Sefton Council

Children and Young People

Mental Health and Emotional Wellbeing

Strategic Assessment

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Contents

Contents 3
Executive Summary 4
Demographic Overview 4
Key Issues 5
Conclusions & Recommendations 5
Introduction 6
Comparative National Position 7
Risk and Protective Factors 8
Risk Factors 9
Age 9
Gender 9
Gender Identity 9
Ethnicity 9
Children with a Disability 9
Perinatal Mental Health 9
Parental Mental Illness 10
Parental Substance Misuse 10
Substance Misuse 10
Domestic Violence 10
Abuse and Neglect 11
Child Sexual Exploitation (CSE) 11
Children in Care 11
Young Offenders 12
Homelessness 13
Not in Employment, Education or Training (NEET) 13
Pupils with Special Educational Needs 13
Internet Safety 13
Bullying 13
Socio-economic Deprivation 13
Physical Health 15
Young Adult Carers 15
Loneliness 15
Primary Mental Health Data 15
COVID-19 17
Conduct Disorders 19
Child and Adolescent Mental Health Services (CAMHS) 19
Access targets 20
Consultation – The Voice of Children & Young People in Sefton 20
Mental Wellbeing 22
Associations between resilience and mental wellbeing 22
Resilience 23
Mental Wellbeing 24
Data Gaps and Issues 24
Demographics 25
Conclusions 25
Recommendations 25
Supporting Information & Context 27
Glossary of Terms / Acronyms 27
Sources 28

Executive Summary

The purpose of Sefton's Children and Young People Mental Health and Emotional Wellbeing Strategic Assessment (CYP-MHEWSA) is to identify local needs and views to support local strategy development and service planning. In order to understand whether we are achieving good outcomes locally it is useful to benchmark outcomes in Sefton against the national average and look at trends over time.

It should be remembered that mental health and wellbeing issues can often only be tackled by taking a multi-departmental and multi-agency approach to solutions since factors influencing outcomes include not only both primary emergency service activities but also wider determinants such as community development and social relationships; poverty; education; diversionary activity, family support and the impact of Covid-19.

The primary purpose of this Executive Summary is to identify key points from the CYP-MHEWSA core dataset, with particular emphasis on those areas and issues that are of greater overall concern within each part of the report. The overall local picture of mental health and wellbeing issues affecting children and young people in the Borough is summarised below.

Demographic Overview

The resident population of Sefton is approximately 276,000 - an estimated 59,000 of whom are aged 0-19 which is 21.5% of the population, lower than the England average of 23.6%. Projections show the overall numbers of young people 0-19 will remain relatively stable over the next two decades, though with significant inter-age group variation.

2018 Compared to 2043 Sefton School Age Groups Population Distribution by Age.

	2018	2043	Change
Total	56,758	57,014	0.5%
Aged 0-4	14,441	14,295	-1.0%
Aged 5-16	36,373	36,417	0.1%
Aged 17-18	5,944	6,302	6.0%

The latest NHS Digital survey on the mental health of children and young people in England was undertaken in 2017. The headlines from this survey and implications for Sefton were:

- Overall 14.4% of 11-16 year olds and 16.9% of 17-19 year olds met the criteria for having a mental disorder at the time of the survey. *For Sefton that equates to approximately 2,600 and 1,400 children respectively*.
- As young people get older, young women are more likely to have a disorder. Rates for young men go up into the mid-teens and then fall slightly. Among boys the likelihood of a disorder was highest at 11-16. Among girls, it was 17-19.
- Nearly 1 in 4 young women aged 17-19 were found to have a mental health disorder, and in the majority of cases this included an emotional disorder. *In Sefton this equates to 950 women and 450 men*.
- There was a clear overlap between physical and mental health problems.
- The rise in mental health disorders from 1999 to 2017 (expressed as a proportion of the 1999 rate) was approximately 13% for 5-10 year olds and 19% for 11-15 year olds.
- 5% of all 17-19 year olds were on psychotropic medicine, most commonly selective serotonin reuptake inhibitor anti-depressants. *This equates to some 400 children in Sefton regularly taking anti-depressants*.

Based on Public Health's latest prevalence estimates for Sefton and the latest population age-group figures the table below illustrates the possible numbers of children subject to various key conditions.

Estimates of the number of children and young people in Sefton with specific mental health conditions.

Condition	Numbers
Emotional Disorders 5-16	1,331
Conduct Disorders 5-16	2,108
Hyperkinetic Disorders 5-16	555
Eating Disorders 16-24	3,702
ADHD 16-24	3,939

Key Issues

Reviewing the data available for comparison nationally and regionally the following are areas where Sefton has figures above or below our neighbours and the national average, based on the latest available information. These may be areas for further investigation or as *surrogates* raise the possibility of wider concerns. Note that several of these measures are highlighted as risk factors for health and mental wellbeing as many direct measures are not available as national comparators.

- The rate of admission to hospital for self-harm in the 10-24 age group is significantly above the national and regional average.
- The proportion of children in Reception overweight or obese (27%) is well above the national average of 23%.
- Alcohol related admissions for children aged 0-18 in Sefton are above the national and local average rates and is a significant risk factor for mental health and wellbeing.
- The inpatient admission rate for mental health for those aged 0-17 is significantly above the national average (though these tend to be low numbers and fluctuate significantly year on year).
- Human Papillomavirus (HPV) vaccine rates for 12/13 age females are well below the national average.
- Continued increases in children looked after by social care in association with higher than average levels of absenteeism for these children is cause for concern.
- Average Key Stage (KS) 4 Progress 8 Scores for Sefton pupils are well below the national average. The numbers of KS 4 pupils going on to Education, Employment, or Training is well below the national average, in addition to the proportion of those sustaining their KS 4 destination being above average. Looked After Children (LAC) school absence is above average and care leavers who end up *not* in Education, Employment, or Training (NEET) is also very high. Poor educational achievement, and economic prospects are significant risk factors relating to future mental health and wellbeing outcomes for young people and is particularly affecting for those who have been in the care system.
- Levels of absence in Primary Schools is above local and regional averages and may be indicative of children who have health and wellbeing issues that are not being addressed.
- It is difficult to estimate the size of the 'treatment gap' between those who meet the threshold for intervention through the Child and Adolescent Mental Health Service (CAMHS) programme and those who receive treatment, but estimates suggest it is significant.

Conclusions & Recommendations

As discussed in the main document, assessment of issues relating to child mental health and wellbeing can be measured directly where data exists through service delivery and as surrogate measures based on the likely risk factors suggested by Public Health England, plus the previous consultation and engagement activity with children and young people in Sefton, which provides both quantitative and qualitative insight.

In terms of surrogate measures there are a number of generic and population specific areas of concern that would benefit from further detailed analysis and engagement. These include: services supporting substance misuse; educational attainment and absence, particularly amongst the most vulnerable; and school leaver outcomes, especially relating to employment.

In terms of direct issues, there continues to be good progress with the timeliness and delivery of Education, Health and Care (EHC) plans for children with Special Educational Needs in Sefton following the last poor inspection results, though work still needs to continue at pace to improve these areas. However, of most concern are the relatively high levels of self-harm hospital admissions, and levels of mental health illness directly recorded by General Practitioners (GP).

There is a need to investigate and address any potential 'treatment gaps' between formal support through CAMHS and school EHCP support and universal services supporting wider child and young person mental health and wellbeing.

Introduction

The Sefton Children and Young People Plan highlights the key priorities for building better outcomes for our children and young people. This includes the improvement of existing services in terms of speed of delivery and quality and developing new innovative services to help resolve new challenges.

Mental health can impact on all areas of young people's lives - how they feel about themselves and others, their relationships and their psychological and emotional development. Poor mental health underlies many risk behaviours including smoking, alcohol and drug misuse, and higher-risk sexual behaviour. Research commonly finds that being mentally healthy helps people to realise their potential, gives them strength to cope with change, overcome challenges and adversity, and make a positive contribution to their community.

National analysis has found that one in 10 children aged between 5 and 16 years experiences a mental health condition, and many continue to have a mental health condition into adulthood. Half of those with lifetime mental health conditions first experience symptoms by the age of 14, and three-quarters before their mid-20s. Conditions most frequently experienced in adolescence include:

- Anxiety and depression.
- Eating disorders.
- Conduct disorder.
- Attention deficit and hyperactivity disorder (ADHD).
- Self-harm.

Many of these conditions are preventable and early intervention can mean that children and young people get the right support at the right time to prevent them reaching crisis point.

Sefton's single strategic and overarching plan for all services which affect children and young people across the borough is set out in the Children & Young People Plan 2020-25 which sets out how the Council, with its strategic partners, intends to achieve improvements.

Sefton's Joint Strategic Needs Assessment was used to inform the plan and will seek to ensure that children and young people's needs are understood and met. This information together with what we already know about our area from previous work and conversations has informed the priorities in the overarching plan which was written around the four themes of:

- Heard
- Happy
- Healthy
- Achieving

To support our commitment to ongoing improvement it is important to review and re-assess the current pattern, distribution, and levels of mental health and wellbeing across Sefton. The Children and Young People Mental Health and Wellbeing Strategic Assessment (CYP-MHWSA) is a tool to support the planning, decision making, and commissioning priorities through the provision of insight into young person related mental health issues in Sefton. This helps ensure that these considerations form an integral part of the delivery of statutory services within the Children and Young People Partnership.

The purpose of this report is to identify issues surrounding mental health and wellbeing in Sefton and to some extent the factors influencing those patterns to support future evidence-based decision making.

The key priorities in the 2020/25 Children and Young People Plan includes:

- To act in the best interests, and promote the physical and mental health and well-being, of those children and young people.
- To encourage children and young people to express their views, wishes and feelings.
- To consider the views, wishes and feelings of children and young people.
- To help children and young people gain access to and make the best use, of services provided by the local authority.
- To promote high aspirations, and seek to secure the best outcomes, for children and young people.

- For children and young people to be safe, and for stability in their home lives, relationships and education or work, and
- To prepare children and young people for adulthood and independent living

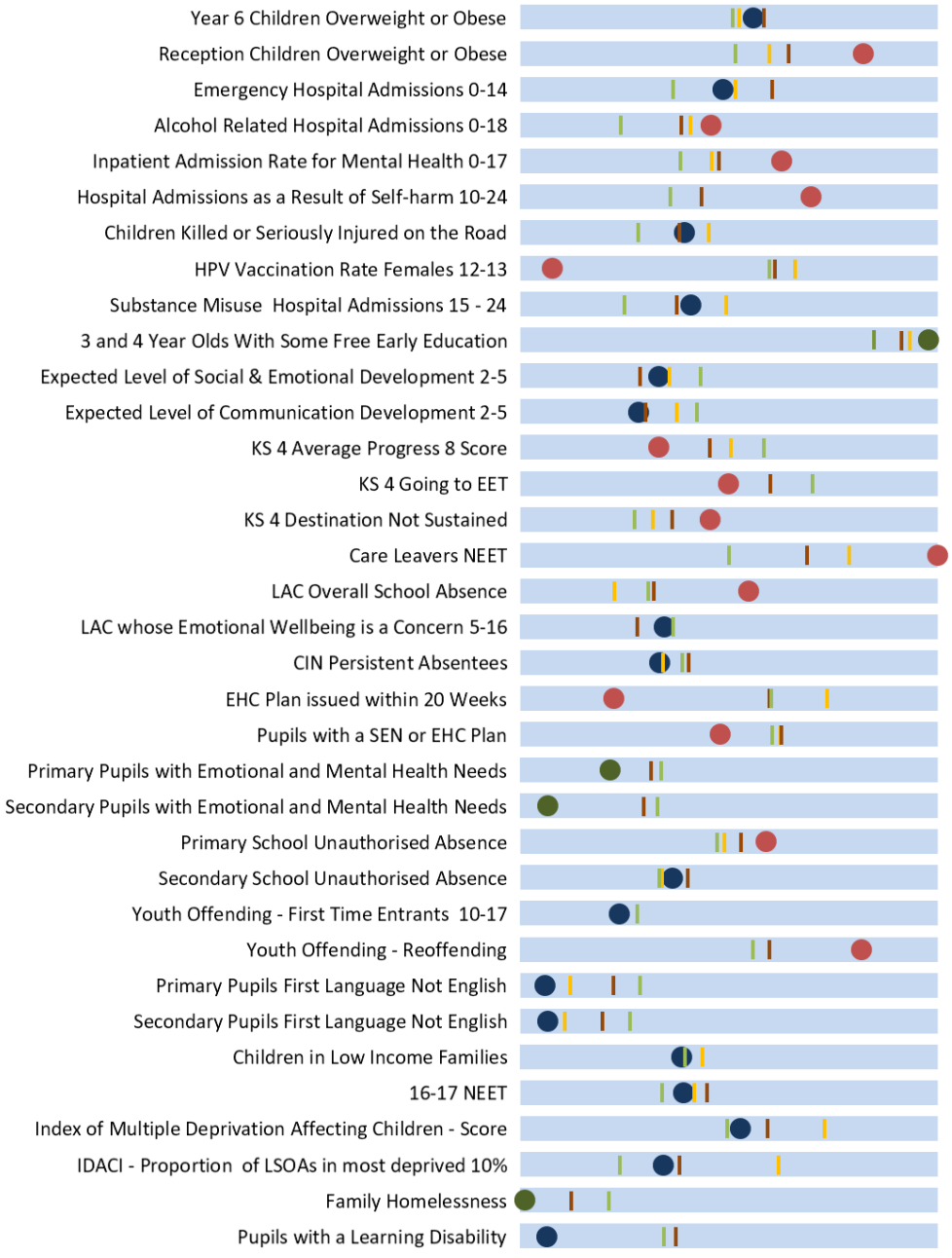
Further details about the Sefton Children and Young People Plan can be found at:

https://seftonlscb.org.uk/lscb/news/children-young-people-plan-2020-25-sefton

Comparative National Position

The following chart illustrates the relative position of Sefton when compared to the range of values for all local authorities nationally, and highlights the England, Northwest and Statistical Neighbour (SN) rates where available.

The graphs show the relative position of Sefton (●/●/●) compared to other Local Authorities in England, along with Sefton's Statistical Neighbours (|), the North West (|) and England (|). Low values are to the left, high to the right. For some data topics the SN figure was not available.

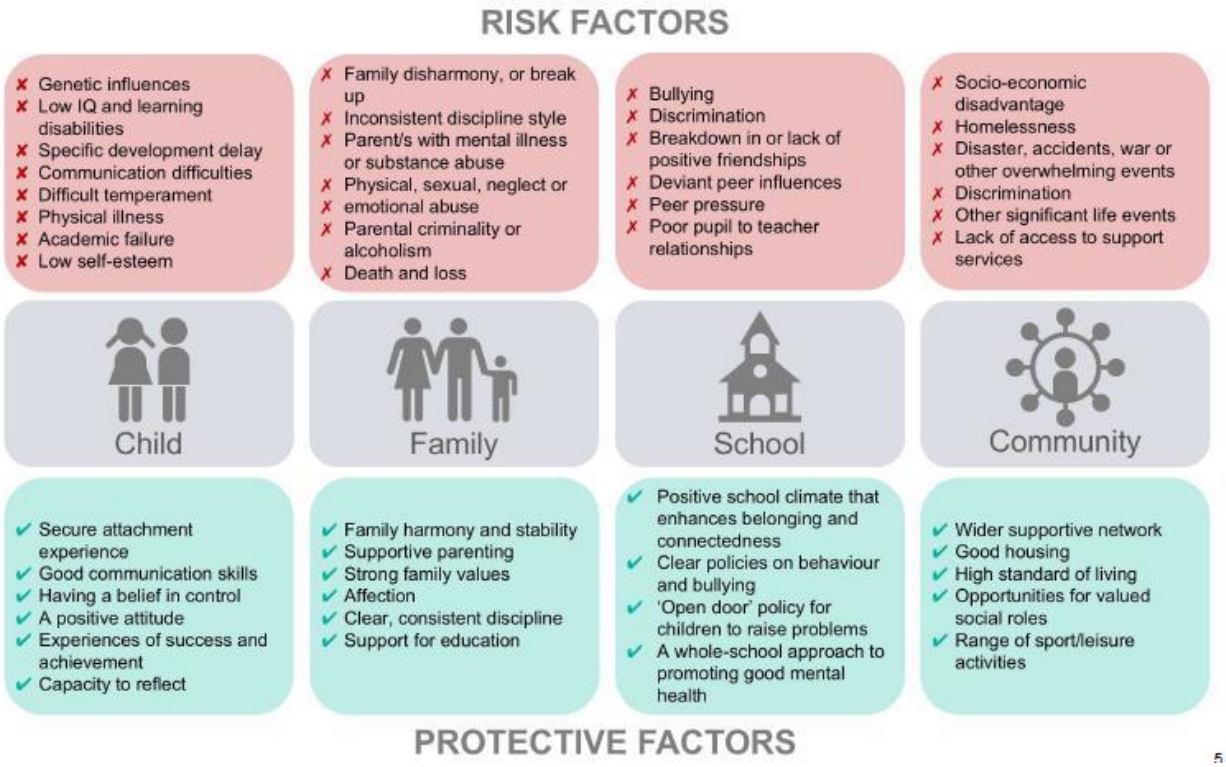


Risk and Protective Factors

In 2016 Public Health England (PHE) undertook analysis to identify some of the factors that can increase the likelihood of a child or young person experiencing a mental health condition, along with the protective factors associated with better outcomes that can help ameliorate risk. Risk factors have a cumulative and interactive effect.

There is a large and growing body of research showing how adversity experienced in childhood can impact on future physical and mental health. The factors identified by PHE are illustrated in figure x. These are used within the document to assist in providing surrogates for issues relating to mental health in children and young people where direct measures are not available.

Risk and Protective Factors for Children and Young People's Mental Health 2016



Risk Factors

Age

- 1 in 10 children aged 5-16 years has a diagnosable mental health problem. This represents some 3,700 children in Sefton.
- 50% of lifetime cases of diagnosable mental illness begin by age 14.

Gender

- Girls and young women are more likely to have depressive disorders and anxiety disorders.
- High levels of self-harm are evident among girls and young women in particular.
- Gender-based violence severely impacts on the mental health of girls and women at individual and population levels.
- The majority of young people with eating disorders are female; there is also evidence that eating disorders are a particular concern for transgender young people.
- Males aged 15–24 are more likely to die by suicide.
- Conduct disorders are significantly more prevalent in boys.
- Patterns of drug and alcohol use by young people indicate higher levels of dependence among males.
- Boys and young men are much more likely to be diagnosed with ADHD and autism.
- Overall, boys up to 18 are more likely to have a mental disorder than girls. 10% of 5-10 year old boys and 5% of girls have a mental disorder and 13% of 11-16 year old boys and 10% of girls.

Gender Identity

- Transgender young people are disproportionately affected by depression, anxiety, self-harm and suicidality; their mental health is significantly undermined by transphobic victimisation.
- Transgender people aged under 26 are twice as likely to attempt suicide.

Ethnicity

- Prevalence rates of mental health problems vary with ethnicity.
- Nationally, prevalence in Black children aged 11-16 years is 14%, compared to 11.5% for White children.
- Prevalence is lower amongst Indian adolescents, approximately 3%.
- However, the tools for assessing mental health may be culturally skewed towards White British populations and what data is available makes accurate conclusions difficult to develop. What is known is that mental health development is strongly influenced by family and wider social experiences in areas such as school, and these factors may vary considerably by ethnic group.

Children with a Disability

- Children with a disability have a 2-fold increased risk of emotional/conduct disorders.
- Children with a learning disability have a 6-fold increased risk of mental health problems, an increased risk of developing psychological problems, 2-fold increased risk of experiencing anxiety disorders and 6-fold increased risk of experiencing conduct disorders.
- People with Autistic Spectrum Conditions have high levels of additional needs, with 70% having at least one other mental of behavioural disorder and 40% having at least two disorders – most commonly anxiety, ADHD and Oppositional Defiant Disorder (ODD).
- 1 in 10 children have Medically Unexplained Symptoms (MUPS). This overlaps with long term conditions and can contribute to depression and anxiety.

Perinatal Mental Health

- Poor maternal health in pregnancy and during the post-natal period can have serious consequences for the health and wellbeing of the baby, as well as the mother and family.

- The most common perinatal mental health problem is post-natal depression.
- An estimated 10-20% of women are affected by mental health problems at some point in pregnancy or the first year after childbirth.

Parental Mental Illness

- Up to 18% of children in the UK live with a parent who has mental health condition. In Sefton this would equate to over 10,000 children.
- Over a third of children whose parents have mental health problems will develop problems as a child or adult.
- Children whose mothers had mental health problems are more than twice as likely to develop emotional disorders.

Parental Substance Misuse

- Parental substance misuse can lead to inconsistent and unpredictable parenting and mental and physical health problems in children.
- Living with a parent with a substance misuse problem can result in the child developing behavioural problems, problem drinking and is associated with risk-taking behaviours.

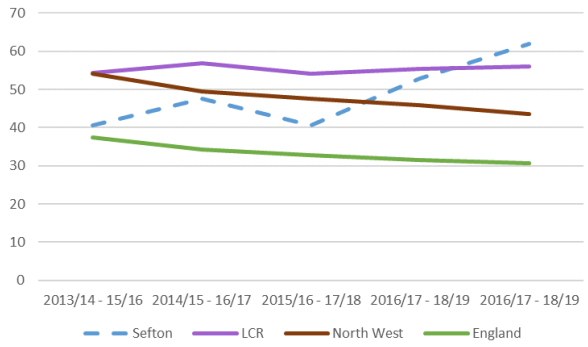
Substance Misuse

- Alcohol misuse has links to depression, anxiety, personality disorders and psychosis. People may self-medicate with alcohol when they feel anxious or depressed.
- Drug misuse can increase the risks of developing psychosis, depression or anxiety. It can exacerbate symptoms of an existing mental disorder and can also trigger mental illness where there is an inherited family risk factor.

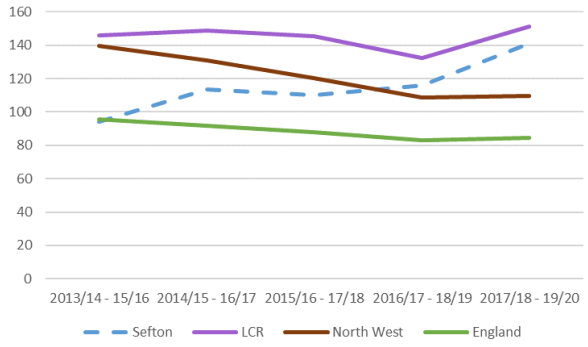
In Sefton between 2016/17 - 18/19 there were 100 hospital admissions due to substance misuse for those aged between 15-24 years, with a directly standardised rate per 100,000 of 116, this is significantly worse than the England rate and higher than the North West, yet lower than that seen across LCR. Rates have fluctuated across the time period.

Sefton saw 85 hospital stays due to alcohol for those under 18 during 2016/17 to 18/19. The Borough has a worse crude rate than England in three of the five time periods, yet for the past previous four years it has been below the North West with only the current period being higher. Sefton is continually lower than the LCR rates.

Hospital Admissions Due to Substance Misuse Aged 15-24 years (Directly Standardised Rate per 100,000 15-24)



Admission Episodes for Alcohol-Specific Conditions Aged Under 18 - (Crude Rate per 100,000 under 18)



Domestic Violence

- Conflict in families and relationship breakdown can have detrimental effects on children and young people.
- The NSPCC estimates that around 1 in 5 children have been exposed to domestic abuse and that children exposed to domestic violence are more likely to have behavioural and emotional problems. This would equate to around 11,400 children in Sefton.

- National self-reported survey data shows that 17.5% of 11 to 17 year olds said they had been exposed to domestic violence.
- Violence witnessed or experienced in the home can normalise violence in future relationships for both boys and girls.
- In Sefton Domestic Abuse is recorded as a factor in the assessment of over two thirds of Children in Need cases.

Abuse and Neglect

- Abuse and neglect in childhood are causally linked to mental and physical health outcomes, including the increased likelihood of mental illness, substance misuse and suicide.
- Department for Education statistics on Looked After Children (LAC) show that, on average, throughout their teens looked after children score above the norm on the Strengths and Difficulties Questionnaire (SDQ), indicating higher rates of mental health problems in the looked after population. More than a third of looked after young people aged between 10 and 16 meet the criteria for concern (a score of 14 or more) (Department for Education,2018b). This compared with 8% of the general population aged 11-15.
- In Sefton emotional neglect is recorded as a factor in the assessment of over a quarter of Children in Need cases.

Child Sexual Exploitation (CSE)

- Children who have been the victims of CSE had a 15-fold increased risk of minor depression as a child, 8-fold increased risk of suicidal ideation, 8-fold increased risk of anxiety, 5-fold increased risk of substance misuse, a 7-fold increased risk of recurrent depression as an adult and a 10-fold increased risk of adult PTSD.

There were 178 referrals to Sefton's Multi-Agency Child Exploitation Panel (MACE) between April 2019 and March 2020, slightly higher than the numbers seen the previous year (174).

Of these referrals 59% related to child exploitation (CE), 38% to child sexual exploitation (CSE) and 3% were referrals for both. 45% of referrals were from Sefton Children Social Care, with a further 27% being Merseyside Police.

In total, 157 individuals were discussed (27 of which had previously been discussed in 2018/19 and one of which has been referred seven times over the past two years).

Children in Care

- Nationally, an estimated 45% of Children in Care have a mental health disorder.
- Children in Care are nearly 5 times more likely to have a mental health disorder than all children.
- They have a 7-fold increased risk of conduct disorder and 5-fold increased risk of suicide attempt as an adult.

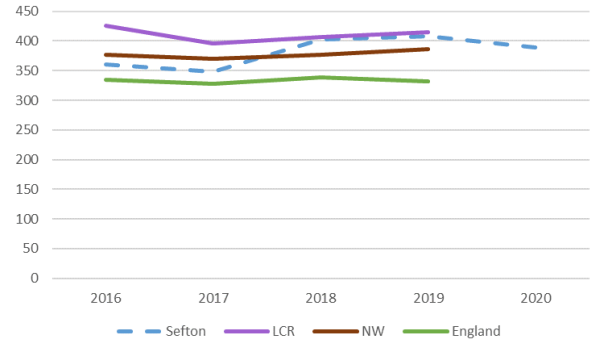
Whilst data on factors at the end of assessment should be interpreted with caution given the variances in national reporting it does give some indication of the extent of these issues within the supported children population in Sefton. Sefton's children in need cohort display significantly above average elements of the risk factors for mental health issues including substance misuse, domestic violence, and in particular self-harm.

Children in Need – Factors determined to be involved at the end of Assessment

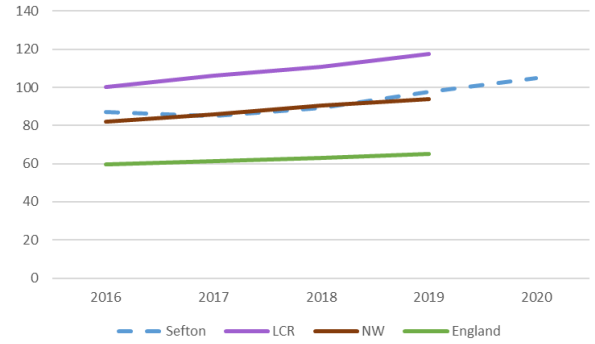
Factors At Assessment End	Sefton		NW	England
	%	Rank	%	%
Self-harm	9.5	6	5.1	4.5
Alcohol Misuse	28.1	12	21.8	18.3
Domestic Violence	66.9	12	53.9	50.6
Mental Health	65.8	14	50.5	43.5
Drug Misuse	32.0	15	25.6	21.0
Emotional Abuse	26.3	40	24.5	21.1
Learning Disability	12.9	82	14.0	12.7

Sefton's levels of social care support for children are generally well above the national average. Looked After Children (LAC) in particular have seen a continual increase over the last few years, though in line with a similar increase in the regional figures.

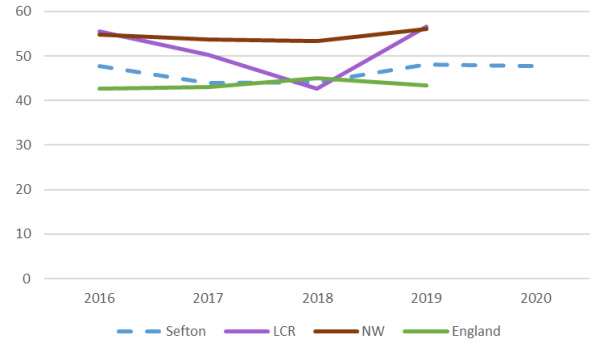
Children in Need as at 31st March Rate per 10,000



Children Looked After at 31st March Rate per 10,000



Child Protection Plan at 31st March Rate per 10,000



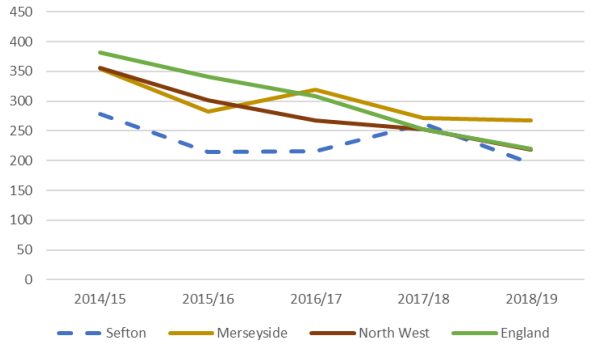
Young Offenders

- Young offenders have a 3-fold increased risk of mental health disorders.
- Approximately 95% of young people in detention have a mental health problem and 80% have more than one.

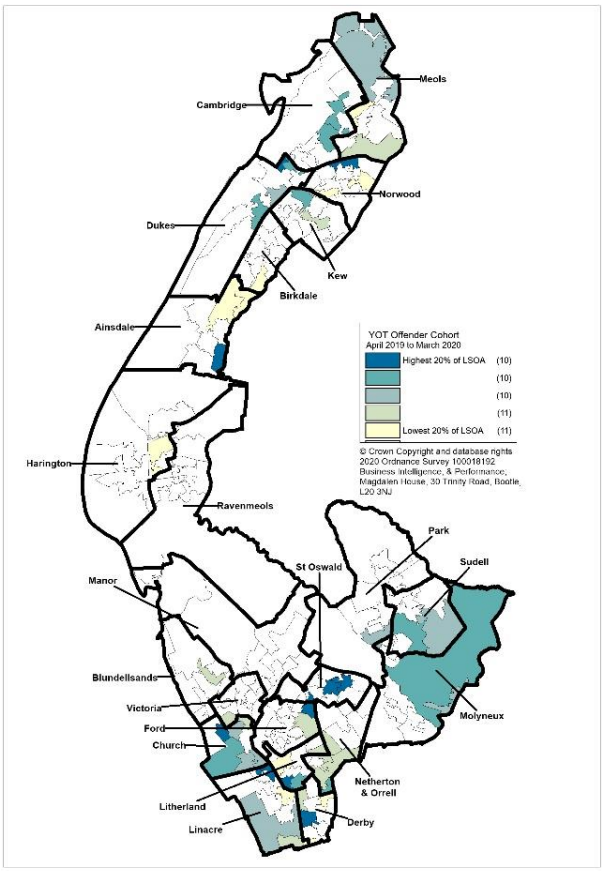
During 2019/20 there were a total of 179 incidents carried out by 157 young people that resulted in involvement from Sefton Youth Offending Team (YOT) for specific interventions to address their offending behaviour. The majority of incidents were for anti-social behaviour with drugs involved 60%.

Sefton had a total of 46 First Time Entrants (FTE) in October 2018 to September 2019. Apart from 2016/17 there has been a year on year reduction in the number of FTE.

Rate of First Time Entrants per 100,000 (PNC data)



Distribution of Youth Offending Cohort (LSOA Level) - Rank of Youth Offending Rate



The use of Custodial Sentences remains low in Sefton. During Q2 2018/19 there were two Custodial Sentences and one during Q3 2019/20.

Homelessness

- Young homeless people have twice the risk of depression.
- 27% have a diagnosed mental health condition, compared to 7% of non-homeless people.

Not in Employment, Education or Training (NEET)

- Being unemployed or not in training or education between the ages of 16---18 is a major predictor of later unemployment, low income, teenage motherhood, depression and poor physical health.
- A Princes Trust study found that young people not in work aged 16-25 are less likely to be happy.
- Data from the Public Health England East of England region from 2018 highlighted that 50% of all ages claiming employment support allowance were doing so due to mental or behavioural disorders. For those under the age of 24 this increased to 70%.
- These statistics indicate that a significant proportion of the 16-25 age group are likely to experience the overlap between mental health problems and difficulties finding employment. An additional proportion will have found employment but will be struggling to cope with the demands.
- IPPR research highlighted the importance of permanent work for wellbeing. It found that younger workers in temporary jobs were 29% more likely to experience mental health problems than those in permanent jobs.

Pupils with Special Educational Needs

- Pupils with statements of Special Educational Needs have a 3-fold increased risk of conduct disorder.
- In Sefton approximately 14% of school children have been identified as having Special Educational Needs (SEN) (either SEN support in school or a prescriptive Education, Health, and Care (EHC) Plan which is in line with the national average.

Internet Safety

- A study of more than 6,000 children aged between 12 and 15 who heavily used social media platforms were more likely to report mental health issues like depression, anxiety and loneliness, along with mood issues like anger and anti-social behaviour.
- Children and young people who regularly have 3 hours or more a day screen time are associated with twice the risk of mental health problems compared to those that do not.

Bullying

- In the Annual Bullying Survey 2018 22% of young people reported that they had experienced bullying in the last 12 months (Ditch the Label, 2018). In Sefton this would represent some 8,800 children.
- Bullying is detrimental to physical and mental health and can pose a suicide risk.
- Generally, children who are bullied have one or more of the following risk factors: are LGB&T, have a disability, are socially isolated, are perceived as being different to peers, or seen as weak, or are depressed, anxious, have low self-esteem, or have few friends.

Socio-economic Deprivation

- Living in poverty can increase the risk of mental health problems. 11 year olds from the lowest income families are 4.5 times more likely to experience severe mental health problems when compared to those from the highest income families, *Gutman et al (2015) Millennium Cohort Study 2012*.
- In Sefton approximately 1 in 6 or 2,700 secondary school pupils are in receipt of Free School Meals. The rate is 1 in 5 or 4,400 primary school pupils.
- Having severe mental health problems is strongly related to parental education, parental occupation and family income.
- The income-related gradient in prevalence appears to have become steeper and is much steeper in children than among adults.

- The impact of poverty is felt throughout the life course. For children and young people this can mean basic needs are not being met, e.g. not having enough to eat, living in cold, damp housing, not having appropriate clothing.
- Children with poorer mental health are more likely to have lower educational attainment and there is some evidence to suggest that the highest level of educational qualifications is a significant predictor of wellbeing in adult life; educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources.
- Social inequalities can lead to health inequalities (Marmot et al, 2012; Pearce et al, 2019). Although health is clearly influenced by genetics and health care, the wider social determinants of health, such as poverty, play a huge part. Estimates of the relative contribution of different factors to health outcomes suggest that the proportion determined by social factors is the largest, accounting for approximately half of the variation (Buck and Maguire, 2015).
- More detailed analyses by Public Health England have shown that among 10 to 14 year old pedestrians, those living in the 20% most deprived areas were 2.6 times more likely to be killed or seriously injured on the roads than those from the least deprived areas. Those aged 15-19 from the most deprived areas were twice as likely to be killed or seriously injured (Public Health England, 2018)

The Index of Multiple Deprivation (IMD) measures levels of deprivation across seven core domains. The higher the score the more affected or 'deprived' an area is. The IMD data is provided by LSOA (these are groups of approximately 200 households - defined nationally). The seven core IMD domains include:

- Income
- Employment
- Education, Skills, & Training
- Health & Disability
- Crime
- Barriers to Housing & Services
- Living Environment

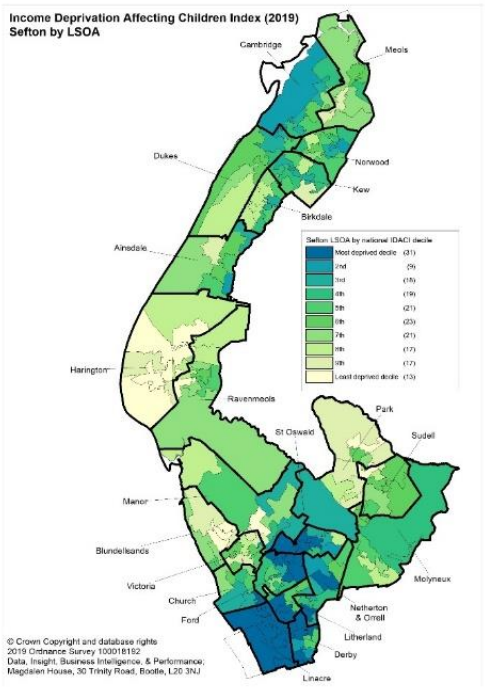
In Sefton, deprivation has seen an overall increase in the average score from 2004 to 2019, (26.2 to 27). 2019 is the second highest IMD level out of the five years.

In 2019, the Borough was ranked 58 out of the 318 lower tier Local Authorities Districts around England. However, deprivation is very spatially uneven across the Borough. 38 LSOAs across Sefton fall within the most deprived areas in England (top 10%), with seven of these being in the top 1%.

The index also provides an indication of the level of income deprivation affecting children (IDACI). The most significant levels are in the far South of the Borough where the correlated risk between poverty and emotional and physical wellbeing are most likely to be prevalent.

Approximately 13,000 children live in the bottom 30% of areas of Sefton scored on the basis of IDACI.

Distribution of Index of Multiple Deprivation (LSOA Level) – Income Deprivation Affecting Children Rate



Physical Health

- Poor health in childhood and adolescence can have a significant impact on overall life chances, with certain unhealthy behaviours having medium to long-term impacts on health, for example, smoking.
- Children with long-term conditions are twice as likely to experience emotional problems or disturbed behaviour.
- There is strong evidence to suggest an association between obesity and poor mental health in teenagers and adults. Weight stigma increases vulnerability to depression, low self-esteem, poor body image, maladaptive eating behaviours and exercise avoidance. One systematic review showed that obese persons had a 55% increased risk of developing depression over time, whereas depressed persons had a 58% increased risk of becoming obese.

Young Adult Carers

- Being a young adult carer is a risk factor for young people's mental health. The 2017 GP Patient Survey found that 45% of young adult carers reported suffering from depression or anxiety compared to 31% of young people not in a caring role. Research into young adult carers and employment has also found that 51% of young adult carers reported having mental health problems.

Loneliness

- ONS research suggests that 1 in 10 children aged 10-15 report feeling lonely often. In this age group alone for Sefton this would equate to approximately 1,800 children.

Primary Mental Health Data

The Quality Outcomes Framework (QOF) states that in 2018/19 there were 3,550 people registered with GPs residing in Sefton who had a serious mental illness (this includes patients with schizophrenia, bipolar affective disorder and other psychoses). This equated to 1.3% of the population - a slight increase when compared to 2014/15. Sefton has a higher prevalence rate than that of the LCR, North West and England. All the comparison areas have also seen increases across the past four years. Sefton falls within the highest quintile in England.

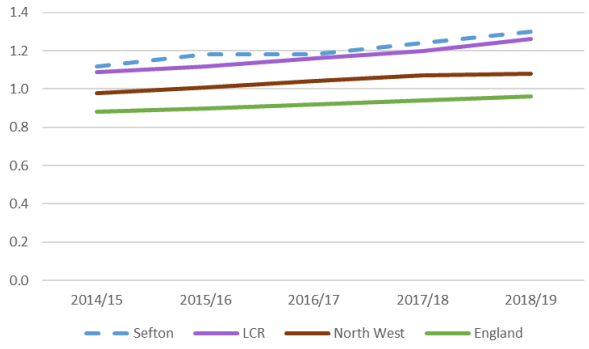
There was a total of 26,917 (12%) Sefton residents aged 18 and over with depression on GP registers. This has shown a year on year increase since 2014/15 and is higher than the rates seen nationally (though is below those seen regionally and across LCR).

It should be noted these figures are still likely to be underestimates given that some of the Sefton population (especially those not in contact with health services) will remain undiagnosed.

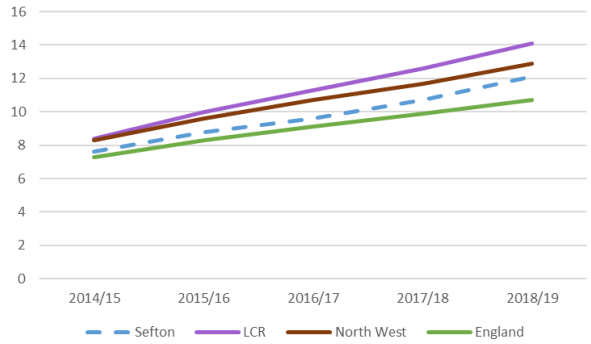
Since 2012-14 Sefton suicide rates have been higher than those seen nationally and regionally, with 82 suicides reported in Sefton in 2016-18.

Emergency hospital admissions for intentional self- harm have shown overall increases over the last five years (56%) Sefton is continually significantly worse than the England rate. In 2018/19 the Borough is also higher than the North West and LCR)

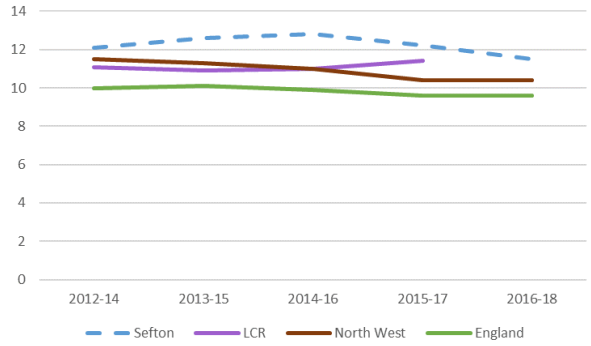
Serious Mental Illness Recorded Prevalence (Percentage of Patients on Practice Register All Age - QOF)



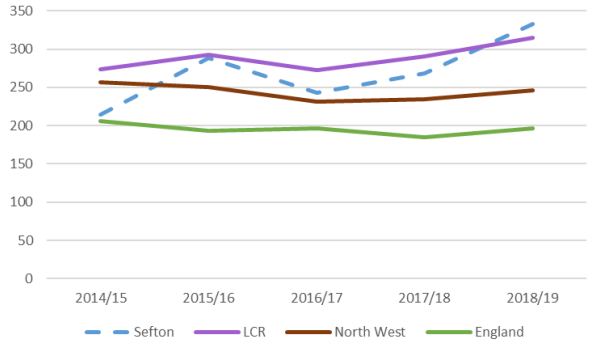
Depression Recorded Prevalence (Percentage of Patients on Practice Register Aged 18 + - QOF)



Suicide Rate (Directly Standardised rate per 100,000)



Emergency Hospital Admissions for Intentional Self-Harm (Directly Standardised rate per 100,000)



COVID-19

With disruption in everyone's lives due to coronavirus (COVID-19) it's important that we all pay attention to the mental health of children and young people. Research suggests that the pandemic will affect everyone's mental wellbeing, particularly vulnerable groups such as children (Holmes et al, 20201). Children and young people may feel worried or anxious about different things. Beyond the virus itself there is the interruption of the normal school routine, suddenly spending most of their time indoors and no longer regularly seeing family and friends. They may also experience someone close to them, such as a family member, carer, friend or teacher, becoming seriously ill or passing away. This can cause feelings of sadness, loss and grief.

The medium and long-term impact on health of the government interventions to restrict movement to curb the transmission of COVID-19 could be profound, for example resulting in bankruptcies, unemployment, more domestic abuse, neglect and hardship. However, the impact of the COVID-19 pandemic and associated 'lock-downs' is difficult to fully quantify at this relatively early stage. Research has suggested that there have been some short-term impacts on mental health and wellbeing, but the specific extent of that impact for children and young people for the future is difficult to ascertain.

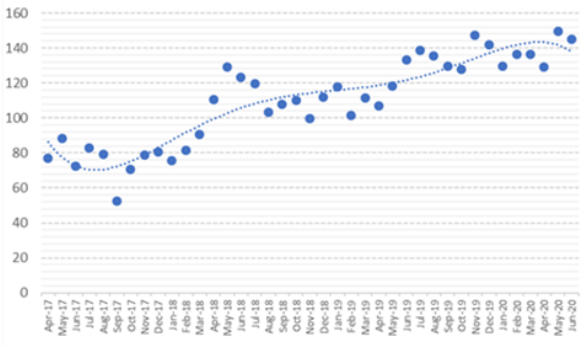
Early estimates show an unprecedented economic shock, with the Office for Budget Responsibility forecasting a 35% reduction in GDP in the second quarter of 2020. Research from the 2009 financial crisis has found the downturn was associated with poorer health outcomes. Initial research on the impact of the lockdown on economic activity has already found higher job and earnings losses for lower earners, younger workers and women.

There are also the social consequences of a prolonged lockdown and period of social distancing: surveys show increases in anxiety and highlight a rise in people seeking help for domestic abuse. Overcrowding in English households had been rising in the years prior to the crisis, a more pronounced problem when so many are confined to the home as well as being a potential means of transmission of COVID-19.

School closures may have negative and unequal consequences for pupils' development.

Beyond the more immediate impacts there will undoubtedly be issues relating to the risk elements which have been exacerbated by our response to the disease. This includes both an increase in incidents of domestic abuse which is associated with impacts on children's health; and issues associated with a generation of school children having their education seriously disrupted for long periods and the impact this will have on their life outcomes. For young people about to or trying to enter the work place there will be additional significant impacts.

Rate of Domestic Abuse Crimes (per 1,000 population).



The Office for National Statistics undertake a national Opinions and Lifestyle Survey and produce some analysis of Coronavirus and the social impacts on young people in Great Britain.

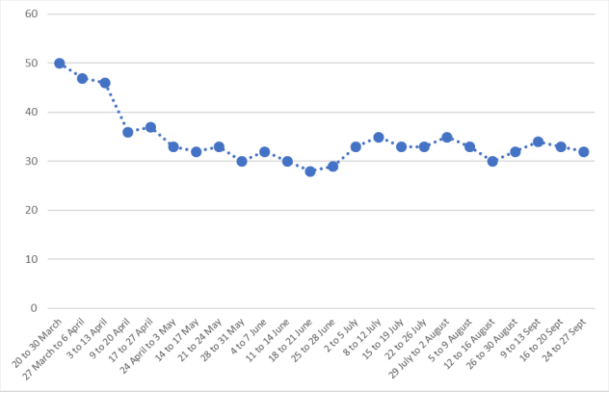
Indicators from the on the impact of the coronavirus (COVID-19) pandemic on young people in Great Britain suggest:

- Among young people (aged 16 to 29 years) who were worried about the effect the coronavirus (COVID-19) was having on their lives, their main concerns were the effects on schools or universities (24%), their well-being (22%), work (16%) and household finances (16%).
- For those young people (aged 16 to 29 years) who reported that the coronavirus was affecting their work, the most commonly reported impacts were a reduction in hours worked (21%), concerns about health and safety at work (18%) and having been asked to work from home (19%).

- Other than being unable to attend their educational establishments, most young people who reported an impact on schools or universities expressed concerns about the uncertainty over exams and qualifications (58%), the quality of education being affected (46%) and a move to home schooling (18%).
- Young people who reported that their well-being was being affected were much more likely than either those aged 30 to 59 years or those aged 60 years and over to report being bored (76%) and lonely (51%); they were also much more likely to say the lockdown was making their mental health worse (42%).
- Young people were generally more optimistic than the older age groups about how long they expected the effect of the pandemic to last, and over half of them (55%) reported they expect their lives to return to normal within six months.

The issues above were reported during the main 'lockdown' period. Additional trends from the survey suggest that for the population as a whole whilst anxiety levels were high during 'lock-down' these quickly returned to 'more usual' levels and those levels remain relatively stable.

Percentage of Adults with 'High Anxiety' – Weekly Snapshots.



Finding from research undertaken by Public Health England in their report: "*COVID-19: mental health and wellbeing surveillance*" is outlined below:

- There is growing indicative evidence that Coronavirus and associated interventions, such as social distancing and stay at home guidance including school closures, have likely had an adverse effect on the mental health and wellbeing of children and young people (CYP).
- Loneliness has been a challenge for some CYP, although some have reported benefits for their mental health.
- While many children and young people have retained some access to mental health support during this period, a lack of access to mental health support has been associated with worse mental health and wellbeing for some CYP.

There are indications that these experiences may vary by CYP characteristics.

- There is mixed evidence on whether mental wellbeing varies by ethnicity during COVID-19. Some evidence suggests that young people from Black, Asian and Minority Ethnic (BAME) backgrounds have experienced a higher rate of mental health and wellbeing concerns, though other studies have not found this to be the case.
- Emerging evidence on young people with existing mental health conditions suggests that the pandemic has negatively affected the mental health and wellbeing of many of these young people, but there are no robust comparisons.
- Parents have reported that CYP with Special Educational Needs and Disabilities (SEN(D)) have been negatively affected by the pandemic, but measures of emotional and behavioural difficulties do not show a widening gap with their peers.
- There is limited evidence available on the experiences of young people in low income areas - what evidence there is highlights the possible effects of their situation, for example having lower access to technology to communicate with friends, a protective factor in CYP wellbeing.

The latest evidence suggests that vulnerable children and other CYP with challenging home environments, are more likely than others to have had experiences during the pandemic associated with a risk to mental health and wellbeing such as:

- loneliness
- disruption to access to support
- difficult relationships within the home
- parental stress or poor mental health
- a lack of access to the outside or natural environment

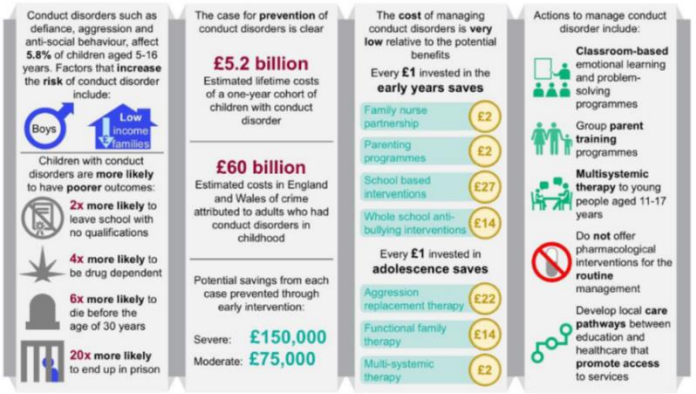
Secondary analysis of population wellbeing surveys before and after the Coronavirus pandemic suggests that being young, a woman, and living with children, especially preschool age children, has a particularly strong influence on the extent to which mental distress increased under the conditions of the pandemic. Given the critical role of parents in maintaining and developing child well-being it can be assumed that these issues have had an important impact on overall child mental health wellbeing.

Conduct Disorders

Conduct disorders are the most common mental health disorders of childhood (Pilling et al, 2013). Green et al (2005) estimates that approximately 5.8% of children and young people aged between five and 16 years old met the diagnostic criteria for conduct disorders – equating to some 1,800 children in Sefton. Nearly 40% of children who are being 'looked after' (for example in foster care or children's homes), or who have been abused, or who are on the child protection or safeguarding register, meet the criteria for conduct disorders.

Specifically, Attention Deficit and Hyperactivity Disorder (ADHD) can affect educational attainment, peer relationships, self-esteem and can contribute to youth offending. It has been estimated that it affects around two to four percent of teenagers in the UK, with rates consistently higher in boys than girls (Association for Young People's Health, 2012). Some 800 children in the Sefton January 2020 school census are recorded as having ADHD.

Prevalence, Outcomes, Costs and Evidence-based Actions for Conduct Disorders - PHE (2016)



Child and Adolescent Mental Health Services (CAMHS)

Child and Adolescent Mental Health services are delivered through a network of providers offering universal, targeted and specialist services. These are organised in four tiers.

Tier 1 consists of universal services provided through early year services and primary care. Tiers 2 and 3 provide targeted services through youth offending teams, school and youth counselling, and specialist community based psychiatric and psychological services. Tier 4 consists of inpatient and very specialised outpatient services.

The 2018 England CAMHS benchmarking report estimated only 18 in 1,000 children and young people under 18 were on the community mental health services caseload (NHS England, 2018). This figure relates to referrals to Tiers 2 and 3, not including inpatient services.

In a survey of 3,750 young people aged 12-16 in UK secondary schools, only 5% of those at high risk of depression or self-harm had seen specialist CAMHS in the previous six months. Amongst those with probable depression, 79% had seen their GP (Sayal et al, 2014).

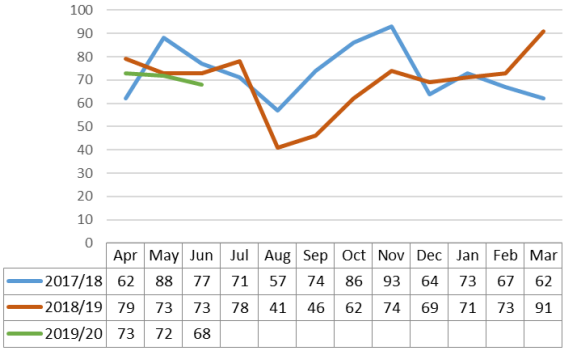
The English Children's Commissioner has estimated that of those referred to CAMHS in England in 2017, less than a third received treatment within the year (Children's Commissioner, 2018). The average waiting time to the start of treatment is three months (NHS Benchmarking Network, 2018).

It is also worth noting that the benchmarking statistics also show there are only 75 full-time working equivalent people in the community CAMHS workforce per 100,000 population (age 0-18).

In addition to limitations in capacity to respond at the community CAMHS level, specialised inpatient beds (Tier 4) are also very restricted with approximately 1,600 across the whole of England.

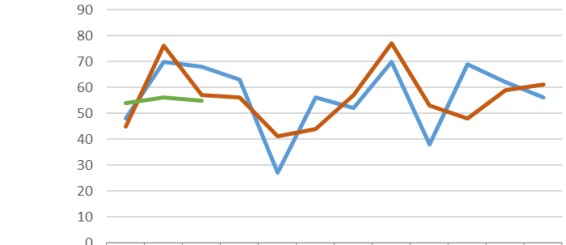
In Sefton the overall number of CAMHS referrals has remained relatively stable at around 126 per month though with seasonal and school term related variations month by month. Figures for the two Clinical Commissioning Group (CCG) areas covering Sefton are illustrated below.

Total Referrals to CAMHS by Month – South Sefton



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	62	88	77	71	57	74	86	93	64	73	67	62
2018/19	79	73	73	78	41	46	62	74	69	71	73	91
2019/20	73	72	68									

Total Referrals to CAMHS by Month – North Sefton



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	48	70	68	63	27	56	52	70	38	69	62	56
2018/19	45	76	57	56	41	44	57	77	53	48	59	61
2019/20	54	56	55									

Access targets

NHS planning for the last few years has included a commitment to increase the number of children and young people being supported by NHS funded community services, this is called an "access target". It is the percentage of children young people accessing support compared to the suggested prevalence.

There has been good progress in increasing access and meeting the access target across Sefton. Although referral rates have not notably increased there has been an increase in the recorded access rates and a trend of larger numbers of cases requiring intervention and for longer. This indicates increased demand and pressure on the service.

The NHS has committed to at least 70,000 additional Children and Young People (CYP) accessing appropriate mental health services each year by 2020-21, as set out in the Five Year Forward View for Mental Health. This equates to an increase in access to treatment from 25% to 35% of estimated prevalence based on the 2004 ONS figures. According to the indicative national trajectory published in Implementing the Five Year Forward View for Mental Health, the NHS should achieve 34% in 2019/20.

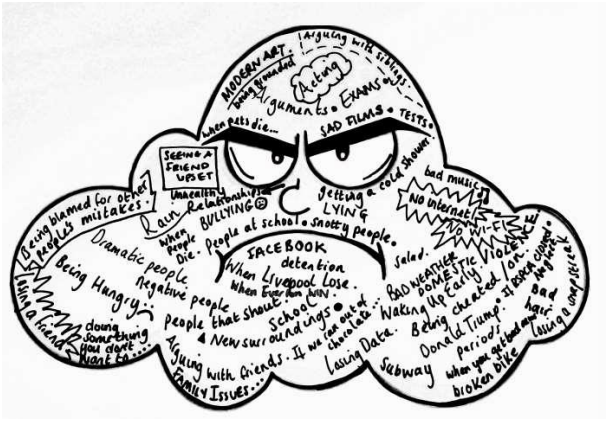
Current data from the CAMHS programme estimates that Sefton will be on track to significantly exceed the national target of access levels. Sefton is projected to provide treatment to just over 2,000 children in 20/21. However, based on the 2017 Mental Health prevalence rate estimate there may be over 3,800 children in Sefton with mental health issues. After referral there is a further treatment gap, as some are not accepted for treatment, and others experience a long wait. The level of and options for addressing this potential 'treatment gap', therefore, requires further review.

Consultation – The Voice of Children & Young People in Sefton

In July 2016 Sefton Young Advisors along with members of the MAD group (Looked After Children's Council) and The Chameleons (Youth Mental Health Voice Group) facilitated an Emotional Health & Wellbeing Event, inviting young people from schools and groups in Sefton to gather their opinions and experiences of emotional health and wellbeing services and support, what services they already knew of and how accessible they thought they were.

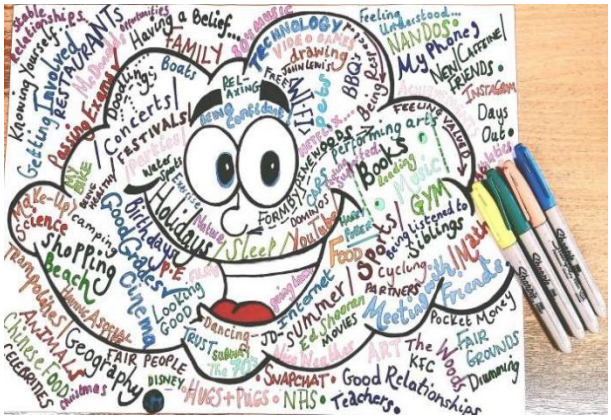
From the consultation and engagement activity the following illustration shows some of the things that affect the young people's emotional health negatively are; lying, tests/exams, seeing a friend upset, being blamed for mistakes and bullying at school.

Things that affect young people's emotional health negatively



Also, from the consultation and engagement activity the following illustration shows of the things that affect the young people's emotional health positively are; feeling understood, days out, friends, concerts, getting involved, knowing yourself and being respected.

Things that affect young people's emotional health positively



Several barriers to effective support were identified that could prevent or break the chain of communication between the services/people, including:

- An individual may lose their close friend that they relied upon.
- Sharing issues can cause their family to worry.
- Indecisive YP do not know who to turn to.
- Family problems may prevent YP from sharing experiences.
- A teacher may be too busy.
- Not wanting to cause the family to argue/stress.
- YP not wanting anyone to know of the problem.
- Services may not be able to share information due to confidentiality, however the information may be valuable to the other services dealing with the YP.
- YP may be too embarrassed to tell anyone.
- A lack of knowledge with the specific problem.
- CAMHS is not accessible.
- Most people do not know who CAMHS are, it is not published well enough to the general public.
- YP may be too afraid of school finding out about personal problems.
- Scared to talk to friends and family about emotional health issues as they spend a lot of time with these people (be easier to speak to some-one they do not know).
- Sometimes the support is not always accessible all the time due to; school holidays, weekends.

In contrast the young people attending the event were asked to create a vision for the future of EH&WB in Sefton, which are represented below:

- *'No barriers, people caring, listening and freedom'.*
- *'To be happy and proud of who we are. We are all different for a reason'.*
- *'I'm autistic but look at me now I'm sitting with 'normal' people so am I really that different?'.*
- *'Happy, good balance of emotions, confidence, acceptance for everyone and everything'.*
- *'Success would be complete confidence and contentness in every decision and challenge: the ability to talk to people without anxiety or worry: to sleep happily'.*

- *'The Sun is always shining, and you have great friends and fun'.*
- *'My life is perfect, and I feel great. No worries or concerns or problems. My supportive workers and companies were successful'.*
- *'Feel like I can do anything and that nothing, even if the sky crashes down, could kill my mood, I'm on top of the world'.*
- *'I love my mates and my family. Everything is perfect in my life'.*
- *'Feeling really happy with my friends'.*

In 2019 a survey took place with children and young people, and staff within Sefton schools to establish levels of emotional wellbeing, as part of a programme to improve the mental resilience and wellbeing of children and young people. The survey was facilitated and analysed by Liverpool John Moore's University, who had been commissioned to evaluate the results as well as several mental resilience approaches taking place in Sefton schools. The student survey sample comprised 2,039 students aged 8-16 years attending primary, secondary, and Special (SEND) schools in Sefton, across a total of 29 schools.

Mental Wellbeing

Student mental wellbeing using the Stirling Children's Wellbeing Scale (SCWBS) for primary school children and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) for secondary school students. WEMWBS is a 14-item scale with five response categories (none of the time, rarely, some of the time, often, all of the time), summed to provide an overall score ranging from 14-70. Items are positively worded and cover both feeling and functioning aspects of mental wellbeing. Total scores were categorised into low (≤40), average (41-58), and relatively good mental wellbeing (≥59). The SCWBS is a positively worded measure of emotional and psychological wellbeing in children aged 8-15 years and is based on the same constructs as WEMWBS, making it an age appropriate comparable measure. SCWBS is a 12-item scale with five response categories (never, not much of the time, some of the time, quite a lot of the time, all of the time), summed to provide an overall score ranging from 12-60. Total scores were categorised into low (≤37), moderate (38-49), and high (≥50).

The mean score for secondary school students on WEMWBS was 48.12 (SD=12.25). The mean score for primary school students on SCWBS was 45.85 (SD=9.01). Overall, almost half (48.3%) of students had moderate mental wellbeing scores, 31.6% had high mental wellbeing scores, and 20.2% had low mental wellbeing scores. There was a significant association between sex and mental wellbeing score, with a higher proportion of females reporting low scores, compared to males. There was a significant association between year group and mental wellbeing score, with the highest prevalence of low mental wellbeing scores amongst students in years 7/8 and years 9/10/11. Mental wellbeing scores also significantly differed across school type, with a higher proportion of SEN and secondary school students having low mental wellbeing scores compared to primary students.

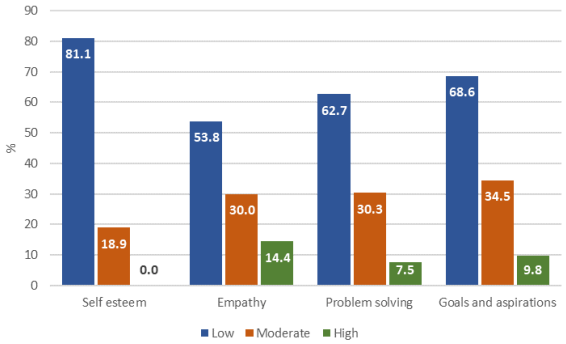
Associations between resilience and mental wellbeing

For all sources of resilience, there was a significant association between a student's resilience score and their mental wellbeing score. This indicated a graded relationship, with the highest prevalence of low mental wellbeing scores amongst students with low resilience scores, and the lowest prevalence amongst those with high resilience scores.

No individuals with high self-esteem scores had a low mental wellbeing score, whilst the majority of students with low self-esteem scores had a low mental wellbeing score.

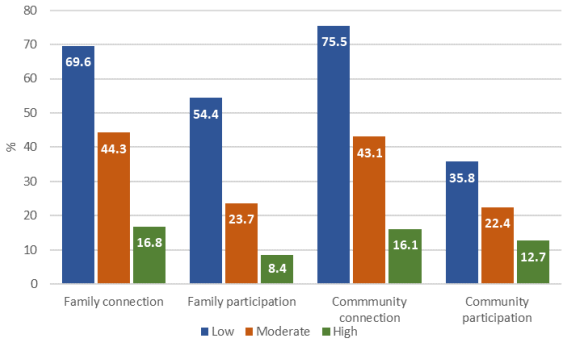
Approximately half (53.8%) of the students with a low empathy score also had a low mental wellbeing score, whilst approximately two thirds of students with a low problem-solving score (62.7%) and goals and aspirations score (68.6%) had a low mental wellbeing score, as illustrated below:

Proportion of Sefton students with low mental wellbeing scores by individual resilience scores – student survey



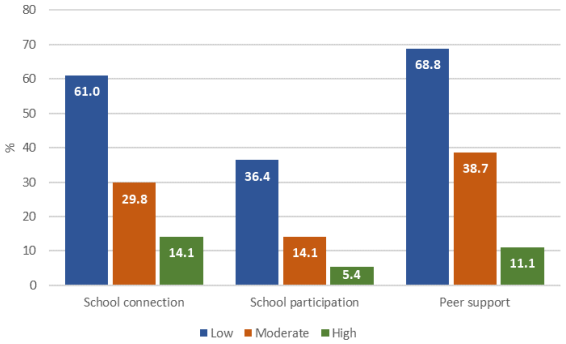
Approximately seven in ten students who had low family (69.6%) and community (75.5%) connection scores had a low mental wellbeing score, compared to approximately 16% of those with high family (16.8%) and community (16.1%) connection scores. Approximately half (54.4%) of the students with low family participation scores had a low mental wellbeing score compared to 8.4% of those with high family participation scores. Approximately one third (35.8%) of the students with low community participation scores had a low mental wellbeing score compared to just 12.7% of those with high community participation scores, as illustrated below:

Proportion of Sefton students with low mental wellbeing scores by family and community resilience scores – student survey



Low mental wellbeing scores were also more prevalent amongst students with low school connection scores (61.0%) and peer support scores (68.8%) compared to those with high scores (school, 14.1%; peer, 11.1%). Similarly, low mental wellbeing scores were higher amongst students with low school participation scores (36.4%) compared to those with high scores (5.4%), as illustrated below:

Proportion of Sefton students with low mental wellbeing scores by school and peer resilience scores – student survey



Resilience

- Students' perceptions of their individual characteristics showed that female students were significantly more likely than male students to report low to moderate self-esteem scores, but female students were significantly more likely to report high empathy scores. There was no difference in scores for problem solving and goals and aspirations between female and male students.
- School year and type had a significant association with scores for each of the four individual constructs (self-esteem, empathy, problem solving, and goals and aspirations). High scores on each construct were more prevalent amongst students in years 5 and 6 compared to other years, and among students in primary school compared to secondary and SEN schools.
- There were no clear differences in scores between male and female students on the protective factors (family connection, family participation, community connection, community participation, school connection, school participation). However, female students were significantly more likely than male students to report high peer support scores.
- School year and type were significantly associated with scores on each of the protective factors. With the exception of school participation, high scores on each construct were more prevalent among students in years 5 and 6 compared to other

years, and among students in primary school compared to secondary and SEN schools.

Mental Wellbeing

- Female students were more likely than male students to report low or moderate mental wellbeing scores.
- School year and type were significantly associated with student mental wellbeing scores. Low mental wellbeing scores were most prevalent amongst students in years 7 and 8, and years 9, 10 and 11, compared to other years, and among students in secondary and SEN schools compared to students in primary schools.
- Resilience and mental wellbeing scores were significantly associated. The prevalence of low mental wellbeing scores was highest amongst those with low resilience scores on the individual characteristics and protective factors.

Data Gaps and Issues

When interpreting the data provided in this report a number of factors should be borne in mind:

- Detailed data supporting analysis of CYP Wellbeing and Mental Health in particular is often sparsely available, based on national surveys that may not be applicable to local conditions and often out of date.
- Mental Health issues in particular tend to be 'hidden' and often mis-understood in wider society and this will be particularly so for children and young people.
- Whilst data is available for services that are already being provided this is likely to be the 'tip of the iceberg' given the predicted numbers in Sefton based on national survey results.
- Currently the report does not consider any local consultation and engagement undertaken around children's mental health and wellbeing.
- There is no definitive measure of wellbeing available on children and young people and only limited, often specialist, acute service level indicators of mental health conditions therefore creating an over reliance on proxy measures which often only identifies part of the overall picture.
- It is difficult to know whether those in need or at-risk are benefiting from the services provided for support as there is limited understanding of 'the population at large' and outcome measures relating to the services themselves. Also, some children will have multiple risks e.g. they live in poor housing, have asthma and live with a parent with depression but they may have a significant number of protective factors to mediate their risk.
- Hospital admission rates do not tell the whole story – issues with coding can mean that the picture is not clear or accurate and there may be many young people that do not present. 'self-harm' in its broadest sense may also include risky behaviour and this manifestation may be more likely in boys and young men, but this is not represented here.
- There is a lack of local data on young people that are LGB&T and/or from ethnic minority groups in relation to their mental health and wellbeing in Sefton.
- It should be noted that for some identifiable risk factors relating to mental health and wellbeing data at local levels is sparse or unreliable and hence these issues should be borne in mind in policy development. For example, the proportion of school pupils in Sefton whose first language is not English is well below average, reflecting Sefton's ethno-demography. However, it is known that issues relating to ethnicity may be a risk factor and in Sefton the small apparent numbers may make it difficult to identify those who require support, or who may be 'left behind' in service design.

Demographics

ONS Population estimates: Single year of age and gender for Sefton, mid-2019.

Age Group	Males	Females	Total
All ages	*133,083*	*143,327*	*276,410*
0	1,351	1,294	2,645
1	1,391	1,339	2,730
2	1,488	1,355	2,843
3	1,551	1,431	2,982
4	1,498	1,468	2,966
5	1,610	1,584	3,194
6	1,608	1,467	3,075
7	1,627	1,540	3,167
8	1,676	1,576	3,252
9	1,693	1,547	3,240
10	1,574	1,537	3,111
11	1,682	1,510	3,192
12	1,554	1,542	3,096
13	1,558	1,410	2,968
14	1,485	1,388	2,873
15	1,464	1,467	2,931
16	1,432	1,454	2,886
17	1,508	1,398	2,906
18	1,463	1,461	2,924
19	1,282	1,086	2,368
20	1,286	1,103	2,389
21	1,291	1,156	2,447
22	1,485	1,304	2,789
23	1,494	1,393	2,887
24	1,528	1,486	3,014

Conclusions

Although the current quantitative data requires supplementing with qualitative data from our communities a few key areas for focus over the short to medium term are clear. This includes a need to understand and act on issues including:

- Children and young people in Sefton face particular challenges, especially those that are living in or have lived in difficult circumstances e.g. poverty, parental substance misuse, are looked after by social care or have special educational needs.
- Self-harm is a key issue – the high admission rates are an indication that a significant number of children and young people in Sefton are experiencing distress and/or do not have the psychological coping skills they need. Self-harm data will be an under-representation, as there will be young people that do not present anywhere.
- High rates of 'children supported by social care', and families supported through 'early help' programmes may mean that statutory services may struggle to provide effective interventions to address the needs of these vulnerable young people.

Recommendations

The following have been identified within the main body of this report and highlighted as areas of opportunity for future partnership work.

- Review and redesign services to provide maximum capacity in Tier 2, community, and school based interventions, protecting the small capacity within specialist Children and Adolescent Mental Health Services (CAMHS), and responding to what children and young people tell us about their ideal services.
- Continue to support and expand workforce development and the skilling up of workers in universal services who have day to day contact with children.
- Continue to promote the role of schools in supporting children's mental health and emotional wellbeing, and as potential direct commissioners of services.
- Consider the potential of other professionals and organisations to extend the services that they offer to meet need, for example VCS organisations and school nursing.
- Plan and deliver a mental health promotion strategy for children and young people through schools and community settings.
- Work to increase the amount of useful data routinely shared between providers and commissioners.
- Continue to design services in ways that support access for children and young people from BAME communities, particularly from the South Asian community, and the growing Eastern European community.

- Create strong links between children's mental health service, early years' services, and parenting and family support.
- There is a need to review the evidence base for early intervention on emotional and mental health conditions to understand where effective interventions exist, which groups of children and young people they benefit what disorders they can prevent and prioritise these for investment on the basis of an economic evaluation.
- Schools and colleges including Special Schools must be seen as integral to early intervention and care pathways from treatment to recovery.
- The stigmatisation of emotional and mental health disorders and of exposure to adversity require that proactive enquiry and identification as well as anti-stigma campaigns are needed.
- Work needs to progress to implement the core dataset and outcomes framework across the system of care for children and young people which will enable the identification of high-risk groups and those with protected characteristics and understand if the system of care is benefiting them. Linking this dataset to education and social care data will enable in-depth enquiry into the effectiveness of the system of care for children and young people.
- Given the increase in self-harm and PTSD particularly amongst girls aged 15 and 16-24, there is a need to ensure that there is a stepped increase in the awareness, identification and intervention for these disorders.
- Children and young people with disabilities are a group which require particular attention for presentation and treatment because the high prevalence of mental health disorders amongst this group. These children are more likely to be outside of mainstream educational settings and due to high levels of speech language and communication need may not benefit from talking therapies.
- Having robust information to make informed commissioning decisions continues to be problematic. Locally, a more robust process for understanding local levels of need is required.

Supporting Information & Context

JSNA Webpage

https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/joint-strategic-needs-assessment-(jsna).aspx

Population Projections

https://www.sefton.gov.uk/media/1436091/sefton-population-projections-v3.pdf

Review of Poverty in Sefton

https://www.sefton.gov.uk/media/1405220/Welfare_Reform_and_Anti-Poverty_v3.pdf

Sefton Local Plan

https://www.sefton.gov.uk/localplan

Ward profiles on Sefton's website

https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/borough-ward-profiles.aspx

Glossary of Terms / Acronyms

A&E Accident and Emergency

BAME Black, Asian, and Minority Ethnic group

CAMHS Child and Adolescent Mental Health Services

CARMAC Child at Risk Multi Agency Assessment Conference

CCG Clinical Commissioning Group

CiN Child in Need

CLA Child Looked After

CP Child Protection

CSE Child Sexual Exploitation

CYP Children and Young People

DfE Department for Education

DIP Drug Intervention Programme

DWP Department of Work and Pensions

FTE First Time Entrants

HA Hospital Admissions

HES Hospital Episode Statistics

HMO Housing of Multiple Occupation

HNA Health Needs Assessment

HRA Homelessness Reduction Act

IMD Index of Multiple Deprivation

JSNA Joint Strategic Needs Assessment

KSI Killed or Seriously Injured

LA Local Authority

LAC Looked After Children

LCR Liverpool City Region

LGBT+Q Lesbian Gay, Bisexual, Transgender and Questioning

LSOA Lower Super Output Area

MACE Multi Agency Child Exploitation

MARAC Multi Agency Risk Assessment Conference

MASH Multi agency safeguarding hub

NDTMS National Drug Treatment Monitoring System

NEET Not in Education Employment or Training

ONS Office for National Statistics

PHE Public Health England

QOF Quality Outcomes Framework

RTA Road Traffic Accident

SEND Special Education Needs and Disabilities

UASC Unaccompanied Asylum Seeking Children

UC Universal credit

UK United Kingdom

YJB Youth Justice Board

YOT Youth Offending Team

YOS Youth Offending Service

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Hospital Admissions (Violence) – Public Health Profiles - Fingertips / Public Health Outcomes Framework / Wider Determinants of Health.

MARAC Data – Sefton MARAC Performance Report 2019-20 End of Year (Louise O'Rourke).

Sefton Drugs Intervention Programme – Performance Reports September 2018 to August 2019 (Liverpool John Moores University / Public Health).

Drugs Treatments – NDTMS / Monthly Reports / Public Health Outcomes Framework – May 2016 / 2017 / 2018 / 2019 / 2020.

Percentage of adults drinking over 14 units of alcohol a week – Public Health Profiles - Fingertips / Local Alcohol Profiles for England / Consumption and Availability.

Alcohol Dependant Adults – https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england

Hospital Admissions –Substance Misuse (15 – 24 year olds) – Public Health Profiles - Fingertips / Child and Maternal Health / Child Health Profiles.

Hospital Admission – Alcohol-Related Conditions – Public Health Profiles - Fingertips / Public Health Outcomes Framework / Health Improvement.

Admission Episodes for Alcohol-Specific Conditions (Under 18) – Public Health Profiles - Fingertips / Child and Maternal Health / Child Health Profiles.

Mortality – Drug Misuse / Alcohol / Related – Public Health Profiles - Fingertips / Co-Occurring Substance Misuse and Mental Health Issues / Mortality.

Severe Mental Illness / Depression Recorded Prevalence – Public Health Profiles - Fingertips / Mental Health, Dementia and Neurology / Crisis Care Profile / Pre-existing MH Condition.

Suicide Rate – Public Health Profiles - Fingertips / Mental Health, Dementia and Neurology / Co-occurring substance misuse and mental health issues / Mortality indicators.

Hospital Admissions for Self-Harm – Public Health Profiles - Fingertips / Public Health Outcomes Framework / Health Improvement.

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