



North Tyneside Council



North Tyneside
Clinical Commissioning Group

**FINAL
DRAFT.**

**North Tyneside Children and Young People's Mental
Health and Emotional Wellbeing Strategy 2016 - 2021**



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Forward

We want children and young people in North Tyneside to enjoy a happy, confident childhood. We want them to grow into resilient adolescents and adults, able to cope with the demands of daily life, and empowered to contribute to life in the borough.

Mental health problems can be defined as conditions which affect a person's mood, thinking and behaviour to such a degree that they have a significant effect on their ability to function as they would like to within different areas of their lives.

This strategy is not solely about the services that are provided to support children and young people with their mental health. As outlined in recent national reports there is a risk of focusing too narrowly on targeted clinical care, ignoring wider influences and over-medicalising our children and young people.

This is a strategy that considers community led change where everybody recognises the part they can play to build resilience and mental wellbeing; from young people themselves, parents and carers, schools and colleges, our

voluntary sector and health and social care services.

There is a need to ensure that all people who come into contact with children and young people have the right skills to help build resilience, improve mental health and promote wellbeing. While the majority of children and young people will not experience mental health problems, a significant number will and they need good and timely support.

The most important modifiable risk factors for mental illness and the most important determinants of emotional wellbeing are childhood ones. Therefore the opportunities for prevention of mental illness and promotion of good mental health lie in childhood, many of them in the context of the family.

Our strategic approach recognises the importance of strengthening the protective factors which promote good mental health and enable children and young people to thrive. The strategy also acknowledges that poor mental health or emotional wellbeing can mean that a child is unable to fulfil their full potential and that access to early help is essential.

Our vision is that all children, young people and their families in North Tyneside will achieve their optimum mental health and emotional wellbeing. Everyone must work together to achieve the vision, which means:

- Children and young people helping themselves and their friends
- Families supporting themselves and being supported by others when appropriate.
- Schools supporting their students.
- All those working with children to have the appropriate skills and knowledge to support them effectively, particularly the most vulnerable.
- All specialist support to be easy to access and built around children, young people and families.

This strategy will support all partners to use resources in the most effective way and to achieve the best possible emotional wellbeing and mental health outcomes in our children and young people.

**Cllr Margaret Hall,
Chair of North Tyneside Health and Wellbeing Board**

Introduction and national context

There are compelling reasons for protecting and promoting mental health and emotional wellbeing in children and young people.

- **Half of all mental illness in adults starts before the age of 14, and three quarters of lifetime mental health disorders have their first onset before 18 years of age.**
- **Nationally one in ten children and young people needs support or treatment for mental health problems**
- **Mental health problems can result in lower educational attainment and are strongly associated with “risk-taking” behaviours**
- **The prevalence of mental health problems is significantly higher in Looked After Children, care leavers and those adopted from care.**
- **About 42% of children aged 5–10 years who have been in care develop mental health problems compared with 8% who have not been in care; the figures for young**

people aged 11–15 years are 49% (in care) and 11% (not in care).ⁱ

The recent national report of the Children and Young People’s Mental Health Taskforce *Future in Mind (March 2015)*, sets out a direction and some key principles about how to **make it easier for children and young people to access high quality mental health care when they need it.**

The Future in Mind publication reports that children and young people want:

- To grow up to be confident and resilient, supported to fulfil their goals and ambitions;
- To know where to find help easily if they need it and when they do to be able to trust it;
- Choice about where to get advice and support from a welcoming place. It might be somewhere familiar such as school or the local GP; it might be a drop-in centre or access to help on line. But wherever they go, the advice and support should be based on the best evidence about what works;

- To have the opportunity to shape the services they receive as experts in their own care;
- To only tell their story once rather than have to repeat it to lots of different people. All the services in their area should work together to deliver the right support at the right time and in the right place;
- If in difficulty, not having to wait until they are really unwell to get help. Asking for help shouldn’t be embarrassing or difficult and they should know what to do and where to go; and if they do need to go to hospital, it should be on a ward with people around their age and near to home.

Future in Mind describes an integrated whole system approach to improvements in children and young people’s mental health outcomes, with the NHS, public health, voluntary and community, local authority children’s services, education and youth justice sectors working together.

North Tyneside Context and Strategic Plans

Many agencies contribute both directly and in-directly to the emotional wellbeing and mental health of children in North Tyneside, including schools, the voluntary and community sector, early help services, social care services, and a range of health professionals including GPs, primary mental health workers, psychiatric nurses and Child and Adolescent Mental Health Services (CAMHS) clinicians.

North Tyneside has a strong tradition of partnership working across children's services led by our borough-wide Children's Trust, the '**Children, Young People and Learners**' (CYPL) partnership.

North Tyneside has a specific strategy for Children with Special Education Needs (SEND) age 0-25 and a SEND Inclusion strategy. However, there is recognition that there is a need to strengthen the links and pathways between children's mental health and learning disabilities services and those with special educational needs and disabilities.

In October 2015 the [North Tyneside Local CAMHS Transformation Plan](#) was

approved by NHS England. It described North Tyneside's vision for transforming mental health and emotional wellbeing services for children and young people and was led by the Clinical Commissioning Group (CCG) and signed off by the Health and Wellbeing Board.

The CYPL Partnership provides leadership and vision and has developed with stakeholders a strategic [Children and Young People's Plan 2014-18](#) which articulates our joint priorities.

- 1. Ready for School**
 - A healthy early childhood
 - Children are ready to start school
- 2. Ready for work and life**
 - Narrowing the gap in educational outcomes
 - Ready for employment
 - Reducing risk taking behaviour
- 3. All children are Safe, Supported and Cared For**
 - Protecting the most Vulnerable Children and Young People
 - Improving outcomes for Looked After Children

- Providing the Right Support for Children and Young People with Disabilities and Additional Needs.

It is widely acknowledged that **Prevention and Early Help** is key to improving children's life chances and delivering better outcomes for them and their families. Intervening early will also reduce demand for the mostly costly specialist services.

North Tyneside's Prevention and Early Help Strategy outlines a new way of working by establishing **four locality based teams across North Tyneside**. The teams will deliver universal and targeted services to children, young people and families and work closely with schools and our local voluntary sector. These teams will be staffed by generic workers who will bring specialist skills e.g. social work, youth work or school nursing and work with families in a holistic way. Ensuring that children and young people are ready for school and ready for life are key outcomes of this new way of working.

An Early Help Pathway has been developed to ensure that children and their

families get the right support at the right time. The correct use of early help assessments by frontline workers will ensure that children and young people are given appropriate signposting and self help support or referred into the appropriate support service or specialist CAMHS.

In the current economic climate and with a shrinking public sector purse there is a particular need for innovation to deliver services, which is particularly challenging for both the statutory and voluntary sector.

Demographics and current needs

The population of North Tyneside is very similar to the population of England. It has a slightly smaller proportion of 0-19 year olds compared to England, 22.1% compared to 23.9%. The 0-19 population in North Tyneside is 44,600, accounting for 22.1% of the current total population. (Mid 2012 estimates)

The number of children and young people in the Borough is projected to increase by 9.4% by the year 2030. The biggest increase is projected to be in the 5-19 age group which is expected to increase by 12% by 2030. The estimated number of births in North Tyneside was 2403 in 2011. This is projected to rise by 4.9% by 2015 before falling back to the current number by 2021.

The most recent figuresⁱⁱ show that North Tyneside has a child poverty level (19.6%) which is just below the national average (2010). This rate has been fairly static in recent years and reflects the pattern nationally. The rate is the second lowest percentage of child poverty compared to other local authorities in the North East region. However poverty rates in our most deprived wards are significantly higher at 45.7%.

Children living in the lowest quintile of household income have a 3 fold increased risk of mental disorder.

It is acknowledged both nationally and locally that there are **significant gaps in reliable data and information held about children and young people's mental health.**

The last national prevalence survey was carried out over 10 years ago.ⁱⁱⁱ It is a challenging task to collect robust data on local prevalence of mental health problems due to the complex ways mental health problems may present themselves, the different services which children, young people and their families may engage with, and also the hidden nature of mental health concern. From the data we do have we know that:

- **Most children and young people in North Tyneside have good mental health**

In 2013 estimated prevalence of any mental health disorder in the population aged 5-16 years was lower than most other areas in the North East and below the average for England.

In 2013/14 North Tyneside had a lower rate of hospital admissions for mental health conditions compared to England as a whole.

- **However, around 9.5% of children and young people aged 5 to 16 years in North Tyneside are estimated to have mental health problems**
- **The number of children and young people referrals to CAMHS in North Tyneside during 2014/15 was 1530.**
- **Around 15% of children and young people in North Tyneside (7,200) will require general advice about mental health and wellbeing at some point.**
- **Around 7% (3,400) will require support for low level mild to moderate emotional health issues**
- **Around 1.85% (900) will require specialised services for more severe, complex or persistent disorders**
- **A very small proportion <50 will require highly specialised care**

- **There is also a larger group of young people without a specific mental health diagnosis, but who nevertheless experience low levels of wellbeing. For example, nationally just under one in five young people experience high levels of anxiety.**^{iv}

Schools may also contribute unique risk factors to some children’s wellbeing and development. In 2016, 90% of secondary school head teachers reported an increase in rates of mental health problems such as anxiety and depression over the previous 5 years.

Examination stress for example is well documented to have a negative impact on some student’s mental health and their educational attainment. **Exposure to bullying in school is a major risk** affecting children’s mental health and wellbeing. Research shows that being bullied by other children is the most frequent form of abuse experienced by children – much higher than abuse by parents or other adults.^v Young

people who are **bullied by peers** are twice as likely to become depressed in young adulthood.^{vi1} National evidence suggests that need is rising in key groups e.g. young women with emotional problems and **increasing number of young people presenting with self harm**. There has been a threefold increase in the numbers of teenagers who self-harm in England in the last decade.^{vii}

- **Hospital admissions for self harm in young people aged 10-24 are higher in North Tyneside than the average for England**
- **Rates of alcohol related admissions in young people under the age of 18 are higher in North Tyneside than the average for England**

In addition, some groups of young people are more vulnerable to mental health problems (**see Table 1 below**).

Over the past five years the numbers of Looked After Children have been steadily increasing in North Tyneside. In March 2015 there were 251 Looked After Children aged 5- 17. Children aged 10 – 15 years were almost half (47%) of this group and made up the largest proportion of all looked after children.

Caring responsibilities can be difficult and stressful at any age. North Tyneside’s Young Carers Service has 422 young carers registered with the service and receiving support because they have caring responsibility for a close family member.

Children with learning disabilities have higher rates of mental health, emotional and behavioural problems, yet they have lower referral and less access to mental health services (and physical health care services). In the 2014/15 academic year, 3.2% (974) school age pupils in the borough had a statement of special educational needs or an education health and care plan (EHCP) in place.

In 2014 1 in 15 (6.8%) young people aged 16 – 18 in North Tyneside were Not in Education, Employment or Training (NEET).

Risk and protective factors for mental health and wellbeing

Childhood experiences in the early years will have a major and lasting impact on them, their families and the people around them. To give **children the best start in life** it is important to promote emotionally healthy environments and prevent harm by reducing as many of the risk factors that can lead to mental health problems.^{viii}

Protective factors:

Social circumstances

- Social support of family and friends
- Good parenting/interaction
- Physical security and safety
- Economic security
- Educational achievement

Individual attributes

- Self-esteem and confidence
- Problem solving ability
- Ability to manage stress or adversity
- Communication skills
- Physical health and fitness

While it is important to learn to cope with difficulties in life in order to develop resilience, some children grow up in extremely difficult social circumstances. Many children and young people experience poverty, domestic violence or parental substance misuse and may experience a number of the risk factors that

are most harmful to mental health and wellbeing. The relationship between risk factors and mental health problems is complex and the impact of risk will vary from child to child.

All children exposed to risk factors will have an increased chance of developing mental health problems in childhood or later life.

Risk factors:

Social circumstances

- Child maltreatment or neglect
- Loneliness
- Bereavement
- Family conflict
- Exposure to violence/abuse
- Low income or poverty
- Difficulties or failure at school
- Parental mental health illness

Individual attributes

- Low self esteem
- Medical illness
- Cognitive/emotional immaturity
- Ability to solve problems
- Difficulties in communicating
- Substance misuse

In addition environmental factors can be both protective and risk factors e.g. access to basic services, social justice and equality.

Risk group	Degree of risk
Looked after children	5 fold increased risk of any childhood mental health disorder 6-7 fold increased risk of conduct disorder 4-5 fold increased risk of suicide attempt as an adult
Young offenders	18 fold risk of suicide for men in custody aged 15-17 4 fold increased risk of anxiety/depression 3 fold increased risk of mental disorders
Children with learning disability	6.5 fold increased risk of mental health problem
Children with a physical illness	2 fold increase risk of emotional conduct disorders over a 3 year period
Homeless young people	8 fold increased risk of mental health problems if living in hostels and bed and breakfast accommodation.
Young LGBT	7 fold increase risk of suicide attempts in young lesbians. 18 fold increased risk of suicide attempts in young gay men
Children of prisoners	3 fold increased risk of anti-social delinquent outcomes

Local Consultation findings

To inform this strategy we have listened to what local children, young people, families, the voluntary sector and professionals have told us.

North Tyneside's active Youth Council identified mental health as a priority in 2014. They produced a report entitled "Mental Health and Young People in North Tyneside, Scrutiny Report" "[Mental Health and Young People in North Tyneside, Scrutiny Report](#)" and the findings have been taken into account in development of this strategy. The Young Person's Health and Wellbeing Group also produced an excellent mental health lesson plan for schools called 'Mind the Gap' to address some of the findings of the scrutiny report.

A large stakeholder event was held in February 2016 to consider children and young people's mental health needs. A mix of young people and professionals including CAHMS staff, school nurses, family partners, teachers, community groups, voluntary sector and commissioners of services. The key points from the event are summarised below:

- Good credible information, education and understanding of mental health

is essential – for parents/carers, young people, teachers and other frontline staff.

- Need to support people at the earliest opportunity and early intervention and prevention are crucial.
- Good communication is essential and needs improving. Locality teams should help with this.
- Use early help assessments more effectively
- Care must be needs driven and fair.
- Normalise talking and discussion around mental health
- Use the content of resources for students to inform parents

Online surveys were also carried out with Children and Young People, Parents and Carers and Professionals. People who responded said that when they did receive support it was very good. However most did note that they felt it took too long between identifying an issue and receiving support or a diagnosis.

- Online information and the opportunity to ask questions

online/email could be beneficial to young people and families

- Schools should provide more information from schools about mental health

The response from Professionals included teachers from primary and secondary schools, CAHMS, GPs, School Nursing, Family Partners, the voluntary sector, SENCOs and Youth Offending. They suggested that:

- Regular training for a range of staff in contact with CYP was needed to understand more about mental health and be able to support CYP and signpost effectively.
- Standardised information about mental health that is easily accessible should be available.
- The Early Help Assessment needs to be used more effectively
- Clearer understanding of referrals into specialist CAMHS.
- Cut down referral times to specialist CAMHS.
- Transition to be managed more effectively

Where we are now: current services, pathways and funding

During the development of this strategy the Children and Young People's Mental Health and Emotional Wellbeing Strategic Group (CYP MHEWB) have considered the pathways to a range of services (universal, targeted and specialist provision) and how they interface with each other.

As noted above there are a variety of organisations and agencies that contribute to building resilience or supporting the mental health of children and young people. Traditionally the CAMHS tiers are used to conceptualise the different elements of services available to support mental health well-being. This is the current configuration of services in North Tyneside.

- Tier 1 Universal services, early identification and prevention (GPs, health visitors, teachers, youth workers, voluntary sector etc)
- Tier 2 Uni-disciplinary working, consultation, assessment, training (primary mental health workers, psychologists, paediatric clinics)
- Tier 3 Multi-disciplinary team, child psychiatry out patient, specialised mental health working

- Tier 4 Highly specialised services such as in-patient units or intensive outreach services for those with the most severe problems

However, the current pathways into specialist services (Tier 3 and 4) are not widely understood by all organisations and universal services. Differences in language and approaches in health, education and social care can make cross-agency working difficult. The Tiered approach can reinforce service divisions.

The new model will attempt to make a clearer distinction between a community led approach via signposting, self-help and support for children and families on one hand and specialist treatment through clinical interventions on the other.

Commissioning and support for mental health and emotional wellbeing is complex. Many services provide indirect support for building resilience and emotional wellbeing e.g. youth groups/clubs, schools, Other services that provide support and treatment for mental health are commissioned at a local and national level and have multiple funding streams including the CCG, Local

Authority, schools and NHS England. In addition, there are interfaces with a large number of voluntary and third sector agencies in North Tyneside.

The complexity of the funding for mental health and emotional wellbeing services results in multiple funding streams and many contracts by different organisations, from preventative services to more specialist services. This serves as a barrier to the effective management and organisation of the whole system of support for emotional wellbeing and mental health.

This strategy aims to promote a system way of working and through a new model remove these barriers and ensure pathways are clearer.

Where we want to be: Thrive Model

The national ambition to promote, protect and improve children and young people’s mental health and well-being as described in Future in Mind echoes our local ambitions for North Tyneside.

Our strategic approach will be based upon a model called THRIVE which aims to work with young people and families, schools, social care and a range of partners to promote mental health and wellbeing and to prevent problems becoming entrenched.

The North Tyneside Transformation Plan also endorsed use of the THRIVE model and this strategy is developing this thinking further and stating how it will work in practice.

THRIVE is based on a whole system approach, rather than specific service provision. The THRIVE model will shape the support available for children, young people and their families in North Tyneside. It will help to make sure that everyone working with them has the right skills, capabilities and knowledge to help them.

The THRIVE model focuses on the promotion of wellbeing and the prevention of

mental ill health, early intervention and access to services through to recovery.

All support will be built around the child or young person, with all professionals and services working together to meet their needs.

Professionals will be able to support all children and young people, but will use their expertise to target the most vulnerable. They will be able to effectively engage and work with them to achieve the best outcomes.

The THRIVE model circles shows that children and young people’s needs change (both increasing and decreasing) at different times in their life. We will make sure that the right support is available at the right time to meet these changing needs. People may experience difficulties that will need different levels of support at the same time.

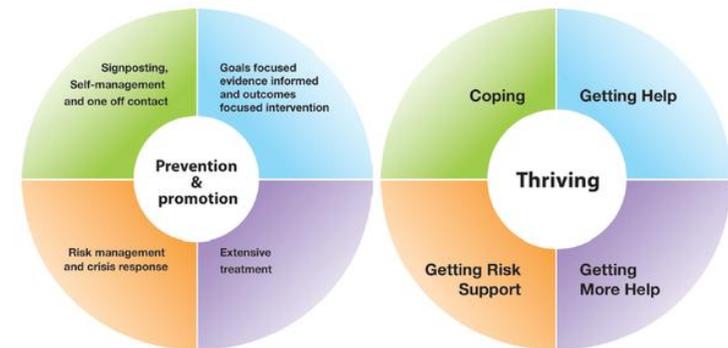
THRIVE has five areas that describe the state of being of people in that group

1. **Coping** - Building and promoting resilience
2. **Getting help** - Identifying problems early

3. **Getting more help** - Improve access to effective support
4. **Getting risk support** - Support for the most vulnerable and those with highly complex needs



THRIVE model



Where we want to be: Thrive Model

The THRIVE framework conceptualises five needs-based groupings for young people and their families.

Thriving

All those children and young people who do not currently need individualised mental health advice or help are considered to be thriving. However, this group will benefit from universal initiatives that support mental wellness, emotional wellbeing and resilience of the whole population e.g. via schools and self-care support. By understanding the risk factors likely to lead to poorer mental health strategies can be implemented to reduce or remove these as far as possible.

It is important that North Tyneside partners promote and invest in primary prevention. This will encompass activities which address bullying, raise awareness about emotional wellbeing and challenge mental health stigma.

Coping

This grouping could include children, young people and families adjusting to a variety of life circumstances with mild or temporary

problems and difficulties. It could also include CYP with more ongoing mental health problems but who are currently coping and stable.

If young people, families, teachers and other non-specialist professionals recognise mental health problems and have relevant knowledge about risks, causes and effects of treatment, young people are more likely to seek early appropriate help. We will aim to build and promote resilience in children and young people across North Tyneside. To achieve this, children and young people need to:

- Develop strong and secure attachment in their early childhood (age 0-5)
- Develop life skills which will help them to recognise and manage normal life challenges into adulthood and be able to deal with them throughout their life, while recognising signs of mental health distress.
- Recognise, develop and utilise strengths within themselves, their families, their schools and their local communities

- Manage periods of uncertainty in their life and be able to resist and recover from difficult times
- Understand change as a natural part of life and develop coping skills.
- Recognise and avoid pressure from the actions of their peers around risky behaviour
- Develop and maintain self-worth and confidence

We recognise that periods of transition may be particularly difficult for children and young people. Our aim is to prevent these problems from occurring by providing extra support during these times.

Getting Help

Early help and intervention is essential. We will make sure that children, young people and the people around them are able to recognise

- When they are finding things difficult
- Circumstances or life events that might affect their emotional wellbeing.

Children, young people and the people around them will be able to:

- Find reliable information and advice and guided help in the first instance.
- Access information and have knowledge about self-help skills and tools to self-help.
- Develop and use coping strategies to manage any difficulties to try and help themselves

All organisations and services will be clear about their roles and responsibilities.

Getting more help

This group is likely to include children, young people and families who would benefit from extensive long term specialist mental health treatment which could be provided via the community, outpatients or inpatient care. In particular, this group would include young people with psychosis, eating disorders and emerging personality disorders who are likely to require significant support.

Appropriate help needs to be located and available in the right place, at the right time and provided in the right way so that all children and young people can access it easily and want to use it.

Using Early Help assessments appropriately all those working with children and young people will be able to support them to get appropriate support and specialist input when necessary.

To achieve this we aim to make sure that:

- The first person a child and young person talks to can provide appropriate practical support, advice and help.
- The first person contacted by the young person is able to carry out an early help assessment. If additional support is needed they will keep the child/young person informed so they understand what is happening.
- While specialist services are involved any other support around that young person will be kept updated and they will continue to provide appropriate support.
- Once specialist support has been completed, on-going support will be continued from other parts of the THRIVE model.

Getting Risk Support

This group would include children; young people and families who might routinely go into crisis but are not able to benefit from

evidence based treatment and remain a significant concern or risk. Help offered may not have been able to make a difference or they may not have yet responded to treatment.

There is a need to dismantle barriers and reach out to children and young people most in need by:

- Following up those who do not attend appointments (DNAs) to find out the reasons and offer further support to help them engage
- Ensuring those working in locality teams and those frontline staff working with those who are most excluded from society are able to refer into specialist support and appropriate services..
- For the most vulnerable young people with multiple or complex needs, strengthening the lead professional approach to coordinate support and services to prevent them falling between services

How will THRIVE be achieved: outcomes and actions

A number of key themes emerged in the Future in Mind taskforce report which are considered fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people. We have used these key themes to develop actions to achieve the Thrive model outcomes in North Tyneside and they are outlined below. See the supplementary action plan in Appendix 1 for more detail (*to be finalised*)

Implementing the CAMHS Transformation Plan Action plan will also contribute to achieving our vision for all children, young people and their families in North Tyneside to achieve their optimum mental health and emotional wellbeing (See Appendix 2).

It should be acknowledged that latest evidence suggests that only 33% of young people will be 'recovered' at the end of even the best evidence based treatments.

Theme 1: Promoting Resilience, Prevention and Early Intervention

High level outcomes:

- Children and young people will have the best start in life.
- Children and young people will be resilient and thrive.
- Children and young people will learn to support themselves and others.
- Parents will have access to information and support before and after the birth of their children.
- Fewer children and young people will develop mental health problems
- Frontline workers will have more understanding and be able to better recognise potential mental health problems and promote emotional wellbeing.

Young person's outcomes

- ✓ I know how I can help improve my own emotional wellbeing and mental health
- ✓ I feel in control of my life
- ✓ I feel good about myself
- ✓ I have positive relationships
- ✓ My life has a purpose
- ✓ I can sleep and relax
- ✓ I am confident
- ✓ I have control over what happens to me

- ✓ I am independent
- ✓ I can solve problems and offer solutions
- ✓ I have better coping skills
- ✓ Other people help me cope
- I know where to go if I feel I need more help

Evidenced bases actions to achieve this:

- Enhancing existing maternal, perinatal and early years health services to strengthen attachment between parent and child, avoid early trauma.
- Build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support through locality teams and 0-19 service review.
- Promote and implement preschool programmes to support school readiness, communication and the development of social and emotional skills.
- Take early effective action to improve challenging behaviour of children (aged 3-11) by promoting positive parenting techniques and encouraging attendance on North Tyneside courses.

- Ensure that relevant frontline staff across all organisations attend training to understand the importance of making 'every contact count' for wellbeing and the opportunity to help people to build their resilience and look after their wellbeing.
- Improve social and emotional awareness and help young people to improve their ability to self-regulate when faced with worries, frustration and setbacks through evidence based programmes in schools and youth settings.
- Audit anti-bullying approaches in schools and ensure they are threaded through the entire curriculum and embedded in school culture in primary and secondary schools.
- Explore the development and promotion of evidence based self-care by digital tools, online support (e.g. Kooth.com),
- Co-ordinate communications to raise awareness and promote NHS Choices Young Person's Mental health web pages and CAHMS locally improved website.
- Implement a Young Person's led Social Media project and identify IT champions.
- Improve the mental health literacy in the wider population including families, peers, school staff, GPs and other non-

specialist professionals in contact with children by promoting the use of MindEd, an evidenced based free online learning tool.

- Whole school approaches to promoting health and wellbeing will be implemented supported by the School Improvement Health and Wellbeing advisor, particularly promoting the use of the 'Preparing to teach about mental health and emotional wellbeing' guidelines from the PSHE Association in all schools.
- Young Person's Health and Wellbeing group 'Mind your Head' lesson plan to be rolled out across schools.
- Re-refresh Self Harm training provided to schools.

Theme 2: Improving Access to Support

High level outcomes

- Information will be easily available to children, young people and families so that they can find out about mental health and how they can support themselves and what services are available if they need them.

- CYP and their families will be able to access a range of help and support including online support.
- Pathways will be improved and early help assessments will support more appropriate referrals to appropriate services including specialist CAHMS.
- CYP and their families will find it easy to access specialist services through self referral, where this is appropriate.
- Children and young people will continue to be able to access specialist CAMHS services without excessive waiting times, especially when they are in crisis.

Young person's outcomes

- ✓ I know where to go if I feel I need help
- ✓ I understand how I can improve my own emotional wellbeing and mental health
- ✓ I can use coping skills when I need to deal with difficult situations.
- ✓ I can access services near to where I live or go to school.
- ✓ I can access support whilst I am waiting for an appointment with a specialist service
- ✓ I can access the right support for as long as I need it
- ✓ I can access a range of self-help support mechanisms and materials.

Evidence based actions to achieve this

- Raise awareness of the Young People's Improving Access to Psychological Therapies (CYP IAPT) programme
- Improve the current pathway for learning disability prescribing to identify and treat children with ADHD in a community setting as part of a holistic approach.
- Extended CAHMS specialist clinic hours and services being provided in community venues.
- Improve management of children with autism by reviewing existing pathways.
- Promote and raise awareness of the evidence based 'Shelf Help' books for self-care which are available in all local libraries to frontline workers, families and young people.
- Develop and deliver Mental Health First Aid training to build capacity in schools to ensure teachers and practitioners are trained to identify and assess the early signs of anxiety, emotional distress and behavioural problems among school children
- Improve communications to promote online high quality information and support.

- Explore opportunities with young people and third sector providers to use peer support networks where appropriate.
- Complete equity audits to ensure that CYP from across the Borough are able to access specialist help and support.

Theme 3: Services for High Risk and Vulnerable Groups

High level outcomes

- Identified vulnerable groups will receive information, support about mental health and access to services for appropriate treatment.
- For those with immediate mental health needs (e.g. crisis or psychosis) access to specialist CAMHS services will be timely and appropriate.
- Fewer C&YP will suffer avoidable harm resulting from a serious mental health issue.
- Improving support at key transition points

Young person's outcomes

- ✓ I don't feel judged by others
- ✓ I feel safe in the services I attend
- ✓ I trust those involved in my support
- ✓ Other people have better understanding and knowledge of my

mental health issues

- ✓ I can manage my life better and take less risks
- ✓ I have positive relationships
- ✓ I have a sense of belonging at school/college/home/work
- ✓ I can concentrate
- ✓ I am able to cope with pressure
- ✓ I reach my potential in education
- ✓ I have ambitions and aspirations

Evidence based actions to achieve this

- Assessing and identifying unmet needs e.g. through the Troubled Families programme, voluntary sector, YOT and locality teams.
- Meet identified needs through improved partnership working with existing service delivery structures to help vulnerable children and young people – between CAMHS, Early Help Services, Troubled Families, Voluntary Sector, Child Protection and Safeguarding Services, as well as education, youth justice services and Multi-Agency Safeguarding Hubs.
- Educational Psychology support for children and Young People identified as having Special Educational Needs.
- Review the existing Eating Disorder Intensive Community Treatment Service and develop an integrated eating

disorders community based service across Northumberland, North Tyneside, Newcastle/Gateshead CCGs along with NHSE, Specialised Commissioning, in line with NICE Guidelines

- Proactive follow-up of children, young people or their parents who do not attend (DNA) appointments. Develop a plan to understand the issues and what support is needed when children, young people or their parents/carers do not attend appointment
- Mental health assessments to include sensitive enquiry about the possibility of neglect, violence or abuse.
- Acceptance into specialist services should not be based purely on clinical diagnosis – flexible acceptance criteria for referrals concerning particularly vulnerable children and young people.
- Increasing the number of specialist foster carers who can work with the most challenging children and young people.
- As part of their preparation for leaving care, staff should work with young people to help them identify and strengthen their support networks, identifying how these can help boost young people’s resilience and support good emotional wellbeing during a transition to independence.

Theme 4: Developing the Workforce

High level outcomes

- North Tyneside has a workforce with the appropriate level of skills to work with all children and young people to build resilience and support and identify needs.
- Schools and college staff will be confident and competent in supporting and recognising mental health issues.
- GPs will be better equipped to support patients through education sessions.
- The universal workforce for C&YP services and those working in the voluntary sector and locality teams are confident and competent around their role to make sure that there are no unnecessary referrals to specialist CAMHS services.
- Improved information systems and information sharing within and between agencies.

Young Person’s outcomes

- ✓ I feel that the staff supporting me are well trained and good at their job
- ✓ My family is supported to help me with my needs
- ✓ I feel like services know about me when I meet different people because they

have shared information appropriately.

Evidence based actions to achieve this

- Undertake a detailed training needs analysis and implement the recommendations to ensure a workforce that is able to support the emotional and mental health needs of CYP.
- Training needs related to schools can be considered by Educational psychologists who provide therapeutic interventions and training for school staff.
- Build capacity through provision of Mental Health First Aid for Young People training to staff in locality teams, schools and other youth settings so they have skills to identify the early signs of anxiety, emotional distress and behavioural problems among school children.

Theme 5: Engagement, Accountability and Transparency

High level outcomes

- Improved data collection across organisations to aid understanding of prevalence of mental health in CYP in North Tyneside.

- Children & Young People and their families will have a positive experience of care and support
- The mental health needs of children and young people will be the responsibility of all partners.
- Locality teams and Early help pathways will understand the referral criteria to specialist services and links will be made between key staff.
- All partners will understand and act on their responsibility for Children & Young People mental health and emotional wellbeing.
- Children & Young People will have a voice in how services are designed so they better meet needs.

Young Person's outcomes

- ✓ I understand where I should go for support and how different services are organised and arranged.
- ✓ I have a say in how services are designed
- ✓ People ask me how effective/good I am finding services that are provided.

co-produce preventative and more specialist services and communications.

- Multi-agency safeguarding will be a key element of any new service or pathway design
- Improve local intelligence and data collection about CYP emotional wellbeing and mental health.
- Monitor early help assessments and access and waiting time measurements across specialist services.
- Review outcome monitoring of services regarding effectiveness and quality.
- Link to other local strategies and work programmes for children and young people with specific needs e.g. Special Educational Needs and Disabilities (SEND).
- Regularly carry out needs assessments to ensure we have up to date information and intelligence about mental health and wellbeing in CYP.

Evidence based actions to achieve this

- Youth participation to be embedded throughout the mental health system and services users will be invited to

Local governance and implementation

The Children and Young People's Mental Health and Emotional Wellbeing Strategic Group (CYP MHEWB) will produce and monitor the implementation plan for this strategy. The implementation plan will contain the detail about what will be done, by whom and by when and will be refreshed annually. The strategic group will measure progress against the implementation plan and seek the continual involvement of children, young people, their families and professionals to guide the work. The CYP MEHWB will feedback annual reports into the Children, Young People and Learners' (CYPL) partnership and the Health and Wellbeing Board

The CYP MHEWB strategic group is chaired by The Director of Public Health and membership includes representatives from :

CCG Commissioner	LA Commissioner
Public Health	Healthwatch
Northumbria Healthcare NHS Foundation Trust	Northumberland, Tyne and Wear NHS Foundation Trust
Youth Justice	School Improvement Team (Education)
Voluntary and Community Sector	Youth Participation Team
Early Intervention and Prevention	
