less than 10% of children and young people with higher levels of need. In Medway evidence suggests around 5% of children and young people have contact with CAMHS services.
- 2.7. CAMHS strategies are distant from the broader experience of emotional health and wellbeing for most children and young people and are at risk of losing relevance. This point is taken up in the most recent government publication on Children and Young people's mental health: Future in Mind (2).
- 2.8. The current CAMHS contract in which Medway Council is a commissioning partner with Kent County Council, Medway CCG and the Kent CCGs is to the end of September 2016. This provides time for the future contract and model for provision to be considered. Discussions have already taken place with Kent CCGs and Kent County Council on the future model, commissioning and procurement arrangements from September 2016. Consideration is also being given to a separate Medway arrangement combining Children's Health Services across physical health and emotional wellbeing, which incorporates CAMHS services into a local integrated model.
- 2.9. Medway currently lacks an overall emotional wellbeing strategy for children and young people, setting out:
 - The views of children, young people and their families, as well as professionals across education, health and social care to inform the strategy to bring about the improvement of emotional wellbeing;
 - A current, up-to-date needs assessment to indicate the nature of the problems faced by some children, young people and their families in relation to achieving or maintaining emotional wellbeing and mental health, as well as an indication of the scale of the challenge in Medway;
 - Clearly identified and known resources and services - and how these may be obtained - to enable an earlier response to be made to emerging emotional health needs;

- A set of strategic outcomes, to bring education, health and social care focus on jointly agreed priority areas, to measure progress as well as shortfalls;
- Strong links to other strategies where there is significant mutual impact e.g., the Medway Looked After Children Strategy; the development of the Neurological all-age care pathway; and the Medway Early Help Strategy.

2.10. A Report was presented to Health and Wellbeing Board on 21 January 2015, setting out the plan to develop a comprehensive Medway Emotional Wellbeing Strategy for children and young people with the purpose of focussing attention on the outcomes for children and young people and their families, across Education, Health and Social Care. Progress was also reported to Children and Young People Overview & Scrutiny Committee on 25 March 2015 and to Medway Children's Improvement Board on 13 April 2015.

2.11. This report describes the method used in carrying out a consultation on establishing an emotional wellbeing and mental health strategy for Medway Children and Young people and the key messages received through this consultation.

3. CONSULTATION METHOD

3.1. The first stage of strategy development was to set out key messages in a draft strategy proposal to engage a wide stakeholder group. This was circulated in April 2015.

3.2. Stakeholder groups were invited to attend a range of consultation meetings during May and June 2015 (see Appendix 1).

3.3. Different engagement methods were used according to grouping, but the unifying principle was to facilitate engagement with issues set out in proposal, to understand what resources were known about and used; where there were gaps; and to listen and seek views on what priorities should be set out in the strategy. All stakeholders were also invited to complete a questionnaire to contribute further views and ideas.

3.4. Around 160 stakeholder participants have directly taken part in consultation meetings, including young people, parents, school and college teachers, health visitors, children centre and nursery staff, special educational needs co-ordinators, educational psychologists, team leaders and service managers, parent groups, voluntary sector team members, and social workers.

3.5. There were some limitations to the participant approach. To date CAMHS managers and practitioners have not been directly involved at events, although there has been representation of tier 2 and tier 3 managers in the Emotional Wellbeing Task Sub-Group. GPs have not been engaged, although a Medway GP and mental health lead chair

the Task Group and account has been taken of earlier discussion and feedback from Medway GPs.

4. SUMMARY OF KEY MESSAGES FROM CONSULTATION

4.1. Below is a summary of key messages:

General interest, good understanding and consensus around what are the components of good emotional health and wellbeing, including:

- Connectedness
- Regulating emotions
- Seeking help from a trusted person of your own choosing
- Dealing with hurt feelings
- Using creative activities for the development of self-esteem.

4.2. An important point was made many times that those who are supporting others to protect, promote and improve emotional wellbeing, must look after their own mental health and wellbeing - and be supported in this by the employing organisation through supervision and professional training.

4.3. A strong theme about Mind and Body Health together was made across meetings.

4.4. There was a tendency to slip quickly during discussions from talking about emotional health and wellbeing into talking about mental illness, and the difficulties locally in knowing where to seek help. Specialist services were generally regarded as remote, with restricted access, and in short supply.

4.5. There was broad support from consultation participants for the five key priority areas set out in the proposal:

- Promote mental health and emotional wellbeing in schools and colleges;
- Establish Early Help and ensure clear pathways to that Help are known about by the people who need it;
- Ensure there is accessible information and support that is easier to find by children, young people, families and others in regular contact with children and young people;
- All schools and services should take a “Whole Family” approach in working with children and young people, also having regard to the impact on parents and siblings and family life;
- Effective support for recovery following treatment; the development of the resilience skills of every child and young person, and stronger attention given to effective transition at key life stages (e.g., from primary to secondary school; from school to college; and from children to adult health services where these are used).

- 4.6. Strong support for the delivery of mental health promotion, protection and prevention happening through schools and colleges; and support for treatment and recovery to be delivered through children and young people mental health services that have stronger links to schools and colleges. The function of specialist services was perceived to be to help to restore child or young person to an ordinary universal setting with the ability to cope well.
- 4.7. There was also strong support for changing local attitudes about mental health issues, including support for anti-discrimination and anti-stigma campaigns, linking local and national action and information resources, with call for the development of local champions, including peer mentoring, which was highly valued where this had been established in some Medway Schools. The power of negative words and the impact of *not listening* and the impact of *avoiding* mental health issues was forcefully made by Medway Children in Care Council representatives and the Standout Group members.
- 4.8. The case for the training non-clinical staff to recognise the signs when help and support is required was strongly made. But this was balanced with an argument that such training “should be *more than* becoming being better at spotting signs of trouble” and support implementing a school and college approach to maintaining, developing and improving emotional mental health and wellbeing, including “What can we do to help here and now?”
- 4.9. There was a strong message that it is only by looking after our own emotional health that we can help others. This was particularly directed at teachers; where there was concern expressed about the pressures they face in relation to targets on academic achievement, especially in secondary schools settings. Teachers, Heads, and school staff must be supported, protected but also challenged - and held accountable where their own attitude about mental wellbeing is negative or undermining. “Teachers should show respect” to students. It was also recognised that teachers and schools needed to be able to get professional advice easily to reduce reliance on referrals, to reduce the gap between recognising mental health issues and the time when support or treatment is put in place.
- 4.10. There was a very strong case made about emotional health and wellbeing before birth: “It can’t start too early” and it is the best investment for life over the longer term. A comprehensive, universal antenatal programme is the place to start, including addressing the change in relationships around birth for parents and the importance of attachment.
- 4.11. Enjoyment as a factor in securing emotional wellbeing came up in many groups: “Do something you love” (Children in Care council) “Enjoying being a parent” (Under 5s group) and taking part in creative expression through drama to boost your esteem.

- 4.12. There was much discussion about Strengthening Resilience through building practical and emotional skills to deal with hurt feelings, managing time, regulating emotions, managing stress around exams and change, and developing emotional literacy. Many recognised mental health and emotional wellbeing as something that you *do* rather than something that you *have*. The different ways for seeking help “were different for different sexes” and at different life stages. There was call to mobilise PHSE in the service of mental health and wellbeing, and this seems consistent with the recent Teacher Guidance published by PHSE (4).
- 4.13. A call for a simple “blueprint” to assist parents and those in regular contact with young people to recognise the emotional status of the young person to know when to offer help. It was recognised that there are some good national resources, such as those provided online by Young Minds.
- 4.14. Concern was expressed about certain children, young people and families who may be more socially isolated and not in regular contact with other children because of geographical factors; disabilities; home schooling; caring responsibilities; exclusion; separation from siblings: and for those who have experienced significant loss or bereavement.
- 4.15. There was less discussion of self-harm than anticipated and this did not become a major theme during the consultation. However we were made aware that this was a cause for anxiety especially for teachers and some schools where incidents of self-harm had taken place. The open approach and group approach used during the consultation may not have been the best method of addressing this issue, and this may require further sensitive follow up.
- 4.16. There was a call to help parents who are struggling with their own emotional wellbeing and mental health because their behaviour is often transmitted to (and through) their children. There was awareness of some of the positive work already addressing this matter by Medway Action for Families and the priority it has been given by the Medway Children’s Safeguarding Board.
- 4.17. The main message through consultation about information was to establish a Strong Communication strategy to:
- Improve the general standard of local knowledge about the pathways to seek help and support;
 - Provide information about resources to support practical emotional health and wellbeing promotion, for example, through the 5 Ways to Wellbeing, Mental Health First Aid training, PSHE and other teaching and training methods;
 - Provide information about services. The mapping exercise that consultation participants took part in showed that there were more services than were generally known about.
- 4.18. There was a call for services to be much clearer right from the start about what they can and cannot provide as support. The “tiered”

arrangements that are used to organise CAMHS services were perceived as unhelpful in seeking help.

5. STRATEGY AND DELIVERY PLAN

Strategy

- 5.1. Following on from the consultation, the proposal had been rewritten into the draft Medway Children’s and Young People Emotional Wellbeing Strategy. This is attached at Appendix 2. A summary version that is visual and easy to read will be developed.

Delivery Plan

- 5.2. A Delivery Plan will be developed to support the delivery of the strategy. At this stage the areas to be delivered are included in brief indicative form at the end of the draft Strategy. The delivery areas are intended to balance relevance to all Medway Children and Young People with a focus on specific vulnerable groups.
- 5.3. The Delivery Plan will require further development by key stakeholders. It is proposed that the Emotional Wellbeing Task Group is reconvened lead in designing and implementing the Delivery Plan with measurable outcomes and links to other key Medway strategies and programmes.
- 5.4. The Terms of Reference of the Emotional Wellbeing Task Group will be reviewed and membership broadened, to reflect the stakeholder groups to be represented in the delivery of the strategy, including health, education and social care managers and professionals, young people, and parents. Some young people and parents have already indicated their willingness to take part during the consultation.
- 5.5. Existing priorities, including those presented to this Committee in March 2015, will need to be incorporated into the Delivery Plan.
- 5.6. The Task Group, within the three-year life of the strategy, will set the timeline and order of the implementation of specific elements of the Delivery Plan.

6. RISK MANAGEMENT

- 6.1. Five key risks have been identified that must be mitigated to bring to ensure key changes are sustained over the longer term.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Reputation	Medway Council and CCG as the leading organisations for the development of the Medway Emotional Wellbeing Strategy may be criticised if strategic outcomes are not delivered.	The Strategy is directed by a Delivery Plan to bring about measurable and qualitative improvements.	High

Medway Schools and Colleges do not fully engage	Schools and Colleges may agree to the Strategy but do not want to put resources into its implementation. Some schools may opt in and some may opt out.	Build on the good engagement achieved during consultation and work together on the benefits of good pupil/student wellbeing for good learning outcomes and school/college morale. Directly engage Heads and Governors.	High
Partnership with young people and parents is lost	A perception that the process of involvement is over now that consultation is concluded.	Ensure continuing direct dialogue with young people and parents and their membership in Task Group.	High
No perceptible change in desired outcomes	There is no positive change to the outcomes experienced by stakeholders as a result of implementation.	Outcomes set in Delivery Plan are achieved and a strong communication strategy is incorporated into the Task Group's reporting. Start to set the scene by feeding back to consultation participants and wider audience the results of the consultation.	Medium
Demand continues to increase for specialist mental health services	Increase in demand and complexity of need continues to rise and is not reduced by Early Help offer and system reform.	Put in place and work through a robust engagement plan, defining emotional health in the broader context of the Medway Early Help Offer.	Medium

7. CONSULTATION

- 7.1. The consultation for this strategy has involved a broad range of stakeholders and organisations and has taken account of other significant meetings and discussion (see Appendix 1).
- 7.2. Medway Council must comply with its obligations to equalities under the Equality Act 2010, to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by this Act. It must advance equality of opportunity and foster good relations between people. This involves removing or minimising disadvantages suffered by people, including taking steps to meet the needs of people from people who have a “protected characteristic” in the terms of this Act. It must encourage people from protected groups to participate in public

life and other activities where their participation is disproportionately low. In order to comply with these equality duties, the Council is required to engage with service users, representative groups, staff and Trade Unions and to use the information and views gathered to assess the equality impact of any proposals made by the Council in relation to service provision.

- 7.3. Should a substantial change in the reconfiguration of services be considered through the delivery of this strategy, this will require an Equality Impact Assessment and formal consultation.

8. IMPLICATIONS FOR LOOKED AFTER CHILDREN

- 8.1. This consultation confirmed the need to provide dedicated support in relation to the emotional wellbeing of Looked After Children, including those leaving care. This is included in the indicative Delivery Plan below (see Access to support: Page 23).

9. FINANCIAL IMPLICATIONS

- 9.1 There are no financial implications arising from this report.

10. LEGAL IMPLICATIONS

- 10.1. This report advises the Committee of a current areas of work underway in establishing a Children's and Young People Emotional Wellbeing Strategy.
- 10.2. The decision to approve and adopt the Medway Children's and Young People Emotional Wellbeing Strategy will ultimately be a decision for Cabinet.

11. RECOMMENDATION

- 11.1 The Committee is asked to note this update on the development of Medway's Children's and Young people Emotional Wellbeing Strategy.

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Appendices:

- Appendix 1 – List of Children and Young People Emotional Wellbeing Consultation Events
- Appendix 2 – MAKING A DIFFERENCE: Medway's Children's and Young People Emotional Wellbeing Strategy 2015-2018

Background papers

1. Medway Looked After Children Strategy (2015-2018)

[W:\Management Team\PAs\Assistant DirectorPartnership Commissioning\Medway Council LAC strat Final.pdf](#)

2. Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing (Department of Health/NHS England, March 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

3. Promoting children and young people's emotional health and wellbeing: A whole school and college approach. (Public Health England/Children and Young People's Mental Health Coalition, March 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWP_draft_20_03_15.pdf

4. PSHE Association (2015) Preparing to teach about mental health and emotional wellbeing

https://pshe-association.org.uk/resources_search_details.aspx?ResourceId=570&Keyword=&SubjectID=0&LevelID=0&ResourceTypeID=3&SuggestedUseID=0

5. No health without mental health (2011)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

6. Closing the Gap: priorities for Essential Change in Mental Health (2014)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf

7. Achieving Better Access to Mental Health Services by 2020 (2014)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

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Children and Young People Emotional Wellbeing Consultation Events

Medway Youth Parliament members - 20 May 2015
Primary School stakeholders - 21 May 2015
Secondary School stakeholders - 21 May 2015
Special Educational Needs (SEN) and Disability stakeholders - 22 May 2015
Under 5s stakeholders - 22 May 2015
Looked After Children/Children in Care stakeholders - 28 May 2015
Medway Children in Care Council - 3 June 2015
Post 16 in Education stakeholders - 4 June 2015
Open Group (invited by Healthwatch Medway) - 8 June 2015
Young People not in education, employment or training stakeholders - 10 June 2015
Visit to Bridging the Gap (leaving care stakeholders) - 10 June 2015
Presentation to Medway SEN Co-ordinators - 16 June 2015
Meeting with Standout LGBTQ group - 16 June 2015
Meeting with Medway Young Persons Disability Group - 26 June 2015.

Supporting meetings

Medway Public Health Self Harm Awareness Day seminars - 3, 5 and 6 March 2014
MSCB Annual Conference Mental Health Transitions Workshop - 27 June 2014
Presentation and update on CAMHS to Medway GP Monthly Meeting - 17 July 2014
Medway Action for Families: Phase 2 launch - 16 October 2014
Medway Children's Network Launch - 8 December 2014
Emotional Wellbeing Task Group - 11 June 2014 and 19 February 2015
Medway Youth Wellbeing Group - 6 June 2014 and 17 December 2014
Kent Emotional Wellbeing summits - 9 July 2014 and 18 December 2014
Medway Health and Wellbeing Board - 21 January 2015
K & M Suicide Prevention Steering group Self Harm workshop in Medway - 26 February 2015
K & M Suicide Prevention Steering group meeting/follow up to seminar - 19 March 2015
Children's and Young People Overview & Scrutiny Committee - 25 March 2015
Medway Children's Improvement Board - 13 April 2015
Discussion of Early Help and Tier 1 outcomes for Medway, 25 March and 15 May 2015
Kent & Medway Neuro-developmental Pathway Meeting - 19 May 2015
2014/15 CQUIN Transition meetings with KMPT and Sussex Partnership NHS Trust
2014/15 Medway Young People Mental Health Transition Forum meetings
2014/15 Medway CAMHS Children in Care Meetings.

Key publications in March 2015

“Future in Mind” (DH)

“Promoting children and young people’s emotional health and wellbeing: A whole school and college approach” (PHE)

“Report on Children, Young People and Family Engagement” (Young Minds)

“Teacher Guidance: Preparing to teach about mental health and emotional wellbeing” (PSHE)

(See References for details).

**MAKING A DIFFERENCE:
Medway's Children's and Young People Emotional Wellbeing Strategy
2015-2018**

1. BACKGROUND

In our improvement journey for Children's Services in Medway, a key priority has been taking action to improve the emotional health and wellbeing support for Children and Young people, by ensuring we have in place a comprehensive offer across the whole system, including education, health and social care.

The improvement journey itself has shown how challenging it is to keep in sight and in balance actions that promote mental health and wellbeing, support mental illness prevention and locate treatment and in the right place and the right time in this complete model.

Across Medway there is a high degree of concern about emotional wellbeing and mental health expressed by young people, family members, teachers as well as health practitioners, social workers and managers. It provides the basis for us to join together on a common purpose, to improve our understanding of emotional wellbeing and mental health, to take joint action to bring about better emotional wellbeing for Medway children and young people, and to ensure that information, help and support are delivered at the right time.

This is a broad agenda and a wider effort than the focus on the quality and extent of specialist mental health services, crucial though these are.

The purpose of this document is to set out the key elements of the Strategic Framework following a consultation that took place with stakeholders across Medway during May and June 2015.

2. VISION

It is increasingly recognised that there is no health without mental health (1)¹. It is to everyone's benefit, and to the benefit of families and local communities, to understand the development of good mental health and wellbeing and what this consists of; how it can be promoted and protected; and how mental ill-health can be prevented and avoided. And in circumstances where mental illness cannot be avoided, how best it can be treated, with the young person and family supported onto recovery.

This strategy will challenge stigma, discrimination and prejudice - so that no child or young person is disadvantaged or socially excluded because of their experience of mental ill-health. Other forms of discrimination, including

¹ Numbers in brackets in the text refer to References given in full at the end of this report.

racism and discrimination on the basis of sexual identity also have an adverse impact upon emotional wellbeing and mental health and must also be challenged.

The primary purpose of this strategy is to promote good mental health, to broaden and deepen the understanding of mental health and wellbeing across Medway, including those factors that support good mental health and those factors that put good mental health at risk. In this process all of us will learn.

Specialist mental health teams have high boundaries and limited criteria for access. They are not universal services. They have a vital role to play in treatment. Yet, if they are overrun by demand, the wait for assessment and treatment will become unacceptable. Late treatment and support is often less effective and recovery takes longer, with high family, social and financial costs.

Moving on in Medway, we aim to make Early Help a key strategic objective, to avoid unnecessary waiting and protect specialist services from being overrun by demand.

3. DEFINITIONS

Mental wellbeing was defined by the NHS Health Advisory Services as:

- A sense of personal wellbeing;
- A capacity to form mutually satisfying relationships with others;
- To be able and prepared to adapt within a normal range of psychological and social demands appropriate to a given stage of development;
- An ability to learn new skills appropriate to age and development.

Mental health is defined by the World Health Organisation as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, and is able to make a contribution to her or his community.

It is also increasingly recognised that emotional mental health and wellbeing is not something we *have*, but instead something we actively *do* and take part in.

Resilience

There is increasing interest in the development of resilience as a means of supporting individuals and groups to weather adversity.

Resilience has been defined as *the human capacity to face, overcome and ultimately be strengthened by life's adversities and challenges*. It is increasingly recognised that emotional resilience can be learnt, that a range of strategies and tactics can be developed as personal skills that enable us cope with new challenging situations can be increased. Factors that promote resilience in children and young people include:

- Developing good adaptation skills while maintaining and improving positive self-esteem;

- A range of valued peer and family relationships;
- Consistent availability of a person they can trust.

4. THE CASE FOR EMOTIONAL WELLBEING AND MENTAL HEALTH: EVIDENCE FROM PUBLIC HEALTH

National evidence

In the 2013 Annual Report of the Chief Medical Office, Chapter 2 (9) is entirely devoted to public mental health and the priorities that should be set according to the current best evidence base.

The recommended approach consists of three interlocking areas:

- Mental health promotion
- Mental illness prevention
- Treatment, recovery and intervention

On the basis of best evidence available, if each of these three areas are implemented jointly across education, health and social care, then there is the greatest potential to make progress in bringing improvement to the mental health of local populations as well as bringing focus to delivery to individuals, families and neighbourhoods. However, the current evidence base is incomplete. The best evidence is offered in the following areas:

Positive factors in mental health promotion:

- A whole school approach to children's social and emotional wellbeing in primary education (7).

Positive factors in mental illness prevention:

- Tackling bullying and being bullied by peers in childhood and adolescence
- Preventative interventions for children of divorce
- Age of diagnosis for schizophrenia
- Outcomes of housing mobility in high poverty neighbourhoods
- Mentally ill parents and the effect on the mental health of their children

Positive Factors in terms of treatment, recovery and rehabilitation:

- Development of self-management strategies
- Psychological interventions
- Timely specialist assessment and treatment.

Local evidence

The Medway Public Health Directorate is completing a joint strategic needs assessment (JSNA) of emotional health and wellbeing for Medway Children and Young people.

At the time of the last Children in Need census, there were 60,877 children and young people living in Medway. Medway has a larger proportion of people aged 0-14 years and 15-24 years compared to the England average. Evidence suggests that children and young people will make up an increasing proportion of the Medway population over the next 20 years.

Certain groups of children and young people are at increased risk of developing mental health problems, taking account of background, life experiences, family history and individual emotional, neurological and psychological development. Some children and young people, through their particular circumstances, may be in more than one of these groups.

Those groups at increased vulnerability include:

- Children in Care/Looked After Children in Medway, this includes both children and young people in the formal care of Medway Council and also children and young people in the care of other Local Authorities and placed in foster care and residential care arrangements in Medway area. Research shows that over a range of health-related issues, including mental health, looked after children have poorer health and social outcomes over the course of their lives. The number of Medway Looked after Children is higher than the national average. As at end of March 2015, 435 LAC were placed from other Local Authorities. These risks persist at the stage when young people leave care and into adulthood.
- Children identified as having Special Educational Needs (SEN) a considerably higher proportion of children in Medway are identified as having SEN compared with the national average. Children with SEN include children with developmental disorders, including diagnosis of Autism Spectrum Disorder (ASD) which includes Asperger's syndrome and childhood autism; and Attention Deficit Hyperactivity Disorder (ADHD). There is a substantially higher prevalence of ASD and ADHD than national estimates in Medway but the reason for this are not currently understood.
- Children from the poorest households are significantly more likely to experience mental health problems. Medway's child poverty rate is higher than both the national and regional averages.
- Children and young people in contact with the criminal justice system are at increase vulnerability of developing mental health problems.
- Young Carers - the responsibilities of caring increase the risk of developing mental health problems. Those with a parent who has mental health problems are also at increased risk of developing mental health problems.
- Physical disability - certain disabilities appear to increase vulnerability to mental health problems. For example, studies show that children who are deaf have a higher rate of emotional and behavioural problems. Families with disabled children are more likely to experience social isolation, which is a risk factor for mental health problems in children and adults.

- Children who live in households where there is domestic abuse and violence are at increased risk of developing mental health problems.
- Children who live in households where there is alcohol or drug dependency.

Other sources of evidence

Self-harm

In recent years there has been a significant rise in the level of self-harm among young people, demonstrated in a 68% increase in hospital admission as a result of non-accidental self-harm between 2002 and 2012.

There is growing concern about self-harming behaviour in children and young people from schools, as evidenced by self-harm awareness sessions delivered by Medway Public Health in 2014, and during a recent self-harm workshop consultation hosted in Medway in February 2015. The themes from the workshop acknowledged that existing projects and services addressing self-harm are working well, but they do not appear to meet the level of need, and there was a need to build capacity around:

- Training for all school professionals, with whole school approach and with parents because it is hard to target who is at risk (7);
- More early intervention, before harm escalates;
- De-stigmatise the issue of self-harm;
- Better evidence about what is effective in responding to self harming behaviour and to invest along this pathway.

Post-sexual abuse and the development of harmful behaviours

For children who have been subject to childhood sexual abuse there is evidence to suggest they are at greater risk of developing behaviours harmful to themselves and others into adulthood. The condition has been likened to Post Traumatic Stress Disorder and requires a specialist response from trained and skilled practitioners. Medway's Children's Social Care Service has identified a group of young people with challenging behaviour which may be linked to their experience of childhood sexual abuse. Because of this complexity and level of risk of harm, it is intended to make this a priority area in relation to this strategy's development.

System coordination

In the recent work of the Children and Young People National Mental health and Wellbeing Taskforce (6) a sub-group reported on the Coordinated System. It found that the current system was complicated and fragmented, with a lack of clarity about roles and responsibilities across different parts of the system, including lack of information. The Taskforce calls for joined up care, a seamless care pathway with a full range of provision; a focus on early help to prevent problems before they start and escalate; with children, young people and families involved to make sure services which are commissioned and provided meet their needs.

This echoes messages heard during the course of consulting upon this strategy:

- Services must be better connected, work together and *behave* as a whole system
- Better and more reliable information, including:
 - A simple blueprint to assist parents and those in regular contact with young people to better recognise the emotional state of young people and to know when to offer help
 - Easily accessible information and guidance for all young people, especially at key points of transition in their lives
- Clarity about access to services and referral pathways (3)
- Support and training to non-clinical staff who must sometimes deal with complex and stressful cases
- Support for Parenting programmes that raise awareness of good mental health.

5. BALANCING PRIORITIES

This strategy sets a broad agenda, with a focus upon developing information, knowledge and skills about emotional wellbeing and mental health; challenging stigma, discrimination and prejudice, so that no child or young person is disadvantaged or socially excluded because of their experience of mental ill-health; bringing Early Help and better system coordination to respond to demand effectively.

This broad agenda incorporates a special focus on a number of vulnerable groups at risk of developing more pronounced and longer-term mental health issues and neurological conditions - including Looked after Children (children in care), Care Leavers, children and young people in transition, and children and young people who have been the victims of sexual abuse and are at risk of developing harmful behaviours.

To make progress on this agenda, partnerships across Education, Health and Social Care will be vital. So, too, will be a strong partnership with Medway children and young people and their families as respected equals.

Other allied areas of work must also be aligned with this strategy, including the work on Kent and Medway All Age Neuro-developmental Care Pathway; the Kent and Medway Mental Health Crisis Care concordat; Antenatal and Postnatal Mental Health; the Kent & Medway Suicide Prevention Group; and the Medway Early Help Strategy.

6. FIVE KEY PRIORITIES FOR MEDWAY

The risk of having a broad based strategy is that everything is included, very little gets done, and change is not achieved. To insure against this, five key priorities are set:

- 1. Promoting mental health and emotional wellbeing in schools and colleges (7);**
- 2. Establishing Early Help and ensuring clearer pathways to Help are known by children, young people, families and others in regular contact with them;**
- 3. Ensuring accessible information and support can be found by children, young people, families and others in regular contact with them (8);**
- 4. A Whole Family approach is taken in the delivery of interventions, taking account of parents and siblings;**
- 5. Effective support to bring about recovery, resilience and positive transition at key life stages.**

7. NEXT STEPS

The Medway Children's Action Network (CAN) will play an important role in overseeing the development of this strategy.

The Medway Emotional Health and Wellbeing Task Group, reporting to the Medway Mental Health and Wellbeing Clinical Strategy Group, will lead on the implementation of this Emotional Wellbeing Strategy.

Measurable outcomes will be set out in a Delivery Plan, to track progress against objectives (see Annex A: Outline Delivery Plan).

Progress on the strategy will be reported to Medway CAN, the Medway Health and Wellbeing Board and Medway Children's and Young People Overview & Scrutiny Committee.

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ANNEX A : OUTLINE DELIVERY PLAN

This is an indicative delivery plan to be developed through the Medway Emotional Wellbeing Task Group

Strategic Priority	Theme	Operational Action	Lead Agency	Outcome Measure	Time scale
1. Emotional wellbeing and mental health promotion	<p>Challenge Stigma and Discrimination</p> <p>Improve mental health awareness</p> <p>Deliver information that is helpful to children, young people, parents and school staff</p>	<p>Whole school and college approach</p> <p>PSHE teaching</p> <p>Peer support scheme development</p> <p>Learn from the Medway Peer Mentoring scheme.</p>	Individual Schools and Colleges supported by Medway Council Inclusion Service and Public Health Team	Number and proportion of Medway Schools delivering PSHE and other emotional wellbeing related activities	January 2016 start
2. Early Help	<p>Improved emotional resilience</p> <p>Access to Early Help to prevent problems getting worse</p> <p>All Medway children and young people develop skills increasing their ability to manage adverse circumstances, improve confidence and esteem.</p>	<p>Training to school and college workforce focusing on promotion, identification and response to emotional wellbeing and mental health needs among children and young people using an accredited programme, e.g Mental Health First Aid</p> <p>Targeted and Specialist CAMHS services are accessible to undertake consultation.</p>	<p>Medway Public Health</p> <p>Medway CCG/Partnership Commissioning</p>	<p>Number of frontline school and college staff accessing EWB and MH training</p> <p>Number of consultations by school/college</p>	January 2016 start

		Communication Strategy on Early Help offer that includes Emotional Wellbeing alongside Physical Health and other Early Help matters	Medway Council and Medway Public Health	Number of Schools, colleges and other settings directly receiving information about Medway Early Help offer	
3. Access to support	A clearly defined and easily found pathway into support above universal services that is understood by children, young people, parents, teachers, GPs and other professionals working with families.	<p>Targeted support needs to be based within schools or community provision with single point of access. Development of Improved Access to Psychological services (IAPT)</p> <p>Specialist, dedicated support to be offered to children and young people on the edge of care, in care settings, or leaving care.</p> <p>Commission a community support offer for children, young people and family affected by neuro-developmental disorders</p> <p>Specialist post-abuse therapeutic service commissioned</p> <p>Review local prevalence and local response to self harm in children and young people and identify evidence-based interventions</p>	<p>Medway CCG</p> <p>Medway CCG with Medway Council</p> <p>Medway CCG/Partnership Commissioning</p> <p>Medway CCG/Partnership Commissioning</p> <p>Public Health with Medway CCG</p>	<p>Positive outcome achieved through support offered at school, college or community setting</p> <p>Increasing number of children and young people receive support that improves resilience</p>	January 2016 onwards

<p>4. Whole Family Approach</p>	<p>Support and include the whole family in relation to emotional wellbeing, helping parents to identify early signs and provide support to build resilience within the family setting.</p>	<p>Develop Whole Family partnerships with schools, children centres and health services, learning from work of Medway Action for Families</p> <p>Develop partnerships with Parent Groups</p>	<p>Medway Council</p>	<p>Number of families achieving positive and improved outcomes through application of whole family approach.</p>	<p>January 2016 onwards</p>
<p>5. Recovery and Transition</p>	<p>Children, young people and families receive support that promotes recovery and experience positive transitions through life stages</p>	<p>The development of a Recovery-orientated approach in local CAMHS services</p> <p>Schools and colleges professionals work with children and young people on preparing for transition from primary to secondary schools, and from secondary school to college</p> <p>Children and adult health services (including mental health services) work to support positive transition through implementing transition protocols</p>	<p>Medway CCG</p>	<p>Number of children and young people directly included in transitions work and have a positive experience of change.</p>	<p>January 2016 onwards</p>