

# Children's Mental Health in Somerset

Children's Scrutiny Committee, July  
2023



**Somerset**  
Council



# National and Local Picture

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- 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

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## 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)

<b>RCADS</b>	<b>81%</b>
<b>ESQ</b>	<b>66%</b>
<b>GBO</b>	<b>48%</b>
<b>ORS</b>	<b>33%</b>
<b>CORS</b>	<b>17%</b>

## Outcomes

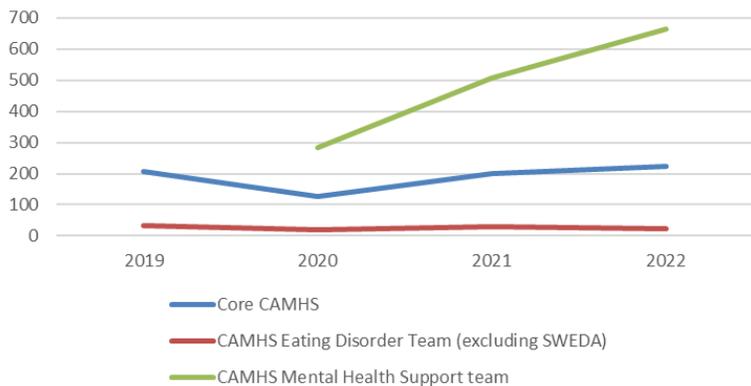


Paired outcome data for the last 3 months (Feb/Mar/April23)

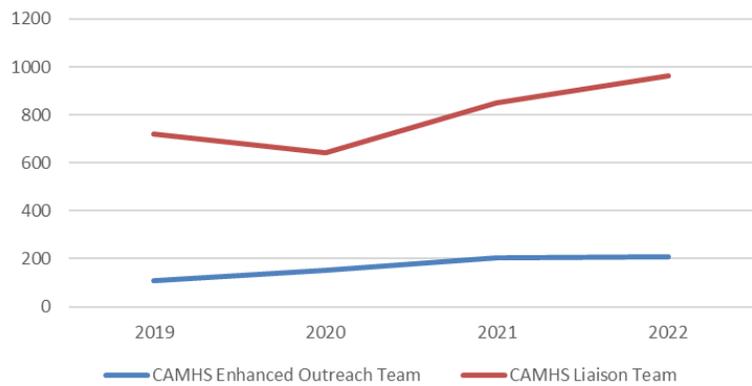
- RCADS 51%** made a reliable improvement in their symptoms
- ESQ 100%** overall satisfaction
- GBO 54%** measurable improvement
- ORS 39%** measurable improvement
- CORS 3%** measurable improvement

# CAMHS Data

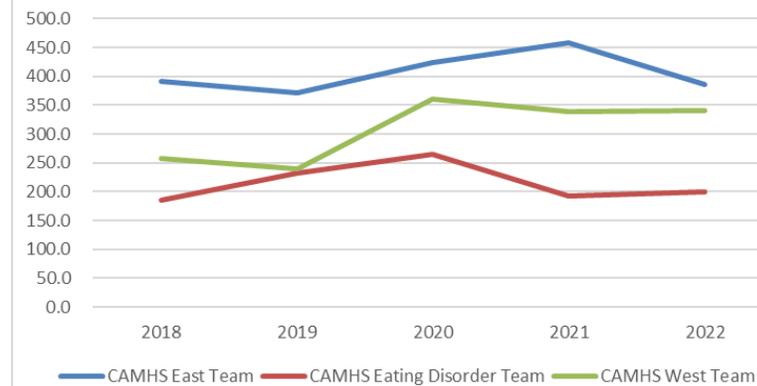
### Referrals to Specific Teams



### Involvement of Urgent Care Pathway



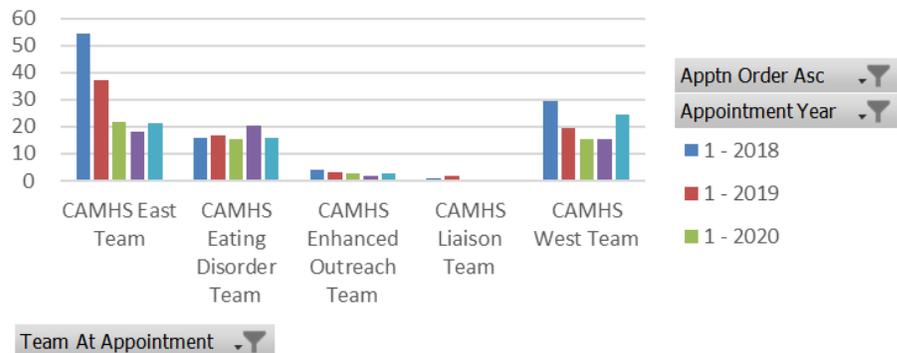
### Average Length of Involvement



Derived Outcome

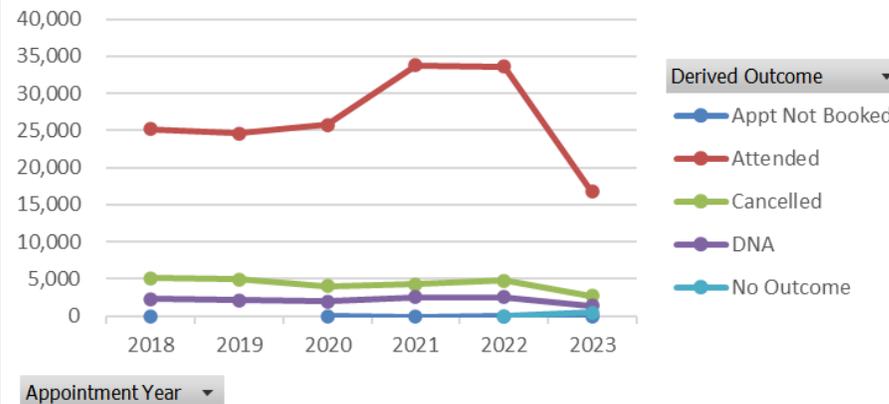
Average of Days Between Referral And Appointment

### Average No of Days to First Appointment



Count of ClientID

### No of CAMHS Appointments



# Next Steps



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## Collaboration

Single Point of Access (SPA) Portal

Homes and Horizons

Multi-site, eating disorder and disordered eating clinical pathways



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## Trauma Informed Care

Trauma informed Somerset

Safe Space- avoidance of S136 detentions



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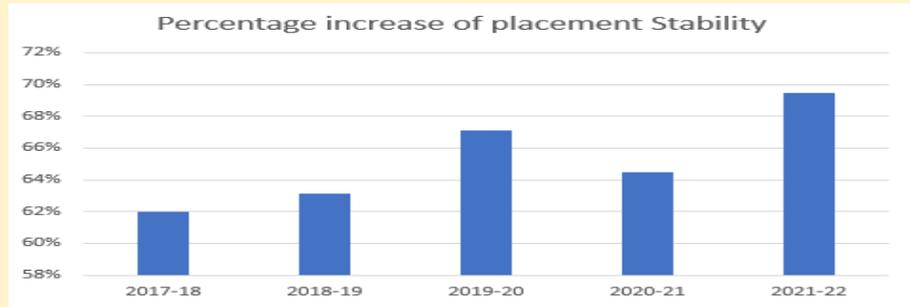
## “Reversing the pyramid”

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

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- 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