

Best start in life

Promoting good emotional wellbeing and mental health for children and young people



Local government's public health role

Foreword

We know that most children will live fulfilling lives and enjoy their childhood.

But the challenges faced by some children and young people will have a profound effect on their emotional and mental wellbeing. Evidence shows that there are substantial numbers of children and young people who are increasingly struggling with problems such as anxiety, depression and self-harm – this is in addition to the smaller numbers who are struggling with potentially life threatening conditions such as eating disorders and psychosis.

As well as the obvious effects on their health, this harms their life chances, with research showing those who develop problems in the early years fall behind socially and academically.

What is more, by the age of 18 three quarters of people who go on to develop mental health problems in adulthood will already have started to experience these symptoms. The cost to children's life chances and their future wellbeing is profound, as is the cost to society in increased costs and lost opportunities.

The focus of where our efforts should fall could not be clearer. If we can intervene early and if we can help children and young people form strong positive attachments and build and maintain good mental health then the benefits are potentially huge.

Children and young people's mental health services and social care can help to pick up the pieces when things go wrong. But it is councils and their partners who can play a lead role in trying to ensure problems don't develop in the first place.

How? From running parenting programmes, supporting child development and the attachment bond between vulnerable infants and parents in the early years, to ensuring there is help there for young people as they get older. Local authorities can promote good emotional wellbeing and prevent mental ill-health. In this briefing you will find examples of councils that are looking at innovative ways to provide support with a focus on children and families rather than static services, as well as more information about the scale of the problem and what steps can be taken.

This of course is challenging at a time when many councils are having to make economies and refocus services. That is why working with our partners from schools, health and others through the Local Transformation Plan (LTP) – and using the extra resource it brings to join up and transform children and adolescent mental health services – is such an important opportunity for us all going forward.

Only by making a difference for the children of today can we ensure the adults of tomorrow have good mental health.



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Contents

How common is mental illness?	4
The story so far	5
What works	7
Making a difference to mental health and wellbeing – 10 top tips for councils	8
Top questions for councillors to ask locally to achieve the best outcomes	9
Case studies	
Knowsley: supporting mothers with mental health problems	10
Portsmouth: working with health visitors	10
Luton: emotional and social development in the early years	11
Durham: addressing emotional wellbeing in secondary school	11
Walsall: getting school nurses to help	12
Camden: bridging the gap between child and adult services	12
Want to know more?	13

How common is mental illness?

To get an idea of the scale of the problem, you have to start with pregnancy. One in five mothers will experience mental illness during pregnancy or in the first year whether it be depression and anxiety or, in more extreme cases, post-birth psychosis.

Early interactions and experiences directly affect the way the brain develops – and that also applies to exposure to problems such as domestic violence and drug and alcohol abuse.

Experience of these can produce physiological changes that can impact on a child's social, emotional and cognitive development. If that happens, catching up is difficult. Research shows if a baby's development falls behind the norm during the first years of life, they are more likely to fall even further behind subsequently than catch up those who have made a better start. Problems in the early years quickly manifest themselves.

By the age of five nearly one in four children do not reach the expected level in language and communication skills and a fifth fall short of the expected level in personal, social and emotional development, according to figures from the Early Year Foundation Stage Profiles.

As young people grow older, the potential hurdles and the challenges to their resilience increase. Body image can be a source of much distress and exams can cause anxiety, whilst the phenomenon of social media can also add to the pressures facing young people. One in 10 children aged five to 16 has a diagnosable mental health problem such as conduct disorder, anxiety disorder, attention deficit disorder or depression. Or, put another way, in every classroom three pupils on average will be struggling with a condition.

It almost goes without saying that children experiencing multiple forms of deprivation and especially those from low income families and teenage mothers are at highest risk: they are three times more likely to have such problems.

The story so far

Ensuring children get the best start in life has been a top priority for the Government and for local authorities.

A key policy in this area is the Healthy Child Programme which is a universal service providing everything from development reviews and health promotion to immunisations and screening. Councils are very much in the driving seat of this programme now that responsibility for 0-5 public health services transferred from the NHS to upper tier local authorities in October 2015, whilst responsibility for five to 19 age groups was moved across two years before that.

There are still elements such as immunisations which remain the responsibility of health partners, in addition to parts of the programme which are delivered during pregnancy by midwives. Councils therefore have an opportunity to integrate services and take a multi-agency approach to meet the needs of families in the most appropriate way. This is particularly important for issues relating to perinatal mental health; universal services such as midwives, GPs and health visitors who play an important role in identifying mothers at risk and ensuring they get the support they need at the earliest opportunity. Examples of how this is working in practice can be found in the case study section.

Over the years a variety of programmes targeted at the most vulnerable families have also been launched. These include the Troubled Families programme, (set up in 2011 and also known in many local areas by other titles), and the Family Nurse Partnership, which has been running for the past decade.

More recently the Government has signalled its desire to see a renewed push on improving the mental health and emotional wellbeing of children, announcing in the March 2015 budget a package of funding to improve Child and Adolescent Mental Health Services (CAMHS). This included:

- investing over £1 billion over the next five years to start new access standards
- providing £118 million by 2018/19 to complete the roll-out of the Children and Young People's Increasing Access to Psychological Therapies
- investing £75 million over the next five years in maternal mental ill health services
- the Department for Education (DfE) will also provide an additional £1.5 million towards piloting joint training for designated leads in CAMHS and schools to improve access to mental health services for children and young people, including the most vulnerable.

The report Future in Mind was published in 2015 by the Department of Health (DH) working closely with DfE, and set out detailed proposals for improving the support available to children. Whilst the report was largely focused on the provision of health service, it set out the risk of focusing too narrowly on targeted clinical care, ignoring wider influences, over-medicalising our children and the challenge of making some real changes across the whole system to place the emphasis on building resilience, promoting good mental health, prevention and early intervention.

Central to Future in Mind was the recommendation that local partners to health and wellbeing boards (HWBs) including schools, clinical commissioning groups (CCGs) and wider partners develop and agree an LTP to improve children and young people's mental health and wellbeing. During the summer of 2015, local areas worked together to develop their LTPs; with plans signed off by local HWBs.

This process was used by NHS England to allocate new money committed by central government for the improvement of CAMHS. Funding was released to CCGs in December 2015 as part of their standard allocations and will be recurrent over the next five years. Close working between local authorities, CCGs, schools, NHS England Specialised Commissioning and other key agencies will be needed to refresh LTPs on an annual basis, ensuring they reflect local needs and monitor improvements. Going forward LTPs will be merged into the wider Sustainability and Transformation Plans (STPs), which are place-based, multi-year plans built around the needs of local populations. STPs will help ensure that the investment secured in the Spending Review drives genuine and sustainable transformation in patient experience and health outcomes over the longer-term.

The STP process falls under the wider Five Year Forward View (2014) programme of work, which set out how the health service needed to change. HWBs as the body that signed off LTPs play a key role in overseeing their delivery and ensuring that the funding reaches local communities as set out in plans. In addition it will be important for HWBs to make sure that the STP includes plans to transform children and young people's mental health services as set out in the LTP.

The Five Year Forward View for Mental Health independent mental health taskforce report published in early 2016 echoed the sentiments of Future in Mind. It set out a comprehensive vision for mental health treatment and a shift towards prevention for all ages.

What works

Stable employment and housing are both factors that contribute to families being able to maintain good mental health and local government can clearly play a role in these.

But building on the support offered through the Healthy Child Programme in the early years is of course, the most direct way councils can have an impact. Good access to universal elements of the programme is obviously the key starting point. But identifying and supporting those families experiencing problems or at risk of experiencing them is also crucial. The troubled families and family nurse partnership initiatives have shown that they have an influential role to play, but there is much more councils can do.

The Early Intervention Foundation says there is good evidence to show a range of other local interventions from parent-infant psychotherapy to group-based parenting programmes can help too. For older children schools and in particular school nurses can play an important role. During the teenage years, programmes that support young people as they prepare for adulthood play a vital role.

Summary of the key messages

Mental health and wellbeing in childhood – why it matters

Pregnancy and early years: critical to a child's long-term development. Early interactions directly affect the way the brain develops and so the relationship between baby and parents is vital.

Five to 10: once a child has fallen behind in the early years they are more likely to fall further behind than catch up.

11 to 25: those with mental health and conduct disorders are twice as likely to leave school without qualifications.

Key stats

- One in four babies live in households affected by domestic violence, mental illness or drug and alcohol problems.
- One in five mothers suffer from depression, anxiety or in some cases psychosis during pregnancy or the first year after birth. Teenage mothers are three times more likely to suffer from post-natal depression.
- The cost to the economy is estimated at £8.1 billion for each annual birth cohort – that's almost £10,000 per baby. Nearly three quarters of that is linked to the impact on the child.
- Three quarters of mental health problems develop before the ages of 18.

Making a difference to mental health and wellbeing – 10 top tips for councils

1. Link to Joint Strategic Needs Assessments (JSNAs)
2. Focus on prevention, support and treatment
3. Consider appointing mental health champions
4. Midwives, health visitors and school nurses have a key role
5. Take a life course approach
6. Offer universal support and targeted interventions
7. Ensure a joined up partnership approach
8. Engage with and listen to children, young people and families
9. Monitor and evaluate progress
10. Use clear and consistent messaging.

Top questions for councillors to ask locally to achieve the best outcomes

1. Is your HWB taking ownership of the LTP including the annual refresh of this plan? And is your local authority actively engaged in developing the LTP and its refresh? Is your local authority's overview and scrutiny panel scrutinising LTPs to ensure they deliver as intended?
2. Does your JSNA give appropriate weight, (eg equivalent to physical health), to children and young people's mental health needs, including maternal and perinatal mental health?
3. Do pathways include prevention, early intervention, support and treatment?
4. Have you considered appointing champions among elected members, across council departments and partner organisations to secure local leadership, advocacy and accountability?
5. Midwives, GPs, health visitors and school nurses have a key role – is your local authority ensuring they are an instrumental part of the approach?
6. Do your plans take a life course approach involving mothers, fathers, partners, families and carers? Are messages clear and consistent? Do messages support these individuals and promote the importance of sensitive, attuned and face-to-face interactions with their children, starting from birth and infancy onwards?
7. Is everyone receiving some support through universal interventions? Are targeted interventions being used for both the obviously vulnerable, such as looked-after children, as well as the less obvious?
8. Is there a joined up partnership approach? Are statutory agencies and council departments, such as housing, early years, education and leisure fully involved?
9. Are you engaging with and listening to children, young people, mothers, fathers, families and carers? Are they actively involved in all aspects of CYP mental health care – including developing plans and services? Do you regularly communicate examples of how views have influenced decision-making?
10. Are you robustly monitoring and evaluating progress using appropriate, standardised tools that will help build the evidence base?

Case studies

Knowsley: supporting mothers with mental health problems

Knowsley Council has been piloting a new approach to help mothers who are struggling with mental health problems.

The scheme, called Building Bonds, was commissioned by public health in Knowsley and devised and delivered by Dr Lisa Marsland, a clinical psychologist with an extensive background in mental health in the borough's children's centres. The service has been supported by a range of partners including children's centre staff, midwives and health visitors.

The pilot has been delivered in two main areas in the borough – Kirkby and Huyton.

The programme of interventions, which included group work and tailored psychotherapy support, was offered to families struggling with early attachment, those with mild to moderate mental health difficulties and those considered at risk of developing an insecure attachment with their baby.

A total of 158 people were helped and evaluation of the support showed extremely positive results. Some 40 per cent of women who were on anti-depressant drugs are no longer taking them, 81 per cent reduced their drinking or drugs intake and 100 per cent reported an improvement in their mental health and maternal attachment. The council is now in the process of extending the service to other areas in partnership with the local CCG.

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Portsmouth: working with health visitors

The local CAHMS service in Portsmouth is currently working alongside health visitors three days a week. The in-reach support helps them with complex cases, triages possible referrals and provides extra training.

It builds on a long history of close working between mental health services and the wider children's workforce. From 2009 to 2015 the city ran Little Minds Matter, which supported parents with mental health problems and reduced the risk of that affecting their babies.

During the programme mental health practitioners worked closely with health visitors as well as social care teams, the Family Nurse Partnership, midwives and children's centres to deliver one-to-one support to mothers and their children up until the age of two. Many were suffering from depression or anxiety or struggling with traumatic experiences, such as domestic violence.

The support included visits at home or in other settings such as children's centres where they were given a combination of cognitive behavioural therapy and psychological support appropriate to their needs. About 100 families a year were helped with 90 per cent reporting improved relationships with their babies and 80 per cent an increased ability to understand and cope with their difficulties.

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Luton: emotional and social development in the early years

Luton has placed a major emphasis on helping children's emotional and social development through Flying Start, its early years strategy.

One of the programmes being delivered is a pilot called Sign 4 Little Talkers, which aims to encourage positive communication and behaviours among two and three-year-olds.

It is delivered in early years settings, such as nurseries, and uses specially-designed books and dolls. Children are taught signed vocabulary for communication, feelings and behaviour so they can express their emotions, such as feeling frustrated, worried or excited.

The signed vocabulary also supports parents, carers and staff to promote positive behaviour through the signing of key words such as your turn, please, gentle, wait and listen.

Communication is also an important part of Five to Thrive, which is aimed at staff and teaches them how to support parents to develop a strong attachment to their baby.

The programme is based on five key ways to interact – respond, cuddle, relax, play and talk. Children's centre staff who have been on the training programme have subsequently developed Five to Thrive cafés to share their learning with local parents.

Contact:

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Durham: addressing emotional wellbeing in secondary school

Framwellgate School in Durham has made promoting positive emotional wellbeing a key priority.

The academy school for 11 to 18-year-olds has achieved this by incorporating moral, social and emotional development into all aspects of daily life. For example, in English and drama the issue of empathy is tackled, while presentations during assemblies have featured issues such as mental health problems and self-harm. Some of these have been delivered by the If U Care Share charity, which has worked with the school this year to develop a network of 24 mentors in year 9 to provide support to younger children.

Meanwhile, social enterprise Humanutopia have been invited in to run workshops that deal with emotional health and intelligence, confidence building and leadership skills for older pupils. Evaluation afterwards has shown that those who took part reported a greater understanding of their behaviour, cared more for others and felt more confident.

An achievement centre is available to support pupils with special needs, emotional wellbeing problems, physical illnesses or who have experienced trauma at home with their schooling. There is also a school counselling service run by the local authority and a named contact for staff to refer pupils into the local CAHMS service when necessary.

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Walsall: getting school nurses to help

School nurses in Walsall have been providing support to children by running dedicated courses to help those struggling with anxiety, low self-esteem and confidence issues. These are based on the evidence-based Friends programme, which originates from Australia.

It is cognitive behavioural therapy-based and focuses on key skills, such as confidence building, problem solving, resilience and communication. Every term three eight week courses are run for primary school children aged seven to 11 with one session for teenagers. The sessions are delivered in partnership with school staff, helping to increase awareness and skills among the workforce in the process. Children work in groups at the sessions, which are run after school in either community venues or the schools themselves.

An average of 12 pupils take part in each session with referrals being made by GPs, social care, teachers and the families themselves.

Those taking part have reported improved confidence and wellbeing and school nurses are now looking to build on the programme by running an anger management scheme and a Friends course specifically focused on children with autism. Parenting support is also available as the school nursing service runs termly programmes based on Triple P Parenting and the Solihull Approach.

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Camden: bridging the gap between child and adult services

The transition to adulthood is not easy. So in recognition of this the London Borough of Camden has launched a service to help the emotional health and wellbeing of 16 to 24-year-olds.

The service is called Axis and it employs a team of young adults who are trained to help other young people with everything from education and employment to housing, mental health and substance misuse.

Axis operates from a youth centre called the Hive where young people can relax, study and meet new people. There is also space for e-learning and personal study, as well as a social enterprise where young people can get experience to help build their CVs. The Hive and Axis are managed by social business Catch22, in partnership with local specialist organisations, and are jointly commissioned by Camden Council and the local CCG.

It was opened last year after close consultation with young people with the aim of providing a more “responsive” and “accessible” service to this age group. Those that have been helped report feeling less lonely, safer and having an improved quality of life.

Contact:

@AxisCamden

Want to find out more?

Rapid Review to Update Evidence for the Healthy Child Programme

<https://www.gov.uk/government/publications/healthy-child-programme-rapid-review-to-update-evidence>

1001 Critical Days (Cross-party early years manifesto)

<http://www.1001criticaldays.co.uk/>

The Best Start at Home (Early Intervention Foundation report)

<http://www.eif.org.uk/wp-content/uploads/2015/03/The-Best-Start-at-Home-report.pdf>

Fair Society, Health Lives

<http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf>

Future in Mind

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

The Five Year Forward View for Mental Health – Independent Mental Health Taskforce Report

<https://www.england.nhs.uk/mentalhealth/taskforce/>

Young Minds

<http://www.youngminds.org.uk/>

Sustainability and Transformation Plans – Further information

http://www.local.gov.uk/integration-better-care-fund/-/journal_content/56/10180/7772969/ARTICLE

LGA microsite with resources on children and young people's mental health

www.local.gov.uk/camhs



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