

Making Mental Health Everybody's Business

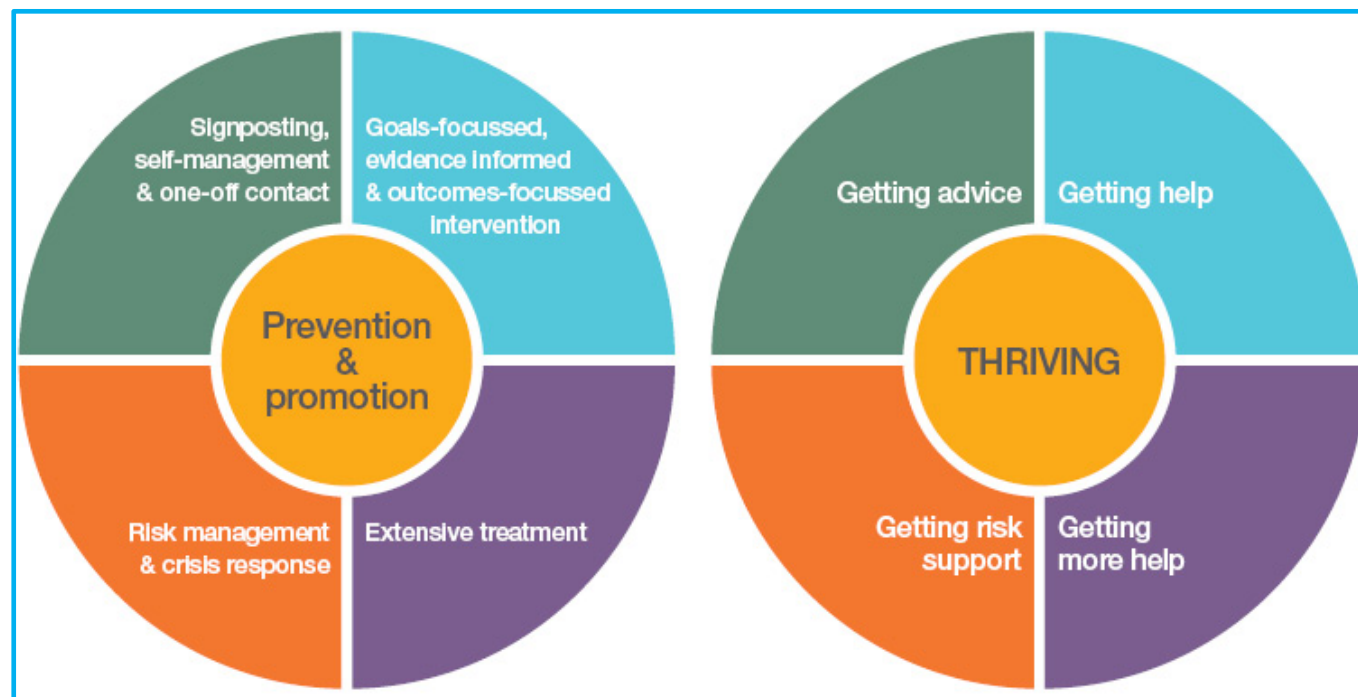
Children and Young People's Mental Health, Emotional Wellbeing and Resilience Plan

Three overarching aims for the LTP for 2018-2020

1. Have a clear, transparent mental health offer for children and young people that is easy to access. This starts from universal prevention / early intervention, moving through to providing effective support and treatment. See THRIVE model below (Tavistock and Portman NHS Foundation Trust)

2. Have a CYP workforce that is skilled, competent and confident to talk about mental health, understands mental health issues and can effectively support and/or signpost/ refer.

3. A developed and well tested mental health and wellbeing communications strategy. This will be a collaborative approach providing clarity of what is available in County Durham.



Glossary:

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|-------|---|
| ASD | Autism spectrum disorder |
| CAMHS | child and adolescent mental health services |
| CDYOS | County Durham youth offenders services |
| CYP | Children and Young people |
| DRP | Durham Resilience Programme: Schools based covering all ages |
| FE | Further education setting |
| LAC | Looked after children |
| LGBT+ | Lesbian, gay, bisexual, transgender and other groups |
| MH | Mental health |
| MHEWB | Mental health and emotional wellbeing |
| SDQ | Strengths and difficulties questionnaire |
| SEND | Special educational needs and disability |
| SPOC | Single point of contact |
| YAM | Youth aware mental health programme – for year 9 students (13-14 yrs) |
| VCS | Voluntary and community sector |

NOTE:

The mental health integrated needs assessment fact sheet is available at <https://www.durhaminsight.info/wp-content/uploads/2018/05/MentalHealthAndWellbeingHSCW015.pdf> this covers all applicable mental health intelligence available.

County Durham's Children and Young People's Mental Health Emotional Wellbeing and Resilience Transformation Plan 2018-2020

Children, Young People and their Families in County Durham to be supported to achieve their optimum mental health and wellbeing

| | Promoting Resilience, Prevention and Early Intervention | Improving Access and Effective Support | Caring for the Most Vulnerable (LAC, care leavers, adopted, young carers, LGBT+, youth offenders, CYP with SEND, those with a known MH disorder) | Workforce |
|---|---|--|--|--|
| What are we going to do? | <ol style="list-style-type: none"> 1. Reduce stigma and discrimination about MH in communities and schools 2. Improve the process to assess, give brief intervention and signpost parents during antenatal and postnatal period. 3. Clear offer of support, advice and guidance for parents about CYP MHEWB 4. Support development of MH lead in all schools 5. Develop a quality framework for Mental Health and wellbeing in schools and FE 6. Roll out Durham Resilience Programme (DRP) to all primary and special schools 7. Roll out Youth Aware Mental health (YAM) to all mainstream year 9 pupils and develop an adapted version for special schools | <ol style="list-style-type: none"> 1. Continue with bereavement support and embed as mainstream offer 2. CYP in crisis have access to support in the right place and close to home as possible 3. Roll out intensive home treatment including community support 4. Review and implement a multi-media support offer for advice, support and low-level interventions including digital platforms and social media technology 5. Establish an autism assessment team to reduce the delay in diagnosis for ASD by redesigned pathway. | <ol style="list-style-type: none"> 1. Understand the MH needs of our vulnerable populations and commission/ provide targeted support accordingly based on identified need 2. Reduce the rate of self-harm through the better identification of CYP, provide consistent support and develop schools and services to manage self harm in services 3. Implement recommendations from SEND written statement of action plan 4. Improve transition for CYP from CAMHS into appropriate adult services 5. Deliver pre-birth programme and interventions to promote infant attachment, bonding and nurturing. 6. All young people who offend will be assessed for mental health and emotional wellbeing needs when referred to CDYOS and given appropriate support 7. Undertake a review of self-harm and suicide for CYP and reduce the risks/triggers through early identification of need 8. Provide targeted Mental health and emotional wellbeing support for young people who are LGBT+ | <p>Work within:</p> <ul style="list-style-type: none"> • Education • Children's services • Universal health services <p>To improve the CYP workforce's ability to understand mental health, and where appropriate undertake a brief intervention and signpost or refer accordingly</p> |
| How will we Measure it? | <ol style="list-style-type: none"> 1. Annual perceptions survey to monitor attitude changes in the community 2. Number of midwives and health visitors trained in PNMH and delivering interventions 3. Parents voice is obtained through parent engagement with VCS / community groups inc. Roller-coaster through an 'annual conversation' 4. Number of schools/FE with a designated lead 5. Implement health related behavior questionnaire (HRBQ) to measure mental and physical wellbeing – develop baseline 6. Evaluation of schools DRP action plans: impact of change on school, staff and pupils 7. Number of pupils accessing YAM and academic evaluation of YAM implementation | <ol style="list-style-type: none"> 1. CYP receiving support and intervention report positive goals / outcomes achieved 2. 90% of CYP who need crisis support will receive it with set time thresholds 3. Intense home treatment is supporting reduction in tier 4 admissions 4. Commissioned multimedia offer that CYP can access 5. Reduce waiting times and increase capacity | <ol style="list-style-type: none"> 1. MH of vulnerable groups will be audited using standard measurements and compared to overall outcomes of the group (e.g SDQ in LAC) 2. A&E attendance for self-harm 3. Detailed project plan to complete HNA and add to Durham JSNA, action plan implemented 4. 90% of CYP open to CAMHS will have a good quality transition plan in place by age 17 ¾ 5. Review programme outcomes and include mental health measures 6. CDYOS health assessments to be audited for quality and impact on mental wellbeing 7. Analysis of local data on self-harm from crisis dataset to identify children potentially at risk of repeated self-harm or suicide 8. Undertake service review and consultations with redesigned service implemented | <p>Number of staff trained in each of the workforce groups</p> <p>CYP voice in feedback surveys stating that professionals understand mental health and can help effectively</p> |
| What difference will it have made to CYP? | <ol style="list-style-type: none"> 1. Attitudes will shift to become more accepting that MH is every bodies business and we all have MH 2. Women are better supported during and after pregnancy, improving attachment with their baby 3. Parents will be better informed and resilient to support their children's mental health 4. Schools/FE will have a SPOC for mental health 5. Increase in mental wellbeing from HRBQ and reduced hospital admissions for self-harm (aged 10-24 yrs) 6. CYP are better supported in primary schools as staff and school environment promote resilience 7. Pupils aged 13 to 14 years will be better equipped to manage life's adversities, know how to support a friend and understand what support is available in County Durham | <ol style="list-style-type: none"> 1. Bereavement support offered at scale which builds the resilience of CYP to cope with life adversities 2. Crisis support will ensure CYP receive a timely and appropriate offer of support to reduce risk and avoid future crisis events 3. More treatment within the community, closer to home when CYP need it 4. Low level advice, support and intervention is available, which will reduce inappropriate CAMHS referrals 5. CYP / families will have support while going through timely assessment | <ol style="list-style-type: none"> 1. Vulnerable groups needs will be understood and this will see an improvement in mental health support including a reduction in self-harm with clear pathways in place 2. CYP will be coping with life's adversity through resilience skills 3. Mental Health needs of CYP with SEND are fully supported as part of SEND programme of work 4. CYP will be effectively supported into the most appropriate service whether in mental health services or VCS 5. Positive impact on the child's emotional development and family attachment with reduction in babies being looked after 6. All CDYOS cohort of CYP will receive support with their mental health to reduce risk of re-offending 7. CYP who are at increased suicide risk receive earlier support through changes in pathways and delivery of services 8. Improved mental health and wellbeing of LGBT&QI+ and a reduced risk of suicide and self-harm | <p>The work force will have the right skills at the right level to ensure they are confident and competent to support CYP.</p> |
| Cross cutting themes | <p>Accountability, Transparency and Governance Ongoing monitoring of the implementation plan and progress against identified priorities using established national indicators and local metrics for improvement.</p> | | | <p>Think Family</p> |
| | | | <p>Intelligence lead and sharing of data</p> | <p>Engagement and Communication Implement a proactive engagement and communication strategy to support the delivery of the local transformation plan and ensure CYP, families and professionals know how to self-help, what support is available, when and how to access it</p> |