
Meeting of the Health Select Committee – 28th March 2024

Report of the Director of Public Health and Wellbeing - DMBC, Chief Strategy and Partnerships Officer - Black Country Healthcare NHS Foundation Trust, and the Managing Director of Dudley - Black Country Integrated Care Board

Collaborative Working to Address the Emotional Wellbeing and Mental Health Needs for Infants, Children and Young People in Dudley

Purpose of report

- 1 This report outlines the collaborative work across Dudley between public sector organisations and the community and voluntary sector to improve the emotional health and wellbeing of infants, children and young people. It describes:
 - Mental health and wellbeing needs among infants, children and young people in Dudley.
 - The THRIVE framework for system change which is an integrated, person centred and needs led approach to delivering mental health services for infants, children, young people and their families.
 - Interventions and services available in Dudley to support mental health and wellbeing in infants, children and young people.
 - Next steps for collaborative working in Dudley.

Recommendations

- 2 It is recommended that:-
 - Members support the implementation of the THRIVE framework in Dudley, as an evidence-based approach to addressing mental health and wellbeing needs.
 - Members are assured that partners are working collaboratively to address the mental health and wellbeing needs of Dudley's infants, children and young people in line with evidence-based best practice.

Background

- 3 Mental health is as important to a child's safety and emotional wellbeing as their physical health. It can impact on all aspects of their life. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood. Good mental health is important for helping infants, children and young people to develop and thrive.
- 4 Mental health plays a key role in a child's overall wellbeing and can be affected by various factors, including abuse and neglect, family circumstances, environment, stress, loneliness or social isolation. There is strong evidence that the foundations for emotional health and wellbeing are laid in the first 1,001 days (from conception to 2 years of age), with parent-infant relationships (PAIRs) are one of the core elements of early development, resilience, and a child's later ability to weather life's challenges. Negative experiences can adversely affect a child's mental health, just as positive experiences can help improve it.

Mental health and emotional wellbeing needs

- 5 In the Black Country each year, at least 15% of babies experience a significantly disrupted, disturbed or disorganised relationship with their main carer(s). This is over 2,100 new births each year, and over 4,300 babies under 2 at any one time. It is estimated that 80% of maltreated children will come from this group of babies.
- 6 Dudley school pupils report having statistically similar levels of social, emotional and mental health needs as the England average (9.0% vs. 8.7%), but higher than the West Midlands average (8.0%) (figure 1, appendix).
- 7 In Dudley, in 2020-21, the most common primary needs of special educational needs (SEN) pupils are moderate learning difficulties (2,093) followed by speech, language, and communication needs (1,801) and then social, emotional, and mental health needs (1,114).
- 8 Evidence suggests that some groups of children and young people are disproportionately impacted by mental health problems largely driven by a complex interplay of social and environmental determinants of poor mental health. This includes the following:
 - People who identify as LGBTQ+ have higher rates of common mental health problems and lower wellbeing than heterosexual people.

- Black boys and young men report lower levels of diagnosable mental health difficulties at the age of 11 years than white or mixed heritage boys.
- Refugees and asylum seekers are more likely to experience poor mental health than the general population.
- Children and young people with learning disabilities are more than four times more likely to develop a mental health problem than average.
- Autistic children and young people are more likely to experience a range of mental health problems.

9 These are some of the key risk factors that contribute to poor mental health:

- Children from low-income families are four times more likely to experience mental health problems by the age of 11 than children from higher-income families.
- Around a third (32%) of children aged 0-15 live in a household where an adult has moderate or severe symptoms of mental ill-health. While most parents with mental health problems are responsive and sensitive parents, this remains a consistent risk factor for children.
- Children who experience maltreatment, violence, abuse, bullying, or bereavement are much more likely to experience mental health problems. An estimated one in three adult mental health conditions is thought to be associated with adverse experiences in childhood.
- Around one in three young carers are estimated to experience a mental health problem.
- Young people with a mental health condition are nearly twice as likely to be bullied, and more than twice as likely to be cyberbullied.
- Emerging evidence also suggests that there are other key risk factors including racism, discrimination, poor housing and the climate crisis.

Impact on education

- 10 Children with higher levels of emotional, behavioural, social, and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school. As children move through the school system, emotional and behavioural wellbeing become more important in explaining school engagement, while other characteristics become less important.
- Children with better emotional wellbeing make more progress in primary school and are more engaged in secondary school.
 - Children with better attention skills experience greater progress across the four key stages of schooling in England.

- Children who are bullied are less engaged in primary school, whereas those with positive friendships are more engaged in secondary school.

11 Children and young people with mental health problems are more likely to miss school. While it is not possible to identify school absences from poor emotional health or mental health wellbeing in the statistics, Dudley school absence data in 2021/22 shows:

- Pupils had the highest percentage of school absences in the Black Country at 8.0%, and 11.2% for those on free school meals: higher than regional (7.8%, 10.6%) and national averages (7.6%, 10.8%).
- 4.7% of school absences were due to illness, higher than the regional and national averages (figure 2, appendix 2).
- 26% of Dudley pupils had persistent absence – attendance below 90% compared to 24% for the West Midlands and 23% in England. For Dudley children on free school meals, persistent absence was 41%.

12 Providers are reporting an increase in children and young people presenting with mental health needs and there is an increase in emotionally based school avoidance. This is a national issue and not confined to Dudley. This need was further emphasised by the 2022 Make Your Mark survey; one of the top issues for young people in Dudley was mental health and support.

Use of mental health and emotional wellbeing services

13 Over the past decade, there has been increasing need for mental health services. The pandemic resulted in a greater number of children and young people presenting with mental health disorders, often with complex needs requiring care or medical stabilisation, within a paediatric or acute setting. Increasing need, coupled with winter pressures, has put a strain on systems.

14 In the Black Country there has been a 57% rise in children in touch with mental health services between April 2021 and February 2023. There were 19,645 contacts with community and outpatient mental health services by individuals <18 years in 2019/20 within Dudley. It is difficult to compare these statistics with neighbouring boroughs because of the differences in care pathways and specific services in each borough. Data from Dudley's Single Point of Access (SPA) will enable these comparisons over time.

- 15 Hospital admissions in young people as a result of self-harm are lower in Dudley compared to the England average (figure 3, appendix 3). The number of inpatient stays in secondary mental health services for Dudley children and young people is significantly lower than both the regional and national averages.

Best practice for mental health and wellbeing needs in infants, children, young people and families

- 16 This section summarises the [THRIVE Framework](#) which is the accepted best practice in addressing and improving the mental health and wellbeing needs for children, young people and families, and which Dudley aims to follow. A young person or family struggling with their mental health in an area implementing THRIVE would experience:
- No ‘wrong door’, meaning anyone a young person talked to about their mental health would be able to provide them with support or signpost them to available support options.
 - Whoever was helping a young person with their mental health would know the best ways to ask for their views about what was important to them and what they wanted to be different, so that there was genuine shared decision making about ways of helping.
 - Signposting to things the young person, their family and friends could do to support the mental health needs of the young person who was struggling, including accessing community groups and resources such as drama, sport and volunteering.
 - Whoever was giving a young person more specialised mental health help would support the young person to evaluate their progress towards their goals and to check that what was being tried was helping.
 - Supportive but transparent conversations about what different treatments were likely to lead to, including their limitations.
- 17 The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings:



18 The characteristics of these needs-groupings are:

Thriving: support to maintain mental wellbeing

Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support around their mental health issues. They may however benefit from system level prevention and promotion initiatives.

19 **Getting Advice:** those who need advice and signposting: includes both those with mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting specialist input.

- 20 Getting Help: focussed goal-based input: comprises those who need specific interventions focused on agreed mental health outcomes. An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group providing targeted, outcomes-focused help.
- 21 Getting More Help: more extensive and specialised goals-based help: similar to Getting Help but the small number of children and young people within it will need extensive resource allocation and coordination across services. It includes for example, children or young people who are completely unable to participate age appropriately in daily activities (e.g. at school) or they need constant supervision and experience distress on a daily basis.
- 22 Getting Risk Support: those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services: may have some or many of the difficulties outlined in other groups BUT, despite extensive input, they or their family are currently unable to make use of help, more help or advice AND they remain a risk to self or others. Risk management is the sole focus.
- 23 In addition to the THRIVE Framework, there is also NICE guidance for specific aspects of mental health and wellbeing which sets out evidence-based, cost-effective practice for specific areas. This includes guidance for example on each of the specific mental health conditions and disorders, maternity and early years, transitions between different types of settings, practice in schools, and for those in care.

Mental health and emotional wellbeing provision in Dudley

- 24 These are the current initiatives and services in Dudley commissioned by Dudley Council (Public Health and Wellbeing) or Black Country Health Care (NHS lead provider for mental health) to support the mental health and emotional wellbeing of children and young people.

Thriving: support to maintain mental wellbeing

- 25
- Harmony Project: a music-based initiative which incorporates the [5 Ways to Wellbeing](#) messages and signing. Developed as part of Children's Mental Health Week 2022 and now an annual event in Dudley.
 - Family Hubs: universal support for parent-infant relationships.
 - Nurture and Resilience offer in Schools: supporting schools to understand relational approaches and attachment awareness, developing theory and evidence-based practice to ensure that settings

provide a supportive and safe space in which children and young people can learn and develop.

- Senior Mental Health Lead in Schools: DfE accredited training will have been offered to all eligible state-funded schools and colleges by 2025 to support the implementation a whole school or college approach to mental health and wellbeing. Dudley currently has a good uptake of this training.
- Theatre in Education Awareness sessions: on relationships, how to recognise an abusive or exploitative relationship, bullying, misogyny and mental health for students in all education settings. The performances and workshops are adapted for age-appropriate understanding, for children and young people to recognise when support is needed and how to access sources of support.
- Health Related Behaviour Questionnaire: providing children's voice giving schools data to support their Relationships, Sex and Health Education (RSHE) planning and health related activity. This survey is provided every two years and is offered to all schools and 16+ provision, for years; 5, 6, 8, 10 and 12. Next survey started January 2024.

26 Across the borough, there are also many community groups including sports clubs, activity groups, uniformed youth groups etc. that provide this level of support to help maintain good emotional health and wellbeing.

27 Getting Advice: those who need advice and signposting

- [Happier Minds](#): a new mental wellbeing website for Dudley. It has pages for young people aged 11 and over, parents/carers and school professionals. It is intended to provide quality assured information and support, signpost to national and local services and deliver topical messages (e.g. exam stress).
- Family Nurse Partnership: intensive, home-based support from pregnancy until a child is two years for younger parents. The programme focuses on self-efficacy, attachment, and supporting young parents' self-esteem.
- Health Visitors: dedicated nurse support for children under 5 and their families including for mental health wellbeing, including two new specialist Parent-Infant Emotional Wellbeing Health Visitors.
- Family Hubs: targeted support for parent-infant relationships and mild-moderate perinatal mental health (PMH), with training for all First 1,001 Days workers, and two new PAIRs evidence-based interventions: Video Interactive Guidance and Triple P for Babies.
- School Nurses: a universal service delivering the healthy child programme and providing the first point of contact for Mental Health

support, signposting, and referral. Currently being re-modelled to strengthen the Mental Health element.

- KOOOTH: an online service specifically designed to support young people's mental wellbeing.
Wysa app: an AI wellbeing coach that allows full access to all of Wysa's self-help tool packs, covering everything from mindfulness and meditation to therapy tools for anxiety and depression for 12 months from when you download it.

28 There are also national helplines available and local charities including: Black Country Mental Health Charity, a Bee Well group and Young Minds.

29 Getting Help: focussed goal-based input

- Mental Health Support Teams in Schools: to provide support and extra capacity for early intervention and help for mild to moderate mental health issues and promotion of good mental health and wellbeing. In Dudley, over 50% of schools have MHSTs with a further wave in January 2024.
- Here4YOUth: provided by Cranstoun, an open-door wellbeing service for young people to access via drop-in, outreach or social media. Offering a range of support and signposting including emotional wellbeing support, social prescribing, substance misuse support and sexual health services, with advocacy offer enabling access to further support.
- The What? Centre: a Young Person's Advice and Counselling Service with bases in Stourbridge (main base) and Dudley. Also provides counselling for young people who identify as LGBTQ+ and or/are a part of ethnic minority communities.
- Dudley Talking Therapies: supports individuals aged 16 or over who are experiencing common mental health problems; such as anxiety, depression, low mood, panic or phobias.
- Phase Trust: a youth organisation offering grief and loss support to children aged 7 – 11 years with underlying trauma and anxiety not able to be managed in mainstream provision.
- Rethink: the Sanctuary Hub is a safe place where you can access support outside of usual mental health service hours. Rethink also offer bereavement services across the Black Country.
- Mental Health First Contact Practitioners: 16+ years service provided by Mental Health Nurses at GP surgeries across the borough.

30 Local charities and community interest companies also offer support at this level for example, Arts for Change, Breathing Space and Ekho Collective.

- 31 Getting More Help: more extensive and specialised goals-based help
- CAMHS: is a specialist mental health service providing interventions to those children, young people and their families who are experiencing moderate to severe mental health difficulties. Within the Specialist CAMHS teams at this level there is access to the following teams: Eating Disorders, Core CAMHS, Children in Care, Early Intervention in Psychosis, Psychiatrists, Learning Disabilities and Intensive support to children and young people with Autism to prevent hospital admission.
 - Single Point of Access (SPA): following successful implementation in neighbouring Black Country areas and research evidence of effectiveness¹, a SPA was established in Dudley in May 2023 with professionals being able to make referrals into all commissioned emotional mental health and wellbeing services so that referrals can be appropriately and consistently triaged so there is equity in access to services. The intention of a SPA is to make it simpler for those referring children and young people for mental health support – referrers do not need to know all of the specific services available. It is particularly important where there are multiple needs or when the most appropriate service to address a child's needs is not clear. Professionals can also contact the SPA for advice. The SPA will also provide a single view of the mental health needs of Dudley's children and young people and whether there are gaps in capacity, as the SPA will collect all data on referrals.
- 32 Getting Risk Support: those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services *This offer is commissioned either through Black Country Health Care or through NHS specialist commissioning for Liaison and Diversion.*
- Crisis Helpline: the NHS mental health crisis helpline is open 24 hours a day, seven days a week and is open to people of all ages. The number is 0800 008 6516. There is an option for immediate mental health assessment.
 - CAMHS Crisis Intervention and Home Intervention: this team offers community support for children and young people in mental health crisis 24/7 through a blended model of care. The main aim of the service is hospital admission avoidance, where appropriate, seeing young people within a shorter period of time and within their home environment. Children and young people are currently seen within 4 hours of referral. Where home intervention is not clinically appropriate, they are advised to attend the Accident and Emergency department with a potential for admission to the Paediatric Assessment Unit.

¹ Simpson, N., and Stallard, P., Referral and access to children's health services *Arch Dis Child* (2004); 89:109 –111

- Inpatient admission to a children and young people's Mental Health Unit: an inpatient admission is considered necessary when community support will not provide enough interventions to be able to impact on the young person's mental health either by understanding fully the needs or providing interventions that can only be supported as an inpatient. The CAMHS Crisis Intervention and Home Intervention team assumes responsibility for all inpatient admissions. Supporting children and young people during an admission and preparing them for discharge back into the community is also the responsibility of this team.
- Liaison and Diversion: this team work with children and young people, who have been arrested and are in the Custody suite to assess if they have any emotional mental health issues as part of their health and wellbeing assessments. They also see those who are issued with Court Resolution Orders. If the Liaison and Diversion team identify Mental Health needs, they refer to the local mental health team via the SPA. They may also contact the Mental Health Support teams in schools, if appropriate, as well as the Forensic CAMHS (Youth First) service which is also commissioned on a wider West Midlands footprint.

Priorities for further collaborative work and improvements

33 We have re-established a group reporting to the Children and Young People's Partnership Board which leads this work in Dudley. It is called the *Dudley Strategic Infants, Children and Young People's Emotional Mental Health and Wellbeing Group* and it is co-chaired by Public Health and Wellbeing and Black Country Healthcare. It has broad membership from relevant statutory services with representation from DCVS. Working groups on self harm and suicide and Parent-Infant Emotional Wellbeing (PIEW) report into this.

34 Over the coming months, key areas of work include:

Getting Advice and Getting Help

- Public Health and Wellbeing will be mobilising the new 0-19 (25 SEND) public health service from 1st April 2024 which will include health visitors, family nurse partnership and school nursing. As part of this work, we will further strengthen the mental health and wellbeing offer.
- Black Country Healthcare will lead a review of the online digital support offer available for children, young people and their parents/carers.
- Public Health and Wellbeing are working in partnership to audit our approach and programmes against NICE guidance. Over the coming

months there will be a specific focus on the guidance around schools² (including the MHSTs) and self harm³. If and where Dudley is not compliant with best practice, system partners will work together to make any required adjustments.

35 Getting Help and Getting More Help

- Black Country Healthcare are working with a small group of Dudley Voluntary organisations in a consortium to be able to offer a menu of opportunities for CYP with emotional mental health and wellbeing needs accessible via the Single Point of Access.
- Black Country Healthcare are continuing to embed the Single Point of Access to include the new commissioned services in the voluntary sector consortium, to continue to make improvements to waiting times, and to reduce referrals into specialist CAMHS.
- As the Lead Provider for MH/Learning Disabilities and Autism, Black Country Healthcare are coordinating a programme of work across all agencies to review current CYP diagnostic pathways to make proposals for improvement which will likely need to be implemented across multiple agencies. This review is being undertaken because a high percentage of the CAMHS waiting list are children and young people who are waiting for an assessment of Autism but may have no other mental health needs and therefore other services would better meet their needs. This work will also help to reduce waiting times for services.

36 In addition to this:

- Once published, we will use the findings of the all-age mental health and emotional wellbeing needs assessment to identify work required to improve the mental and emotional health of infants, children and young people. This will include more focussed work on inequalities.
- Black Country Healthcare are establishing a whole systems approach to parent and infant emotional wellbeing and will be scoping options for specialist provision for parent and infant relationships.

Finance

37 There are no financial implications of this overview paper.

² NICE guideline [NG223] Social, emotional and mental wellbeing in primary and secondary education.

³ NICE guideline [NG225] Self-harm: assessment, management and preventing recurrence.

Law

38 There are no legal implications of this overview paper.

Risk Management

39 There are no specific risks related to this overview paper.

Equality Impact

40 There are no specific equalities impacts from this overview paper.

Human Resources/Organisational Development

41 There are no implications from this overview paper.

Commercial/Procurement

42 There are no implications from this overview paper.

Environment/Climate Change

43 There are no implications from this overview paper.

Council Priorities and Projects

44 Dudley Borough Vision 2030: A place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future



Dr Mayada Abuaffan
Director of Public Health &
Wellbeing



Kuli Kaur-Wilson
Chief Strategy & Partnerships
Officer - Black Country Healthcare
NHS Foundation Trust



Neill Bucktin
Managing Director of Dudley
Black Country Integrated Care
Board

Report Authors: Sarah Dougan (DMBC)
Telephone: 01384 817274
Email: sarah.dougan@dudley.gov.uk

Margaret Courts (BCH)
Email: margaret.courts@nhs.net

Piotr Gass (DIHC)
Email: piotr.gass@nhs.net

Jill Edwards (DMBC)
Email: jill.edwards@dudley.gov.uk

Appendices

- Appendix 1 - Figure 1 – School pupils with social, emotional and mental health needs
- Appendix 2 – Figure 2 - School absence due to illness
- Appendix 3 - Figure 3 - hospital admissions for self-harm among young people

Figure 1

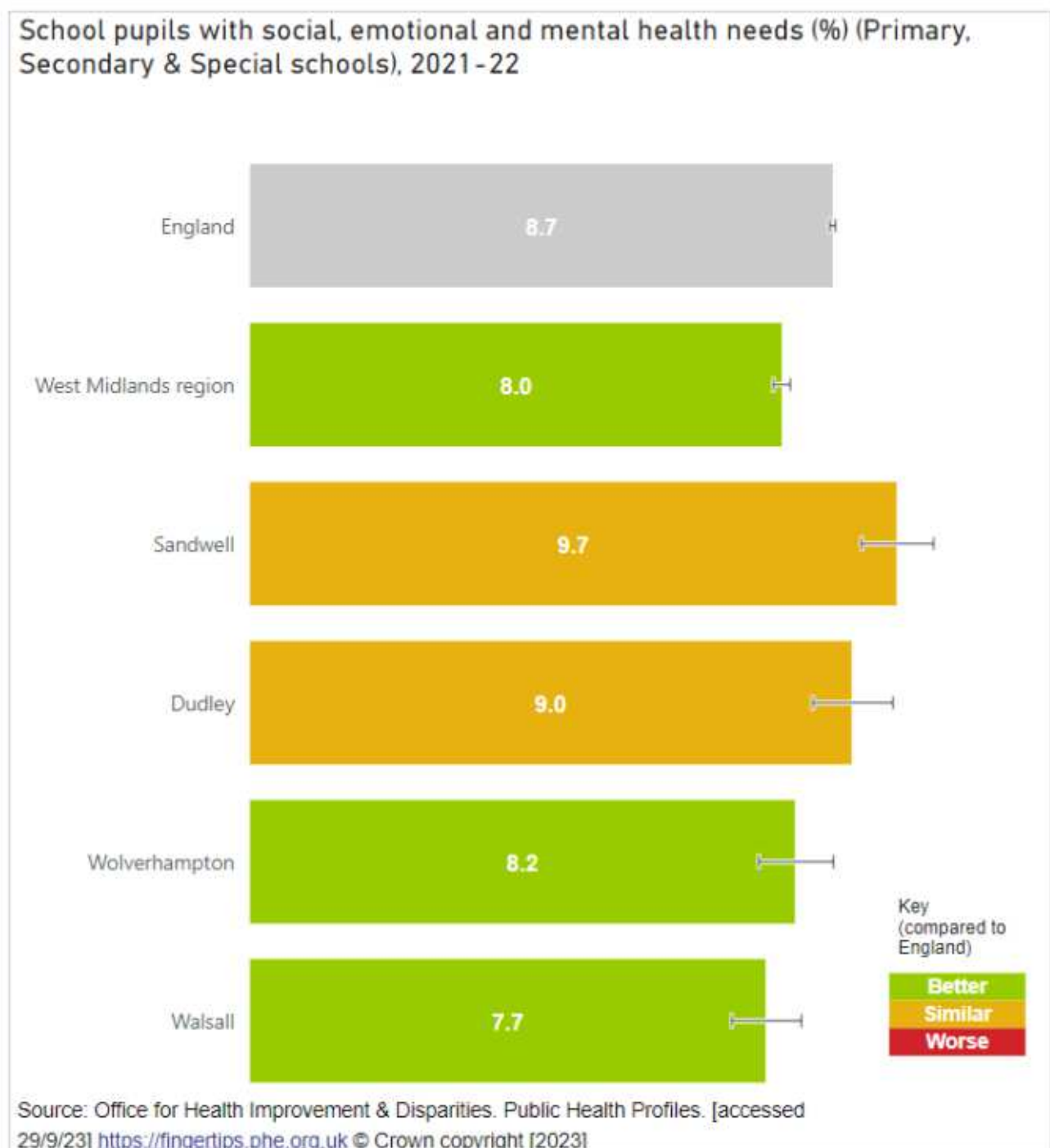
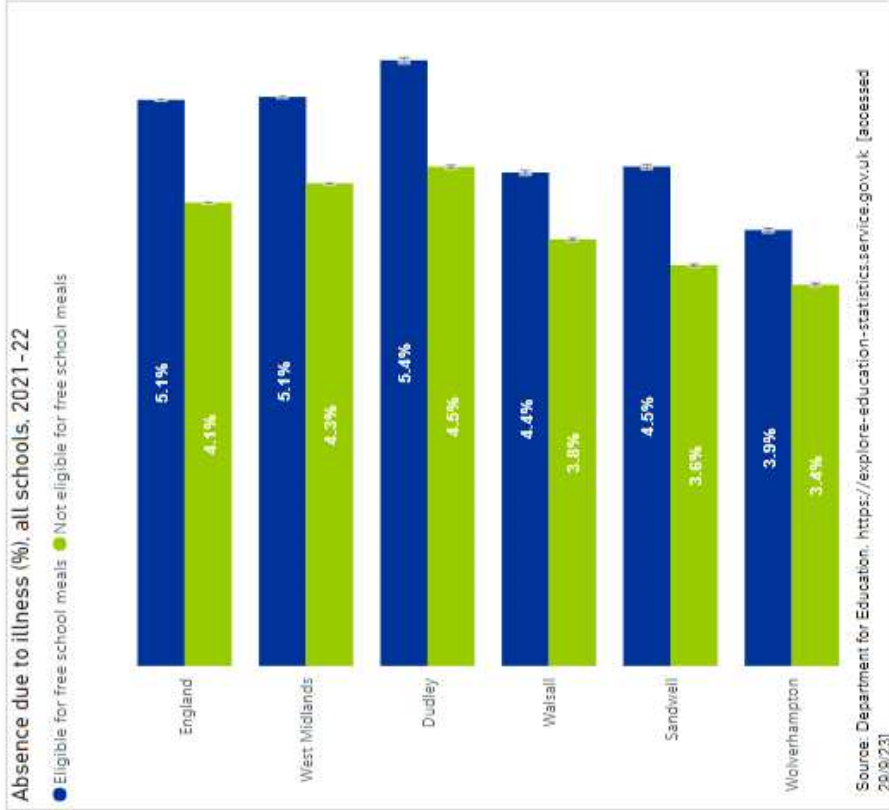
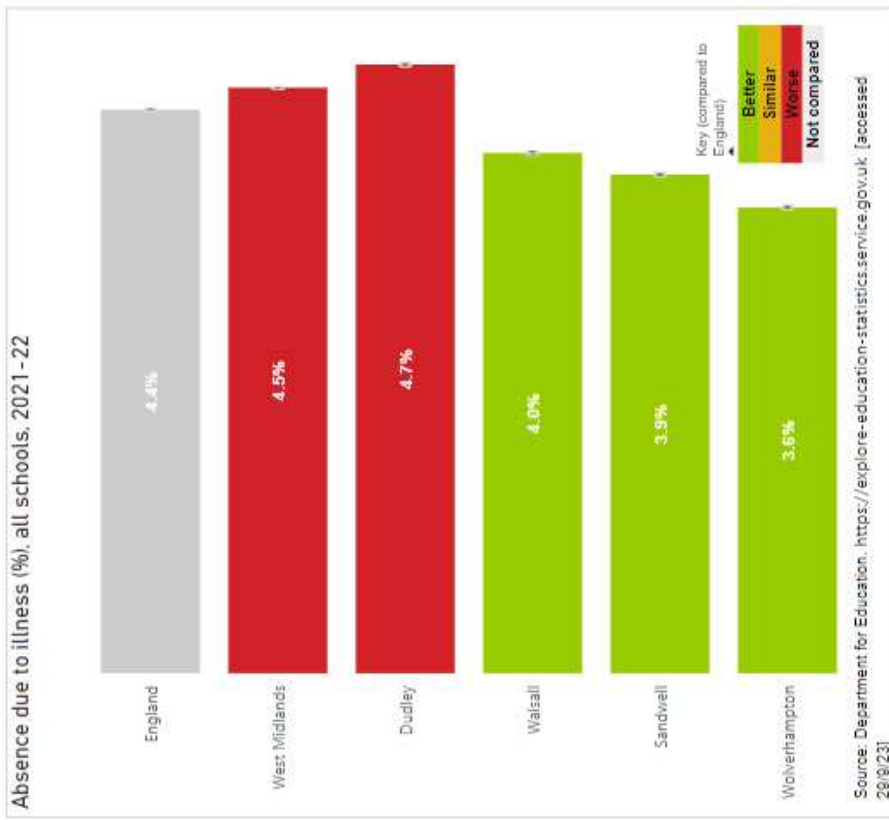


Figure 2: School absence due to illness



Appendix 3

Figure 3: hospital admissions for self-harm among young people

