

Children's Mental Health in Somerset

Children's Scrutiny Committee, July
2023



Somerset
Council



National and Local Picture

- June 2020 1 in 6 children in the UK had a probable mental disorder up from 1 in 9 in 2017 (NHS Digital Survey)
- The recovery of children's mental health and wellbeing following the pandemic has been inconsistent, a challenging national economic context makes causes difficult to identify.
- There has been an observed rebound effect for many, (particularly where difficulties were milder), although trends have identified persistently higher rates of anxiety and disordered eating.
- The local picture reflects the national context, increased pressures and need across various teams and service areas, including increasingly complex and crisis presentations.
- Somerset schools wellbeing survey -CYP voice captured [reporting sept 2023]
- School attendance has not recovered to pre-pandemic levels, reasons are multiple.

[DfE State of the Nation Report 2022](#), Somerset [Local Transformation Plan](#)

Prevention and Early Support

Achievements:

- Strong multi-agency partnership offer for Senior Mental Health Leads (SMHL) and Emotional Literacy Support Assistants (ELSAs) in schools
- Increased use of Somerset Wellbeing Framework -embedding whole school approach to emotional (& physical) health and wellbeing, supported through MHSTs and SMHLs.
- SCERTS and Relational Policy pathfinder and training projects
- [Somerset Mental Health Toolkit](#) for CYP/parents/carers/professionals
- Suicide Prevention Partnership Forum – CYP task group established

Key areas of focus / priorities

- Low school attendance, where mental health and wellbeing concerns are a primary barrier to engagement (Emotionally Based School Avoidance).
- High identification of children with social, emotional and mental health (SEMH) needs, disproportionately receiving suspensions and exclusions
- Joining responses & pathways across the system to better meet the needs of individuals in these groups.
- Prevention and early intervention enhancements through embedding Trauma-informed Somerset models and SEN Graduated Response.

Trauma-informed Somerset

The aim is to create the foundations for a trauma informed model of delivery across the county, through:

- A shared strategic **multi-agency approach** based on the core principles of a trauma-informed system. All services will be supported to review their service structures and delivery in this context and reflect this through service development plans.
- The development of a co-ordinated **network of trauma informed champions** to act as agents of change within their own areas of work
- The development of a **system wide trauma informed training offer** which draws on existing training offers to create a consistent yet collaborative approach. All training will be built on best practice evidence from inside the county as well as nationally.
- An initial enhanced focus on the **education sector**, through tier 2-3 training, implementation support, strategic developments that reduce exclusion, improve attendance and promote inclusive practice.

Support for those with mild-moderate MH Needs

Our CWP and MHST Teams (36 practitioners) work with CYP aged 5-18 to provide LICBT interventions for mild to moderate mental health and behavioural difficulties in school and community settings across Somerset. Our WST (9) offers wellbeing support and advice.



Referrals



May 22 – April 23:
2231 referrals across CWP & MHST services

Socio-demographics



63% Female
15 Years of age- mode
91% White British

Wellbeing Reach



Nonclinical support by the WST reached **1,205** CYP in the last 3 months

Pathways



Of the 2231 referrals between May 22 and April 23.
2231 referrals:

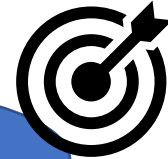
- 1130** attended initial assessment
- 1005** attended initial session
- 777** completed treatment

Appointments



A total of **9183** appointments between May 22 and April 23.

Completion rates



Target of 90% completion rate for paired outcomes
 Paired outcome data for the last 3 months (Feb/Mar/April23)

RCADS	81%
ESQ	66%
GBO	48%
ORS	33%
CORS	17%

Outcomes

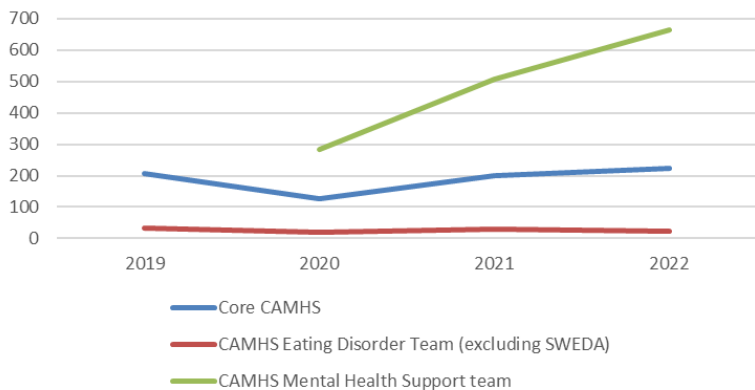


Paired outcome data for the last 3 months (Feb/Mar/April23)

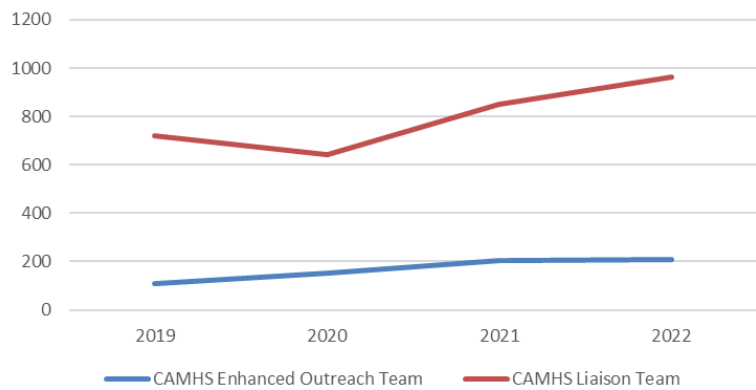
- RCADS 51%** made a reliable improvement in their symptoms
- ESQ 100%** overall satisfaction
- GBO 54%** measurable improvement
- ORS 39%** measurable improvement
- CORS 3%** measurable improvement

CAMHS Data

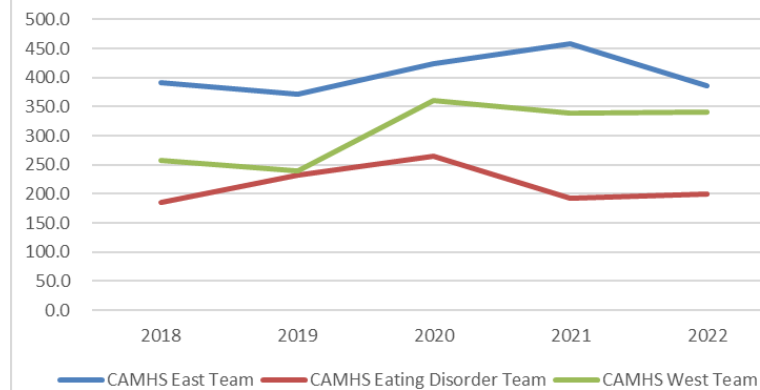
Referrals to Specific Teams



Involvement of Urgent Care Pathway



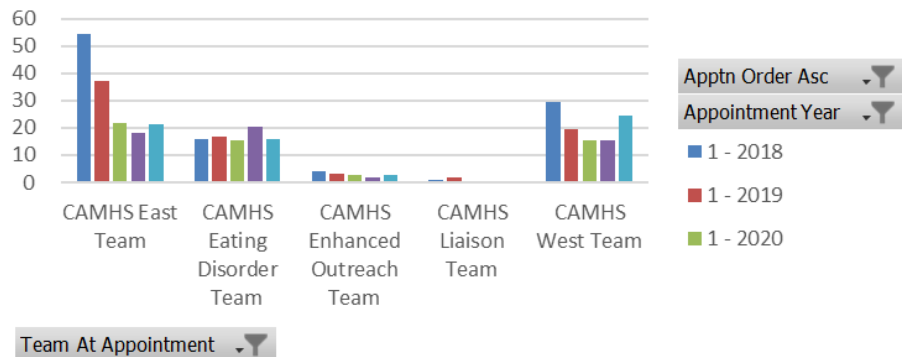
Average Length of Involvement



Derived Outcome

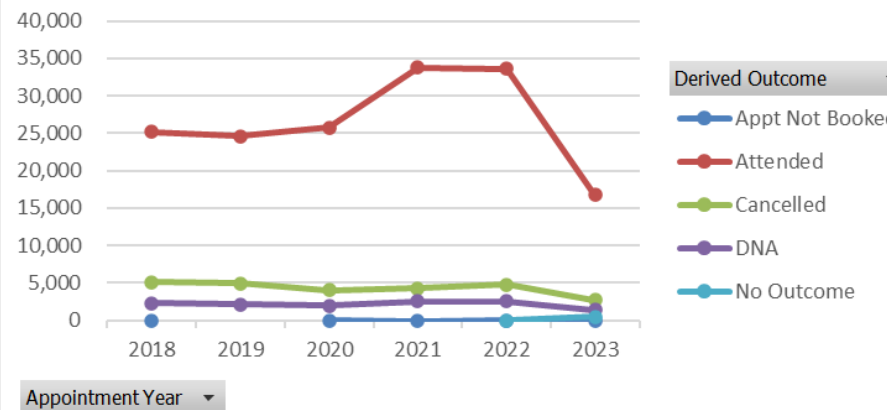
Average of Days Between Referral And Appointment

Average No of Days to First Appointment



Count of ClientID

No of CAMHS Appointments



Next Steps



Collaboration

Single Point of Access (SPA) Portal

Homes and Horizons

Multi-site, eating disorder and disordered eating clinical pathways



Trauma Informed Care

Trauma informed Somerset

Safe Space- avoidance of S136 detentions



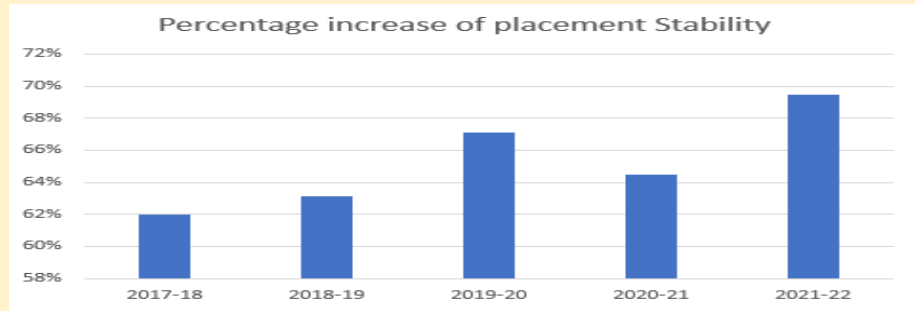
“Reversing the pyramid”

De-medicalisation and Deprescribing of psychosocial presentations

LD/ASC services

Specialist Support for CLA, Care Leavers and Kinship families

- Stability rates have improved - 94% of all children who have been in the same family for 2 years have had EHWT involvement



From feedback data **100%** of foster carers & CSC workforce reported consultation with the EHWT led to the following outcomes:

- Better understanding of the child/YP's emotional wellbeing.
- Felt better able to support the child/YP with their emotional wellbeing.
- Improved their relationship with the child/YP

- Currently 114 involvements, directly working with 38 children/YP in respect of their wellbeing. The children we support will have experienced complex trauma.

"I have felt really listened to. The support has given me better insight into my feelings. I have felt a lot less angry since receiving support, this helped me keep my apprenticeship & move into work. I have learnt that I can have a bad day, but bad days don't last. I am really pleased my support can continue after I am 18." (YP)

- On average we provide 30/40 monthly informal consultations to wider service teams to help professionals better understand the needs of the children they are working with.

"Great guidance in supporting my young people who have been through significant trauma" (SW) "The support the EHWT have offered us as a school has been invaluable with our most vulnerable YP. (SEN school & PRU). "Really helped with lifestory work." (SW)

- Our attachment based parenting training, individual & group support with FC's & SG's support therapeutic parenting & help children feel safer.

"The training was excellent, helped us understand behaviours linked to trauma. The R&R groups helped with feeling isolated, we were in a dark place. The help has meant we could keep caring for our YP." (FC) "My YP's wellbeing has improved greatly. I respond to my YP differently as a result of the advice and am able to interpret my YP better - I now hear her fears as she vents." (FC)

- Work with birth parents to support successful reunification and/or improved relationship with their children. Currently working with 15 parents. Consultation to residential providers – currently have 10 involvements with residential providers. Undertaken 9 S&L assessments, 7 psychological assessments, 2 formal DDP treatments and 2 EMDR treatments
- Priorities – further develop our clinical capacity and specialisms to meet the emotional needs of our CLA, CL's & Kinship families.

Strategic Commissioning Priorities

- Improving awareness and increasing access to the local VCSE sector, strengthening relationships between statutory and VCSE services to widen the support available for children and young people
- Increasing Access to services in line with NHS-E Access Target.
- In depth analysis of unmet needs, to be led by a dedicated project lead to inform service response
- Embed the principles of the i-thrive approach – CYP get the help they need: right place, right time, right person – further establish our community / education based mental health offer
- Self-injury – better understand local need and develop an early intervention pathway

- Early Help – develop a range of early help responses that reduces deteriorating mental health and supports resilience
- Education: Developing and coordinating support to address EBSA, improve school engagement and reduce exclusions.
- Support for families – ensuring that we support families earlier and work with family resources