

**Medway's Emotional Wellbeing and Mental
Health Service
Draft Service Model for consultation**

Draft

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1. Introduction and Core Principles

In Medway, we want to support children, young people and their families as they make their journey through life, and to work together to help them respond to and overcome specific challenges that they may face. Positive emotional wellbeing (which includes mental health) is key to improved physical and cognitive development, better relationships with family members and peers and a smoother transition to adult independence. This document sets out a proposed service model to deliver an improved response to children's emotional wellbeing and mental health needs in Medway.

In line with Medway's Children and Young People's Emotional Health and Wellbeing Strategy and Local Transformation Plan (2015), future Emotional Wellbeing and Mental Health support services will be designed to:

- Promote good mental health and emotional wellbeing in ante-natal services, pre-school settings and 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
- Ensure all schools and services take a "Whole Family" approach in working with children and young people, also having regard to the impact on parents, siblings and family life
- To work closely with staff in primary and community health services, and wider children's services including schools and children's social work teams to ensure effective and holistic multi-agency team working for Children and Young People using the Service, including those that are Looked After or adopted
- Support and sometimes take the lead in specialist or 'contract' fostering placement schemes to maintain and support the child or young person within a family placement and within area where possible, and to achieve better outcomes for those children and young people
- Provide 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)

The support services described in this model are part of a whole-system pathway designed to meet the emotional wellbeing and mental health needs of children and young people within the context of their family. The purpose of this document is to describe the provision of mental health services at the Additional/Targeted and Intensive/Specialist level, previously referred to as Tier 2 and Tier 3 of Child and Adolescent Mental Health Services (CAMHS).

(See Figure 1 and Figure 2 below for a visual representation of the service and its interface with other universal and specialist provision.)

The significant majority of children, young people and young adults will experience positive emotional wellbeing most of the time, and develop along normal emotional, social and

behavioural pathways. They will almost certainly experience challenges, and periods of instability, as part of the process of growing up – but will receive sufficient support from the family, school and wider community to cope with times of stress without serious or long-term impact on their wellbeing.

Medway's Local Transformation Plan for Children and Young People's Mental Health and Wellbeing includes provision to develop the Local Offer within universal settings (particularly in early years settings and schools) to nurture those children and young people who are felt to be experiencing a level of temporary difficulty that can be met without further referral: for example, through 1:1 discussions with a pastoral tutor, through nurture groups, 'safe spaces', befriending or mentoring schemes.

Providing support quickly at this stage can often give sufficient reassurance to address needs and prevent problems escalating. This reduces pressure on specialist services and enables them to provide a more timely response to young people with higher levels of need.

2. Local Assessment of Need

Demographics and key facts

Medway is a coastal authority and conurbation in South East England. It is made up of five towns (Rochester, Gillingham, Strood, Rainham and Chatham) which surround the estuary of the River Medway along the North Kent coast and various outlying villages on the Hoo Peninsula. It is an historic area with a dockyard dating back to the 16th century, which at one time employed thousands of residents. The decline in naval power and shipbuilding led to the closure of the dockyard in 1984; this had a significant impact on the area which is still evident today.

In the last 10 years, regeneration and redevelopment of the dockyard has been undertaken and a new university campus has been built which houses three universities (University of Greenwich, University of Kent and Canterbury Christ Church University). Medway now has a thriving further education system, alongside a burgeoning technological hub.

Medway is a geographically compact area, with a strong military presence and a population of close to 270,000. There is a growing population and considerable additional housing will be developed over the next ten years. There are now settled Asian, African Caribbean and Eastern European communities, although 85.5% of the population is White British, and generations of families have lived in the same areas of Medway for many years.

The population is expected to grow to almost 323,000 by 2035, an increase of approximately 20% from current population levels. This is above the predicted growth level for England (+15%) and the South East (+17%). Recent growth can be attributed to both natural growth and inward migration.

The largest migratory flows into Medway are from Kent and southeast London. Those moving into Medway are slightly younger than those moving out - this may be explained by the increase in the number of university students.

Joint Strategic Needs Assessment

The Medway Public Health Directorate is currently finalising a joint strategic needs assessment (JSNA) of emotional health and wellbeing for Medway children and young people aged 0-25. The majority of Medway wards have a very high number of people aged 0 to 19. Based on the 2011 ONS Census there were 68,987 people aged 0 to 19 in Medway. Medway has a larger proportion of people aged 0-14 years and 15-24 years compared to the England average. Projections suggest that children and young people will continue to make up an increasing proportion of the Medway population over the next 20 years. The number of children aged 0-19 is predicted to increase to approximately 72,100 by 2021.

The Benchmarking Tool, developed by the Child and Maternal (ChiMat) Health Intelligence Network, presents a selection of indicators that are most relevant to the health and wellbeing of children and young people in an easily accessible way to support local decision making. Data from this system has been used to support some of the findings below.

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. Those groups at increased risk include:

Children in Care/Looked After Children: 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 but 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 looked after children in Medway is considerably higher than the national average. These risks persist at the stage when young people leave care. CHIMAT/PHOF data suggests that the emotional wellbeing of looked after children in Medway is also worse than the southeast and England average i.e. an average Difficulties score of 16.0 compared to 14.6 for the southeast and 13.9 for England.

Children identified as having a disability or Special Educational Need (SEN): 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.

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).

Whilst it is recognised that it is difficult to accurately record the numbers of disabled children living in any authority, the Department of Works and Pensions (DWP) suggests that 6% of all children have a disability – in relation to Medway this equates to 4,140 children rising to 4,326 children by 2021. Official figures from the DWP indicate that there are 2,780 children in receipt of Disability Living Allowance in Medway, of whom 250 are below the age of 5, 2,500 are aged between 5 and 18.

According to the Improving Health and Lives web site (IHAL) <http://www.improvinghealthandlives.org.uk/> there are currently the following numbers of school age children learning disability and/or who have a diagnosis of Autism who live in Medway:

- 671 children have mild/moderate LD
- 126 children have severe LD
- 816 children have diagnosis of ASD

Children from the poorest households are significantly more likely to experience mental health problems. Medway's child poverty rate is significantly higher than both the national and regional averages i.e. 21.2% compared to 14.2% in the southeast.

Children and young people in contact with the criminal justice system: Based on CHIMAT/PHOF data Medway has a broadly similar number of first time entrants to the youth justice system compared to the regional average. The Medway Youth Offending Team works with an average of 140-160 young people (from 10-18 years) at any given time. Approximately 60-80% of young people within the criminal justice system in Medway have a speech, language and/or communication need.

Young carers: The responsibilities of caring increase the risk of developing mental health problems. Those with a parent who has mental health problems are at increased risk of development mental health problems.

Safeguarding: In 2013/14, Medway had 777 CAFs and 4289 referrals into social care. There are currently (June 2015) 475 children on a Child Protection Plan; and 431 Looked After Children. There is a need for a concerted effort to build resilience and decrease the impact on children and families of the environmental factors that lead to children being neglected.

The Medway MARAC (Multi Agency Risk Assessment Conference) is the busiest across Kent and Medway and demand is increasing. Additionally, it is becoming more difficult to allocate the practical and emotional support that victims need due to demand outstripping the supply of Independent Domestic Violence Advisors (IDVA) and support services. Only victims deemed to be at the very highest level of risk, i.e. of serious harm or death, are reviewed at MARAC.

There is a gap in service available for victims deemed to be at a lower level of risk, although the extension of Troubled Families criteria will change that. Medway benefits from a network of community-led One Stop Shops and has worked hard to develop awareness and expertise in the wider workforce. These factors may be driving the high numbers of referrals for support; but does not alter the fact that there are a large number of victims we are currently unable to support – and the impact this is having on children and young people throughout the system.

Young people who are NEET: 7.3% of 16-18 year olds are NEET in Medway (the south east average is 4.2%). These young people often have significant issues in their lives, such as drug use, sexual exploitation, being Looked After, or being homeless. Many will have had difficulties at school around attainment, attendance and behaviour.

The group of young people who are younger and attending school, though thought to be at risk of becoming NEET, is characterised by a propensity to give up on themselves, become disinterested in every aspect of their lives and take big risks. We know we need to understand better the context of these children and young people's lives, so that we can offer them the support they need earlier.

Children who live in households where there is alcohol or drug dependency: A range of research indicates that there is significantly increased drug use amongst vulnerable young people groups, including Children in Care, persistent absentees and truants, young offenders, young homeless and children whose parents misuse drugs and/or alcohol.

The National Drug Strategy 2010 states that the focus for all activity with young people with drug or alcohol issues should be preventing the escalation of use and harm, including stopping young people becoming adult addicts. Drug and alcohol interventions need to respond incrementally to the risks in terms of drug use, vulnerability and, particularly, age.

Young people and their needs differ from adults:

- The majority of young people accessing specialist drug and alcohol interventions have problems with alcohol (37%) and cannabis (53%). This requires psychosocial, harm reduction and family interventions. This contrasts with adults who are more likely to require treatment for addiction.
- Most young people need to engage with specialist drug and alcohol interventions for a short period of time, often weeks, before continuing with further support elsewhere through an integrated young people's care plan.
- Those who use drugs or alcohol problematically are likely to be vulnerable and experiencing a range of problems, of which substance misuse is one.

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 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 experienced, 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.

- More early intervention before harm escalates
- De-stigmatise the issue of self-harm
- Better evidence base about what is effective - and investment along this pathway
- Improved pathways between Acute Paediatric services and community CAMHS to reduce pressure on the wider system

3. Key Service Objectives and Standards

The following section describes key service objectives and standards in support of the introduction and core principles set out in Section 1.

Service accessibility and integration

- To ensure excellent service user experience at transition points, including entry into and out of the service – reducing duplication and multiple transitions between services
- To operate a Single Point of Access (SPA) for professionals and families who are concerned about the emotional wellbeing and mental health of a child or young person, providing advice and information about emotional wellbeing and mental health services in Medway, including online access
- To work closely with staff in primary and community health services, and wider children's services including schools and children's social work teams to ensure effective and holistic multi-agency team working for Children and Young People using the Service, including those that are Looked After or adopted
- To adopt a multiagency team approach working collaboratively with primary, voluntary and community services. The service would coordinate and manage a child or young person's return to community mental health services upon discharge from inpatient services. This includes ensuring that children or young people leaving the service have a written and agreed discharge plan that supports self-management where possible and explains how to access help if this becomes necessary. Where a young person is moving to another service, whether to adult mental health services or to a different service, the provider would ensure that the agreed transition protocol is followed with, as a minimum, a joint meeting between the provider and new service that includes the young person and/or family member, a written discharge summary, followed up after six months to check the transition has proceeded smoothly
- To publish Plain English information about emotional wellbeing and mental health services in Medway so that children, young people, families and professionals can understand what services are available and how to access them, including web-based resources

Transition

In line with the objective to support transition to adult services and best meet the needs of young people with differing levels of need, it is proposed that Primary Mental Health services be provided to young people up to the age of 21 for first time contact and to age 25 for continued support if needed.

Transition protocols and integration between Children and Young People's and adults services will be strengthened.

Early Help

- To work with partners to deliver training for professionals across the Children's Workforce, including schools and primary care, to identify, understand and support Children and Young People with emotional wellbeing and mental health needs, using best practice models such as Mental Health First Aid. This should include specialist training relating to those Children and Young People who are particularly vulnerable such as children in public care or who have experienced domestic or sexual abuse
- To manage the delivery of Medway's parenting programmes from antenatal to teens, and universal to acute. This includes specialist parenting programmes based on local demand, such as ADHD, Autistic Spectrum Disorders and complex/challenging behaviours. The programmes would be co-delivered with partners and parents
- To co-ordinate the delivery of a Medway perinatal mental health pathway and virtual team approach, focusing on promoting secure attachment for infants and pre-school children and their parents

Whole Family Approach

- To be timely, innovative and family friendly when providing assessment and, advice and offer a choice of evidence based interventions appropriate to the needs of Children and Young People with mental health problems
- To involve parents and Children and Young People in their care, providing them with jargon free information about the nature of their problems and the different interventions and options available to them; agreeing the goal of interventions with them; providing written assessments and plans, and allowing the recording of verbal advice; taking account of the mental health needs of the family unit, and supporting access to appropriate adult services as required; and supporting parents and carers to understand & manage their children's needs, promote resilience, recognising the importance of a family and community support network to sustain recovery
- To provide a counselling service and behaviour support programmes for Children and Young People who have been affected by domestic abuse, sexual or physical abuse, or live in families identified as having multiple complex issues. This will include Children and Young people with ASD, ADHD and LD linked to Challenging Behaviours

Support for young people, families and carers experiencing crisis

- To provide more intensive community services for Children and Young People who are at risk of needing to be admitted to inpatient services due to their poor mental health; particularly those with eating disorders
- To provide appropriate out of hours advice and assessment for Children and Young People presenting at hospital or in the community with deliberate self-harm, overdose or who appear to be suffering with a serious mental illness; and liaison for medical or paediatric wards where a child or young person has been admitted to accelerate discharge or onward referral as appropriate

Looked after and adopted Children and Young People

- To provide specialist assessment, including court directed assessments and to provide therapeutic interventions and behavioural support programmes for looked after and adopted Children and Young People with emotional wellbeing and mental health problems. These would take account of attachment and identity disorders, fragmented families, and the impact of maltreatment including trauma, loss and separation. This includes working with foster carers, social workers and health visitors to enable more intensive therapeutic parenting for children with very complex needs where there is a high risk of placement breakdown

Place of safety

- To provide a safe environment in which to hold, assess and support a child or young person held under sections 135 or 136 of the Mental Health Act

Service user engagement and participation including CYP IAPT¹

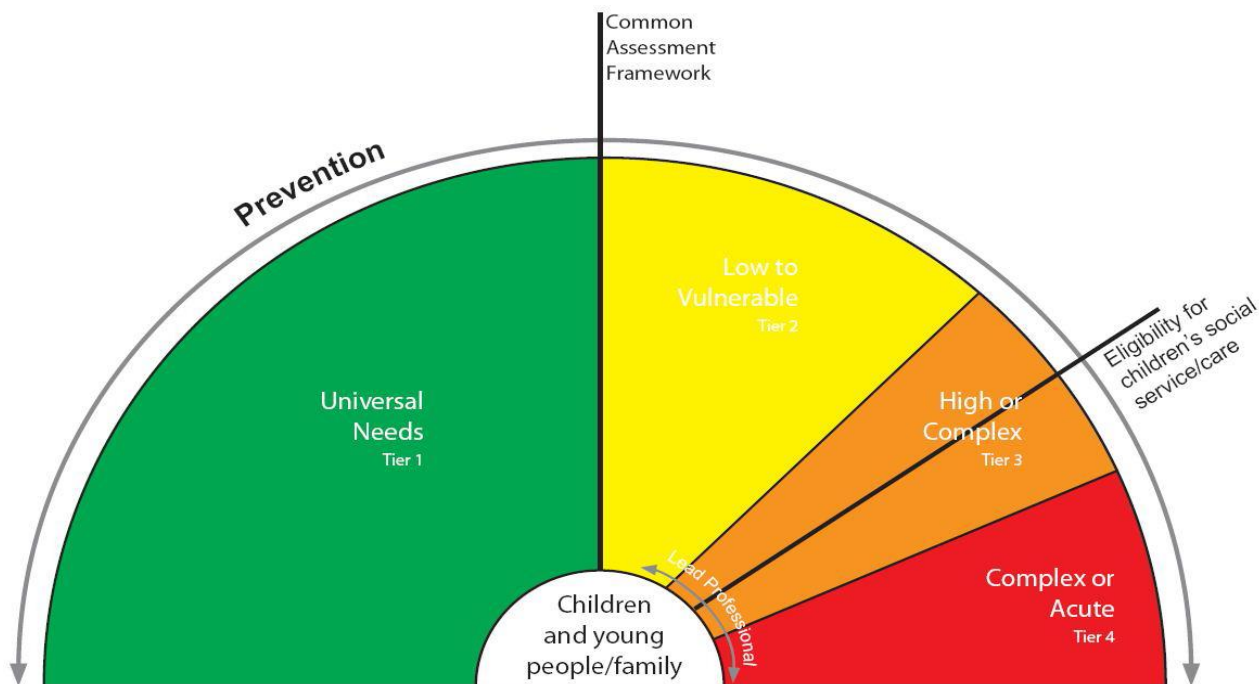
- To measure effectiveness in terms of the positive difference made to the lives of children, young people and their families, and develop an evidence base for practice that informs continuous improvement, service development and future commissioning
- To work with children, young people and families in designing care pathways, and involve them in service design and evaluation, seeking and using feedback in a range of settings including the use of routine outcome monitoring in therapy, positive feedback regarding service delivery and complaints

Governance and standards

- To ensure that the service meets the expected NHS and public sector standards for providing its staff with appropriate continuous professional development, supervision and appraisal and has a clear workforce plan that takes account of the changing needs of the local population; clinical information, structural governance and audit, including protocols around information sharing and confidentiality; maintaining an accurate data set and providing accurate and timely reporting to commissioners (local, regional and national) and national organisations when requested.

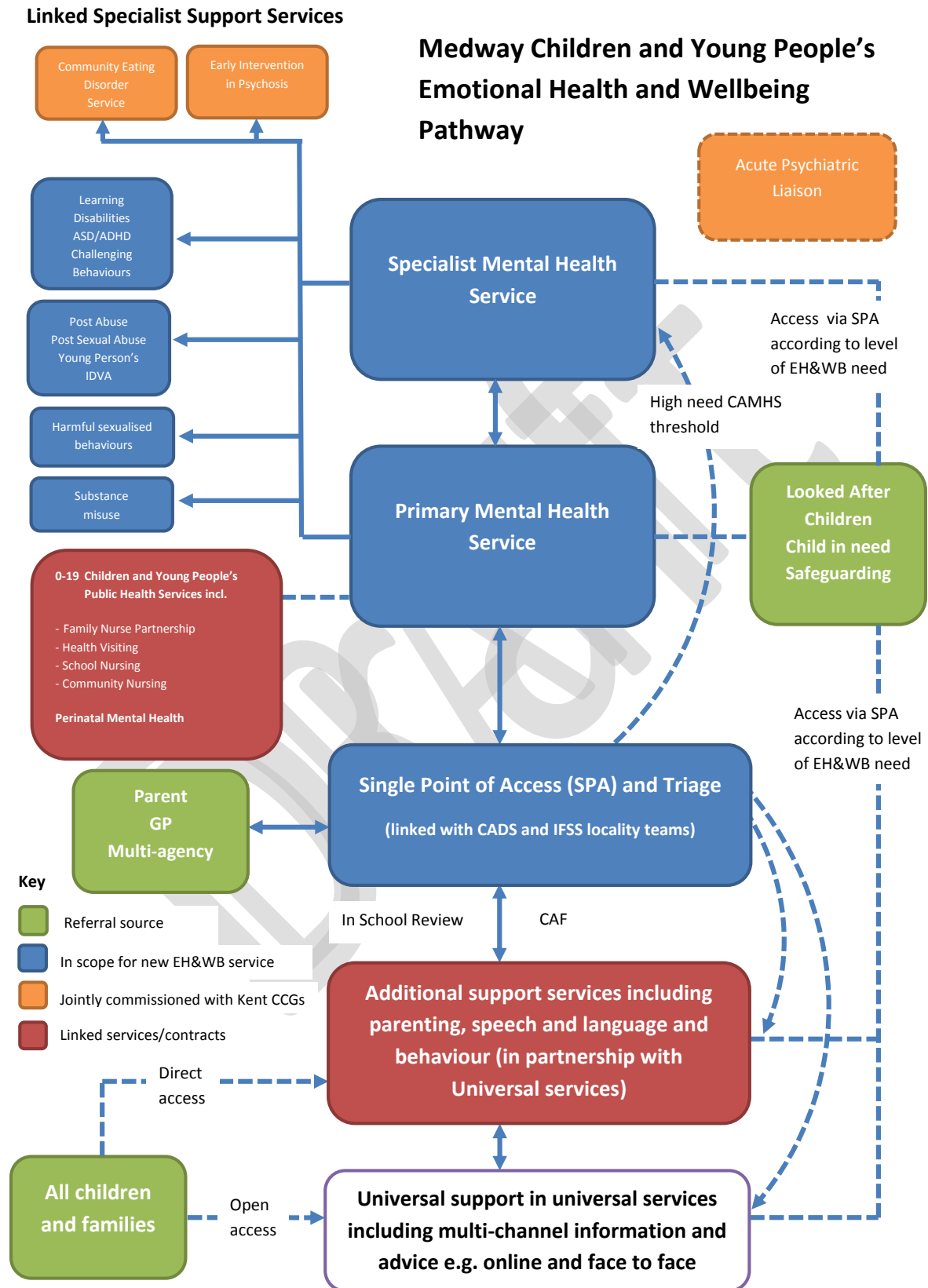
¹ The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) is a service transformation programme delivered by NHS England that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community. For more information visit: <https://www.england.nhs.uk/mentalhealth/cyp/iapt/>

Fig 1 – Proposed Medway EH&WB Continuum of Support



Key	Level of intervention	Description of need / intervention
	Universal	All children and families have core needs such as parenting, health and education. Children are supported by their family and in Universal services to meet all their needs
	Additional / Targeted	Children and families with additional needs who would benefit from or who require extra help to improve education, parenting and/or behaviour or to meet specific health or emotional needs or to improve material situation. Child's needs can be met by universal services working together or with the addition of some targeted services
	Intensive	Vulnerable children and their families with multiple needs or whose needs are more complex. Life chances would be impaired without coordinated support. A multi-agency plan is developed with the family coordinated by a lead professional or family worker. A wide range of services, including Early Help Units or/and Children in Need services, might be involved
	Specialist	Children and/or family members are likely to suffer significant harm/ removal from home/serious and lasting impairment without the intervention of specialist services, sometimes in a statutory role.

Fig 2 – Proposed Medway EH&WB Pathway



4. Key Service Components

The following sections describe the core service components shown in the **BLUE** boxes within **Fig 2** above. Medway Council / CCG propose a lead provider to manage and oversee this group of services and that innovative collaborations with the third sector and other specialist providers are sought in support of the key service objectives in Section 3.

Single Point of Access (SPA)

It is proposed that the Service provides a Single Point of Access (SPA) co-located within and matrix managed through the Medway Council Integrated Family Support Service locality teams and the Children's Advice and Duty Service (CADS), providing specialist mental health support as part of a multi-disciplinary, team around the family approach.

The SPA would provide a single point of contact and an "open front door" to Medway's Emotional Wellbeing and Mental Health Service, through which families and professionals who are concerned about the emotional wellbeing and mental health of a child or young person can refer and seek advice.

The SPA service would constitute clinicians and administrative staff with access to medical support/advice. Clinicians within the SPA service would be experienced in the assessment and treatment of mental illness in children and young people (Children and Young People).

The SPA would screen and triage referrals to the primary or specialist service as well as providing advice/information to professionals and carers face to face, by phone or potentially online. The SPA would potentially interface with Medway Council's online, telephone and walk-in customer information service, to provide non-stigmatised and easy access.

The response of the Service would be different depending on the needs of the child or young person, ranging from low intensity (making use of online self-assessment, and advice) through to high intensity (specialist assessment and a structured programme of therapeutic interventions and medication).

The SPA would signpost to Universal and Additional help provision where appropriate

Primary Mental Health Service

It is proposed that the Primary Mental Health Service would, in most instances, be the first line of response, delivering interventions to support emerging mental health problems that are becoming problematic for Children and Young People and their families alongside creating capacity and up skilling universal staff in community settings.

In line with the objective to support transition to adult services and best meet the needs of young people with differing levels of need, it is proposed that the services be provided to young people up to the age of 21 for first time contact and to age 25 for continued support if needed.

The following services would be included within the scope of the Primary Mental Health Service.

- Information, advice and guidance for families and professionals concerning how the emotional wellbeing and mental health system works in Medway
- Advice and training to schools and other agencies, including, for example:
 - In-reach and support to existing universal provision including Health Visitors, Midwives, Early Years, Family Nurse Partnership, Schools and community groups with services delivered from these settings so that Children and Young People are supported in their community
 - Targeted up skilling in these services to support screening assessments for children's emotional wellbeing, referral for targeted interventions and ensuring early intervention and support is easily available to families/professionals.
 - Participation in a variety of planning/reviewing mechanisms such as the Team Around the Family and the Early Help assessment framework.
 - Capacity building in partner agencies to support Children and Young People with emotional wellbeing and mental health needs, providing consultation, advice and training for schools and other settings, including understanding and managing behaviour, parenting skills, and Mental Health First Aid
- Innovative techniques for engagement
 - Use of innovative ways of engaging with young people, including online services, peer support and social media, as well as investing in relationships that build trust and make young people more likely to attend
- Counselling
 - Counselling to Children and Young People on an individual basis that have experienced a range of abuse and or trauma
 - Family work services if individual assessments indicate that this is the most effective model of work to be used in particular circumstances, including ad-hoc consultation sessions to foster carers and professionals

- Screening, Assessment and Short and Long Term Interventions in individual and group settings including:
 - Screening and assessment of referrals to the Emotional Wellbeing and Mental Health Service for Children and Young People and provision of short-term individual and group interventions for children with emerging emotional wellbeing concerns (mild to moderate mental illness) and light touch case holding for longer term support
 - Specialist support for Looked After and Adopted Children and their carers, including therapeutic parenting for specialist foster carers would also be provided

- Sexual abuse and exploitation
 - Specialist support staff could be integrated into defined local communities and use community resources such as children's centres and youth centres to provide advice, support and brief interventions. The service would work closely with sexual health outreach provision in Medway

- Parenting support
 - The Primary MH Service would, potentially, co-ordinate local parenting support programmes, including specialist support for ADHD and work with early years professionals and family support workers promoting attachment and positive relationships between parent and child. This work could include recruiting parents from across the wider community to co-facilitate parenting programmes; ensuring parent and community involvement. Self-sustaining parent peer support groups could focus on improving parenting skills to forge secure attachment between child and parent and facilitate better engagement with existing services

- Co-ordination of the Infant Mental Health Pathway, supporting parents and agencies, including:
 - Use of their networks to facilitate training needs analysis to identify early year's practitioners who require training or consultancy on perinatal mental health issues
 - Building links with specialist midwives, GP's and Health Visitors to extend the consultancy reach via the Primary MH Workers to other services, e.g. IAPT services
 - Support for other Early Help initiatives such as the Medway Action for Families (MAfF) service, coordinating the delivery of parenting programmes; mobilising other services in Medway to support Health Visitors to coordinate Teams Around the Family (TAF) and offering expertise in community engagement and management of volunteering/peer mentoring schemes to support the Early Help service in identifying community champions

Specialist Services:

It's proposed that specialist services would comprise a multi-disciplinary team of mental health professionals providing a range of therapeutic interventions for Children and Young People who have complex, severe or persistent mental health needs. Condition specific pathways would be developed to meet needs based on local prevalence rates and existing provision within Medway e.g. specific pathways for ASD, ADHD, Eating Disorders, Learning Difficulties, Specific Crisis pathways, Intensive Community Outreach teams and specialist support for Adopted and Looked After Children.

Referrals and Screening

The referral, after getting registered by the SPA, would be triaged and assigned to either the Primary Mental Health Team or the Specialist service. In the case of the Specialist Service, a clinician from the multidisciplinary team would initially screen the referrals to establish urgency. All same day and urgent (needing assessment within 1-7 working day referrals) would be passed to the Intensive Community Outreach Team which would be the acute pathway of the service.

All non-urgent referrals would be reviewed on a weekly basis by a Multi Disciplinary Team (MDT) meeting and allocated to the appropriate clinician. In some cases, where clinical needs are complex, the referral would be discussed at a Multi Agency Professional meeting (MAP) and allocated to the appropriate clinician/agency. The outcome for referrals may be:

- i. Core clinic appointment offered (most referrals)
- ii. Extended clinic appointment offered (for those who need a more intensive intervention)
- iii. Consultation appointment offered
- iv. Domiciliary visit offered
- v. Appointment offered with Primary Mental Health service
- vi. Redirected to more appropriate service (with advice or self-help pack if appropriate)
- vii. Further information needed (this is requested from the referrer). For redirected referrals, the family and referrer would be contacted and, if the Referral Form has been used and there is consent to do so, it would be quickly sent directly to a more appropriate service. Otherwise the referrer may be contacted to talk with the parent and offer a referral to a different service
- viii. The service believes that no referral is inappropriate and only in very rare instances would service be declined or considered inappropriate, in which case the referrer would be signposted to Universal services as appropriate (see Fig 2).

Non Urgent Appointments

- Core Appointments
 - Most Children and Young People would be offered a Core Appointment. Families would be asked to telephone to Choose and Book a preferred date and time with an appropriate clinician as soon as possible. The first

appointment would include a mental health assessment and the specialist clinician would give advice if appropriate and work together with the Children and Young People and family to identify a plan of work which makes best use of their time, their skills and resources.

- Self-help leaflets and other resources may be recommended if appropriate during the session. The aim would be to see Children and Young People quickly and ensure a specialist clinician is only seen as long as necessary. Core interventions would usually last up to three sessions. Children and Young People requiring further specialist intervention would be offered further appointments, usually through the Extended Clinic. The referrer, the family doctor (GP) and the family themselves would be written to at various points summarising progress.
- Extended Clinic Appointment
 - An extended clinic intervention may be appropriate for some Children and Young People whose needs are more severe or complex. This more intensive assessment or intervention would vary depending on the nature of the mental health issue and may involve more than one specialist practitioner. Examples include psychiatric or psychological assessment, cognitive behavioural therapy, parenting interventions, interventions of eating disorder, art therapy, psychodynamic therapy, medication, etc. The approach would be explained at the time.
- Consultation Appointment
 - If a Child or Young Person or family already have a range of different agencies actively supporting them, and have complex needs, a Consultation Appointment would be offered as quickly as possible; a meeting would be arranged with the key professionals and a specialist clinician would help the team to develop the best support for the family. If specialist clinician support is needed, then this would be arranged as appropriate. Dedicated specialist pathways for specific Children and Young People such as Looked after children, those at risk or in contact with the Youth Justice System, and children with severe learning disabilities would always be accessed in this way.
- Primary Mental Health Service appointments:

These would be for children with mild to moderate severity of mental illness, for assessment for counselling, for assessment for short-term individual and group interventions for children with emerging emotional wellbeing concerns (see under Primary Mental Health Service).

Interventions and Follow up

Following the initial assessment a bio-psycho-social formulation, risk assessment and a diagnosis (if appropriate) along with a comprehensive care plan and crisis and contingency

plan would be made for each individual. If the individual needs extended sessions, these would be offered via a multidisciplinary approach. In addition, it's proposed that there would be a number of specific care pathways within the service such as Eating disorder, complex neuro-developmental disorders (such as Autistic Spectrum Disorders and ADHD) and dedicated pathways for Children and Young People with specific needs which co-exist alongside often severe non-mental health difficulties. Access to these specialist pathway teams would be via consultation.

Looked after Children (LAC) and Adopted children

Children and young people in the care of their local authority will, in the majority of cases, have entered care because of neglect and/or other forms of abuse, and will have experienced high levels of complex trauma. As a result they may have significant difficulties that reach beyond childhood and into their adult lives. These are likely to include significant attachment-related difficulties which will impact upon their ability to develop and maintain stable relationships with others in their lives, leaving them vulnerable to placement breakdown, lower achievements in education and training, developing abusive relationships, developing poor mental health (45% have a diagnosable mental health condition) and the risk of entering the criminal justice system.

The service would, therefore, be required to provide specialist assessments and interventions for the needs of Looked After and Adopted Children. The service would need to work proactively with the local authority and other relevant agencies to inform placement, decision making and permanency planning. The service would also need to support therapeutic parenting working with foster carers and adoptive parents to deliver individual and systemic therapeutic interventions.

Support would need to be provided by staff who understand the impact of complex trauma on children and young people and who are trained in attachment-related interventions

The service would be required to:

- Undertake assessments, including court directed assessments that may be required
- Provide the recommended services to meet the assessed needs including follow up and management
- Work creatively and flexibly to engage each child or young person's at their own time and pace
- Encourage and support effective working relationships between agencies to ensure a swift response to the child or young person, particularly in time of crisis and on the edge of care
- Offer consultation, supervision, support and training on a regular and ad hoc basis to those working in multi-agency teams who support children in care, including foster carers
- Offer additional consultation, supervision, support and training on a regular and ad hoc basis to adopters, foster carers and connected people (relatives and friends) to help them maintain therapeutic and stable environments for the children they look after and to avoid placement breakdown
- Enable referred children and young people to access services regardless of placement stability

- Support and sometimes take the lead in specialist or 'contract' fostering placement schemes to maintain and support the child or young person within a family placement and within area where possible, and to achieve better outcomes for those children and young people.
- Children and young People in care, leaving care, subject to special guardianship orders or child arrangement orders (previously Residence Orders), unaccompanied asylum seeking children, children placed for adoption, and those on the edge of care have a range of mental health and behavioural needs and should follow the relevant pathway and be prioritised based on their need and diagnosis
- Self-referrals from children in care would be accepted
- Interventions would recognise and address the inter-relationship between emotional/mental and behavioural needs including inappropriately sexualised behaviour

The service would work closely with children's social work and with families, carers, foster carers and residential providers to provide consultation and contribute to developing joint collaborative care plans. The service, where appropriate, would provide summary reports for Court and assessments of children coming in to care to identify relevant psychological and mental health needs and inform multi-agency care plans.

The service would provide in-reach to social care staff and carers so as to upskill and capacity build facilitating early identification, intervention and reduce placement breakdown. Similarly the service would work proactively with Unaccompanied Asylum Seeking Children (UASC) and the agencies involved with them, to provide assessment, intervention, consultation, care and placement planning. The service would be required to have a culturally competent workforce and access to interpreting services.

NB: Where there is reference to Children in Care this also includes children in need and children on the child protection register

Discharge, Rapid Re-Access and Transition Arrangements

At the point of discharge all Children and Young People would have a discharge summary (which would be sent to the GP) with clear crisis access information, care plan and contingency plan. They would have a review of their risk assessment and other needs prior to discharge. The GP or the agency to which the care is being transferred would get clear instructions on continuation of medication and prescribing and monitoring requirements. Similarly transition to adult services would be made as per the transition protocol and be guided by need and not specifically by age.

Acute and Crisis Pathway

The new service would have a dedicated acute and crisis pathway.

- Urgent and Same Day Assessments:

The Single Point of Access (SPA) would direct all new referrals for same day and urgent (needing assessment within 1-7 working days) assessments to an Intensive Community Outreach Team

- Intensive Community Outreach Team:

The Intensive Community Outreach Team would manage all Children and Young People, including presenting in crisis and would deliver the acute and crisis pathway of the service to facilitate easier access to services for distressed Children and Young People and their families. The Intensive Community Outreach Team would have four main functions:

- i. Rapid Response:

Children and Young People referred to the Emotional Wellbeing and Mental Health service from the SPA who require same day assessment or urgent assessments (needing assessment within 1-7 working day) would be offered an appointment within the same day and/or 7 working days by staff from Intensive Community Outreach Team, guided by mental health needs, risk and complexity.

The Intensive Community Outreach Team would have four main functions. It would provide a Rapid Response for urgent assessments, deliver brief Crisis Interventions and long term intensive Outreach Support and facilitate Stepped Transition providing a virtual ward experience in the community, gatekeeping inpatient admissions.

The team would provide a Rapid Response in assessing and planning the treatment of these Children and Young People. The criteria for Rapid Response would be:

- Evidence of signs and symptoms of a major mental illness such as major mood disorders, disabling anxiety or florid psychosis that is affecting daily functioning
 - Evidence of severe suicidal thoughts and suicidal behaviour
 - Evidence of an eating disorder which is seriously impacting on a young person's everyday living

After a Rapid Response Assessment, subsequent interventions for the Children and Young People would be agreed; this could include one of the following options: Brief crisis interventions through Intensive Community Outreach Team, referral to specialist part of the service for extended follow up in condition specific pathways, long term intensive outreach follow up within the Intensive Community Outreach Team, referral to highly specialised (Tier 4) services if inpatient admission is required, redirected to primary mental health and other voluntary agencies in primary care and/or discharge from services.

- ii. Crisis Interventions:

These individuals would get brief interventions targeted at containing the crisis, ensuring the safety and stabilisation of their mental health and

wellbeing. Following the brief interventions there would be three main pathways in which these individuals would be directed.

- Some Children and Young People would require more intensive follow up in the community and would continue to be followed by the Intensive Community Outreach Team
- Some would require further long-term follow up, extended assessments and treatment interventions in specialist settings and would be directed to the specialist part of the service
- Others may require support through the primary mental health service or other voluntary agencies and would be redirected to these agencies.

In rare cases they may be referred to Highly Specialist (tier 4) services for inpatient admission if the treatment in the community has failed to bring about stabilisation of their mental health and well being

iii. Outreach Function:

At any one time, the Intensive Community Outreach Team would have a small cohort of Children and Young People with severe and/or enduring and/or complex and/or resistant mental illness and/or hard to engage patients where difficulties with engagement are assessed to be due to treatable mental health problems. These individuals would be offered intensive support in the community and the Intensive Community Outreach Team would monitor their mental and physical wellbeing in liaison with GPs, Paediatricians, and other agencies. The team would have robust links with police, social services, Place of Safety, A&E and liaison psychiatry.

iv. Stepped Transition:

The Intensive Community Outreach Team would also offer a “virtual ward” experience by managing crisis and preventing inappropriate admissions where needed and facilitating admissions into inpatient unit where necessary through close links with the Specialised (Tier 4) service. The team would, in effect, gate-keep admissions and also facilitate timely discharge by offering a stepdown facility to monitor vulnerable Children and Young People post discharge from inpatient units.

Out of hours services

There are 3 main types of problems that commonly present as an emergency:

- i. Those with an identified serious mental health problem e.g. psychosis, depression, and rarely very serious eating disorders. There is often a need for immediate admission (within 24 hrs)
- ii. Young people presenting to a general hospital ward via Accident and Emergency (A&E) departments following an episode of or attempted self harm. The treatment needs are less clear in this group and in most cases admission to an acute paediatric or medical ward followed by next day

- assessment and follow up by the emotional wellbeing and mental health services is appropriate and
- iii. Children and adolescents with conduct disorders, out of control and challenging behaviour about which there is often inter-agency confusion and disagreement.

It's anticipated that it will be necessary for prospective providers to work collaboratively across Local Authority boundaries to scope an appropriate level of Out of Hours (OOH) to support Children and Young People based on the anticipated needs in Medway.

The OOH service would focus on providing an emergency response to Children and Young People who present a significant risk to themselves or others and, depending on how the core Specialist service is structured, would be available 5pm-9am Monday to Friday and 24 hours per day over the weekend and bank holidays. This would need to be achieved by creating an integrated on call rota constituting of senior multidisciplinary clinicians to meet the anticipated needs in Medway.

There are opportunities to integrate this provision with a range of assessment and OOH intervention for MH issues, substance misuse and older adult conditions and to proactively work with the acute sector to develop appropriate discharge plans.

Clinicians on the OOH rota would offer a first line response while on call. This would involve assessing the initial situation over the phone and, where indicated, attending A&E, paediatric wards or other community settings in conjunction with police and/or social work services to undertake a fuller assessment. As the clinicians on the rota would be working within the Specialist and Intensive Community Outreach Teams they would already be aware of potential OOH presentations and be ideally placed to develop appropriate intervention packages that avoid the need for Place of Safety or inpatient provision. The provider would be required to have child and adolescent psychiatrists on call who can offer specialist advice and assessment under the MHA and Children Act.

Place of safety (PoS)

The service would be required to provide access to an age appropriate PoS suite for Children and Young People. Staff in this facility would need to be trained in enhanced procedures to support NICE guidance on the management of short term disturbed/violent behaviour in Children and Young People psychiatric settings and have specific training to work with Children and Young People to deliver age appropriate interventions within an age appropriate environment.

The PoS staff would be required to work closely with Out of Hours, and Intensive Community Outreach Teams to gather information on past psychiatric history, utilising patient records, and would commence face to face assessment within 2 hours of notification that the Children and Young People will be arriving at the PoS. The PoS would need to work closely with a defined Out of Hours child and adolescent psychiatric on call rota to undertake all relevant Mental Health Act (MHA) and Children Act assessments and develop robust links with Medway's Approved MH Practitioner rota.

Out of Hours and PoS staff would need to develop a care pathway with the provider of inpatient Children and Young People beds to ensure smooth transfer of care if admission is

required. The PoS would need to have strong links with the Intensive Community Outreach Team as well as other relevant support services, i.e. social services to ensure both on-going continuity of care is in place for MH needs as well as addressing other issues such as safeguarding and accommodation for those Children and Young People who do not require admission.

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5. Other specialist service components and pathways

Eating Disorders

Currently individuals with Eating Disorder (ED) are seen at various levels of the care pathway which can result in inconsistency of care delivery and prevents early detection and interventions. It is suspected that in the current model a significant number Children and Young People with an eating disorder are being missed. Similarly there is a cohort of individuals who are being treated within the generalist mental health services whilst a few have had the opportunity to be treated comprehensively by specialist and/or inpatient services.

It is clear that there is a need for a specialist ED provision in Kent and Medway that spans a range of interventions across the population at risk, from primary and universal prevention to highly specialised tertiary services for severely ill patients. Medway's existing CAMHS service currently gets 15-20 urgent primary referrals ED annually but in the current service specification there is no provision for a bespoke ED pathway.

Medway are seeking to develop a Joint Eating Disorder pathway with neighbouring CCG's in Kent, which will include a local Medway resource. Initial discussions have taken place and plans will be further developed as we work together to implement our Local transformation Plans. This will ensure that the Eating Disorder service will be based on population footprint of over 500,000 (as per national guidance).

Building on the Intensive Community Outreach Team model described above and working with partner Kent CCGs, additional Eating Disorders funding will enable us to develop a workforce and skill mix that could deliver a highly effective community based eating disorder service at the local level and provide early and effective interventions in a seamless care pathway across the entire range of eating disorders requiring different intensities and duration of intervention.

Prevention, Early Detection & Interventions

There is evidence in ED that early intervention and particularly early detection in the first three years results in a better prognosis for recovery and can reduce risk of relapse from an ED. There are a number of barriers to early detection including inadequate understanding of eating disorders, poor recognition of risks, poor awareness of local care pathways or eating disorder services, perception or experience of stigma, contributing to shame or reluctance to seek help, lack of understanding of the help available, delay in referral to appropriate services, delay in treatment, caused by a lack of local eating disorder services, capacity in existing CAMHS or eating disorder services, suitable treatment and appropriately trained professionals.

The Primary Mental Health service would provide a range of preventative early detection and intervention strategies in the Universal services by integrating and working alongside the staff in these settings. These would include school based interventions public awareness strategies, training of GPs in recognizing early warning signs, and primary-care based

counsellors for managing low morbidity at-risk individuals who may progress to enduring morbidity without adequate intervention. They would act as the first line of help and facilitate smooth transition into the specialist services, if necessary, in a timely manner. By intervening early in the course of eating disorders there is the opportunity to reduce complexity and severity, build resilience and reduce demand for high intensity specialist interventions.

Referral to ED services

Referrals for ED in the new model would be into the SPA. Currently Medway receives around 15-20 new referrals annually. In our clinical pathway we would ensure that there is a direct access to the community eating disorder service through self-referral, via families and carers and from primary care services (for example, GPs, schools, colleges and voluntary sector services).

Once the referral has been registered by the SPA it would be sent to the ED service immediately. On reaching the ED service it would be screened for urgency. The service would be commissioned to adhere to timelines issued by the Access and Waiting Time Standard (NHS England). As per the standard, the service would aim for intervention to be delivered within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. In cases of emergency, the eating disorder service would ensure the provision of support and intervention within 24 hours.

Access to Crisis Interventions and Inpatient

In cases where the individual and their family require 24/7 support they would have access to the Intensive Community Outreach Team which would work closely with the staff from the ED pathway. In severe cases where inpatient admission is necessary the team would facilitate the same through robust links with Tier 4 Specialist services.

Learning disabilities and Challenging Behaviour

This service component would be for children and young people with a learning disability and/or autism who also have or are at risk of developing a mental health condition or behaviours described as challenging. This includes children with autism (including Asperger's syndrome) that do not have a learning disability, as well as those with a learning disability and/ or autism whose behaviour could lead to contact with the criminal justice system.

The aim of the service would be to work in partnership with children, young people and their families and other services to help reduce the need for children to communicate their needs in ways that challenge, thus enabling them to achieve the best possible level of independence and safe participation in their community. The starting point should be for mainstream services to meet the needs of these children, making reasonable adjustments wherever possible. This is an extremely diverse group of children and young people, the support they require will, therefore, need to be tailored to their needs.

Partnership and joint working with other agencies will be central to any provision of psychiatric services for children and young people with learning disabilities and the development of interagency care pathways will be a key role for the service.

The service would need to develop mental health services for children and young people incorporating shared care arrangements with community paediatricians and Learning Disabilities Services. This must involve working closely with:

- learning disability staff
- community health and ADHD nurses
- community paediatricians
- child development centres
- educational services, including educational psychology
- primary care
- early years settings
- any other service that provide or offer services to this client group

The service would be delivered based on the nine overarching principles set out in the NHS/LGA document; 'Supporting people with a learning disability and/ or autism who have a mental health condition or display behaviour that challenges'.

Neurodevelopmental disorders (incl. Autistic Spectrum Conditions / ADHD)

Health services for Children and Young People with neuro-developmental disorders are currently provided across two different providers. Parents and carers tell us that it is difficult to navigate the system, and get the right support at the time they need it.

The existing service model does not provide a bespoke pathway of treatment and support for these young people and is an area where additional resource is required, including dedicated consultant psychiatry and psychology time

Partnership working and collaboration to reduce duplication and clarify roles, particularly for children and young people with neuro-developmental disorders, will be important. Key to the successful delivery of this pathway will be no long waiting times, no age gap and support for families with children already diagnosed.

Joint working with paediatric teams to agree protocols around the assessment, diagnosis and treatment of these children and young people, including issues of age criteria will be need to be undertaken.

The Primary Mental Health team would need to build skills and fully develop the range of evidence based therapeutic interventions on offer and provide training and consultation to Universal and Additional services.

The development of NICE compliant pathways on ADHD and ASC is a priority for Medway and the provider would be required to work with commissioners and other providers to re-design and implement these pathways.

Post abuse (incl. Post Sexual Abuse and Young Person's IDVA)

Abuse and trauma harms children emotionally, psychologically and, at times, physically. As

a result of the abuse/trauma there is an impact on children and young people's cognitive abilities, behaviours – either internalising or externalising experiences, health and their emotional well-being.

Specialist therapeutic support services are therefore required for Children and Young People that have experienced abuse, trauma and / or domestic abuse. These include children/young people considered to be Looked After Children (LAC), children / young people on a Child Protection Plan and children/young people considered to have complex needs.

Services offered may include:

- Children's Groups
- Play Therapy
- Filial Coaching (supporting the development and improvement of the parent/carer and child relationship)
- Counselling
- Parent / Child Play Sessions

The independent Domestic Violence Advisor (IDVA) service is the key service that supports high level domestic abuse cases (MARACs). IDVAs caseload victims of domestic abuse who meet the threshold for a MARAC² conference.

IDVAs help keep victims and their children safe from harm from violent partners or family. Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis, to assess the level of risk. They:

- discuss the range of suitable options
- develop plans for immediate safety – including practical steps for victims to protect themselves and their children
- develop plans for longer-term safety
- represent their clients at the MARAC
- help apply sanctions and remedies available through the criminal and civil courts, including housing options

These plans address immediate safety, including practical steps for victims to protect themselves and their children, as well as longer-term solutions. One of the IDVA's key roles is to ensure that the decisions made at the MARAC conference and by the agencies, reflect the victims wishes.

Harmful sexualised behaviours

This would be a specialist service component for small numbers of children and young people who may benefit from a detailed assessment of their behaviour and the risks they present, along with possible therapeutic intervention.

² A MARAC, or Multi Agency Risk Assessment Conference, is a multi-agency meeting, which has the safety of high-risk victims of domestic abuse as its focus.

The service would provide a professional screening and assessment service for children and young people who exhibit harmful or inappropriate sexual behaviour, concerning the level of risk they pose to themselves and others and the likelihood of further sexual offending.

A risk assessment would provide advice with regard to the need for treatment or intervention to reduce/minimise further harmful sexualised behaviours, specifying the type of intervention, length and outcomes to be expected as well as the level risk they pose to themselves and others and the likelihood of further sexual offending

The provider would, therefore, need to have staff with skills and experience to support these children and young people and deliver the interventions required.

Substance Misuse

Many children and young people who misuse drugs and alcohol have multiple related and co-morbid mental health problems and disorders. There are also striking similarities between the risk and protective factors of mental disorders and substance misuse, in the neurobiological basis of addictions and mental illness, and in response to treatment. Many young people misusing substances also share genetic factors linked with the emergence of mental health problems.

The aim of the Children and Young People Substance Misuse Service would be to provide specialist substance misuse treatment to young people and their families in Medway, through a care planned medical, psychosocial or specialist harm reduction intervention. These interventions would be aimed at alleviating current harm caused by a young person's substance misuse to themselves, their families and the communities in which they live.

The service would provide a complete assessment of the young person and support them and, if appropriate, their family to reduce the young person's substance use and decrease the likelihood of them becoming involved in substance-related offending.

The service would offer specialist support for Children and Young People who are experiencing problems with their own or someone else's use of alcohol or drugs as well as advice and information on alcohol and drug issues, assessment, individual counselling, home visits, detox and aftercare.

The service would provide specialist support and advice on substance misuse for young people as well as sexual health, including Chlamydia screening, diagnosis support around a young person's mental health, as well supporting transitions into adulthood and a needle exchange for under 18s.

In all cases the service would work with young people/children as individuals, treating them with respect and care, taking time to understand them and agreeing together how best to help.

Specific interventions would include:

- Drop in service
- Brief interventions and advice
- Comprehensive assessment and care planning

- 1:1 support and structured interventions
- Prescribing services
- Group work
- Support for those affected by parental or guardian substance misuse

6. Reviewing pathways and support for vulnerable groups

As the new Emotional Wellbeing and Mental Health Service is implemented in Medway, it is clear that there is a need to review a range of pathways and support for meeting the emotional wellbeing and mental health needs for vulnerable groups of children and young people across the system, to ensure that effective integrated pathways are in place including for:

- Children and Young people with conduct disorders,
- Children and Young People at risk of or in contact with the Youth Justice System (in collaboration with the Health and Justice Commissioning Team)
- Children and young people at risk of child sexual exploitation and abuse
- Children and young people who have or may have Autism Spectrum Conditions or other neurodevelopmental disorders e.g. ADHD
- Children and Young People with Learning Disabilities
- Perinatal mental health

7. Other linked commissioning and capacity building plans

Building Capacity in Schools

Medway schools currently commission and provide a wide range of pastoral support services for their students. This ranges from PHSE, children and family support workers in some schools, school counsellors in others to commissioning and/or spot purchasing provision. Public Health, Education Psychology and other Medway Council traded services such as Health for Learning provide in reach into schools.

We don't know definitively how many schools are delivering resilience programmes or delivering counselling within schools in Medway. We suspect, anecdotally, that some schools are delivering non-evidence based interventions.

The measure of early help is the outcome, not the effort, and some interventions have more impact than others. This means investing in programmes which have an evidence base, or building an evidence base where none exists. It also means fidelity i.e. applying evidence based programmes in the way that they have been designed and evaluated.

In the new model, as previously described, the primary mental health service, would work closely with schools in the development of a consistent 'local offer' in relation to early help and support services. This may mean that, going forward, co-commissioning with schools makes better use of each individual organisation's resource and means that we are not just pooling financial resource, but combining knowledge, expertise and understanding to develop a system to which all partners are committed.

The service would also ensure that the Virtual school for looked after children is included in this, as many of Medway's looked after children are cared for outside of Medway and therefore attend out of area Schools. The virtual school oversees the personal education plans for all looked after children.

Wider workforce development and early help strategy

The service would work in conjunction with commissioners to develop joint training programmes, which would include wider training for the wider workforce including early years and those delivering Early Help in Medway.

Early help has the best chance of success where individuals and their families feel supported to find their own solutions to the issues facing them. This help often comes from within the family or community, and much earlier than help from statutory services. Families and communities are also better at finding personalised low cost solutions which are easier to sustain over time.

Raising awareness of Emotional Wellbeing and Mental Health / Anti-stigma

Medway's Public Health department will lead on local campaigns to raise awareness of mental health. Campaigns would tackle the stigmatising effect of mental illness and would particularly target those vulnerable groups who experience the greatest inequalities. This includes those with particular characteristics, such as having a learning disability or being

looked after, as well as those who have been found to have low self esteem. These include those living in deprived areas, girls and young carers.

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