South-East Region NHSE/I
MH Clinical Delivery Team

"Hidden Children" Analysis – Prevention and Postvention for Young People in Crisis

With special thanks to Andrea King and Lajla Johannson

Before we start…Using Microsoft Teams

Please note: This session is being recorded and will be uploaded to our website

You should be able to see this bar on your computer. If it disappears just click the centre of the screen and it will reappear.

To view and use the chat box – please use for discussion and questions

To raise/lower your hand – use this if you want ask a question off mute

To turn your Camera on/off

To mute and unmute yourself

Troubleshooting tech issues:

- Please mute yourself to reduce background noise
- We encourage use of the chat box for discussion and questions
- This webinar is being recorded and will be shared afterwards

Housekeeping

- This webinar is a live event therefore you will be on mute unless you're a designated speaker or asking a question.
- The webinar will be recorded and sent to participants after the event.
- Please use the chat function to ask any questions and for discussion and sharing of practice examples. We will answer as many questions as possible during the event.

Agenda

1500	**Welcome** Dr Gavin Lockhart, Assistant Director of Programmes CYP MH, NHSE/I South East
1505	**Setting the Context** The Problem > The Question
1510	**Survey Findings, Themes and Commonalities with Other Analyses**
1530	**Breakout Session 1*** Reflective Prevention Self-Evaluation Questions
1550	**Feedback** Sharing areas of strength and need
1600	**Breakout Session 2*** Reflective Postvention Self Evaluation Questions
1620	**Feedback, Next Steps and Support Requests**

*Breakout rooms have been allocated by ICS

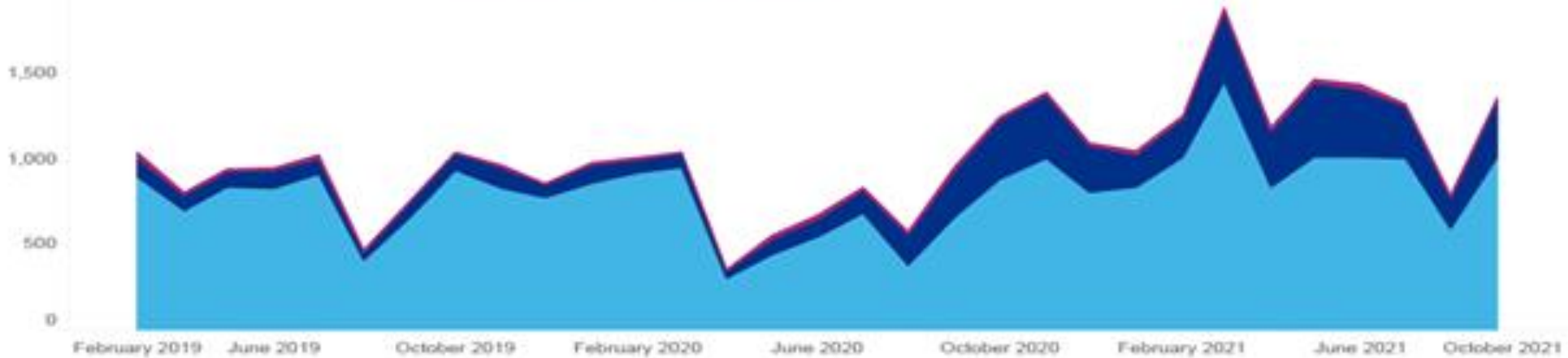
The “Problem”

- Several system leads expressing concern over increasing numbers of CYP presenting in crisis that appeared to have no previous contact with MH or acute services
  - Part of wider picture of increased CYP MH need:
    - Leading to significant pressures on both mental health services and acute paediatric inpatient services
    - Affecting planned care and impacting on the ability to respond to other areas of surge, such as RSV cases in acute paediatric care settings
  - Typically presenting as urgent/emergency cases requiring significant crisis response either through paediatric acute inpatient care, CAMHS community crisis follow up, or CAMHS Tier 4 inpatients beds
  - NCMD report (2021) found 1/3 CYP suicides were CYP not known to MH services
- Imminent need to better understand who these YP are to support crisis prevention and postvention

Referrals to community crisis services

Regional and STP mapping is based on a person's CCG of residence, so you may see providers in a region or STP that are not based in that locality, but are delivering care to people who live there

Referrals where clinical response priority was **emergency**, **urgent/serious**, routine or **missing**, March 2019 to September 2021



Referrals by organisation and clinical response priority - *benchmarking by STP*

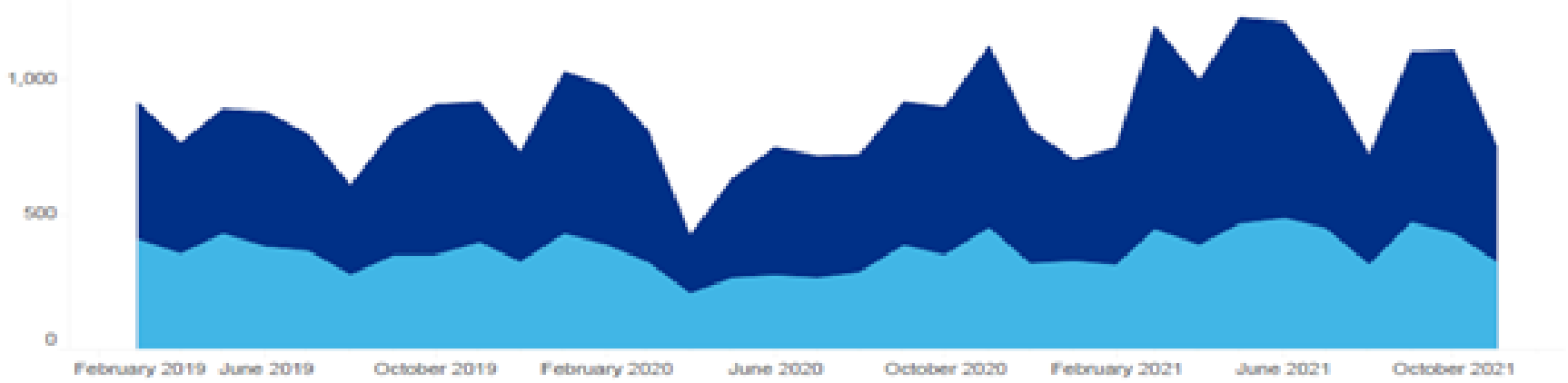
Referrals by team type

 Data Source: NHSE/I UEC data dashboard (Mar.19-Sept.21) – U-1/yrs

Mental Health A&E Attendance

Regional, STP and CCG mapping is based on provider site code. Restricted to Type 1 departments only.

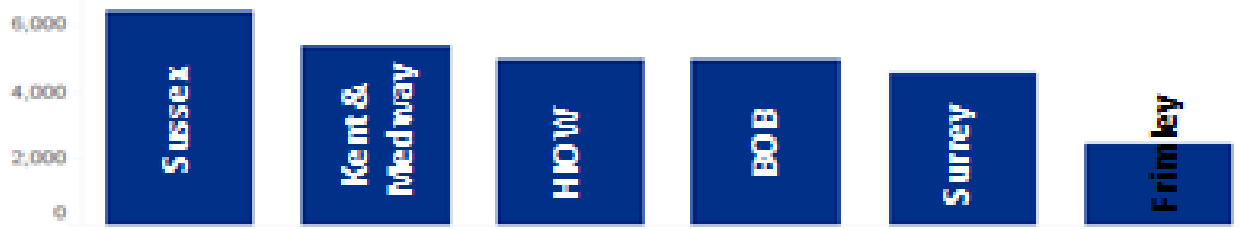
Number of attendances for mental health and for self-harm, March 2019 to November 2021



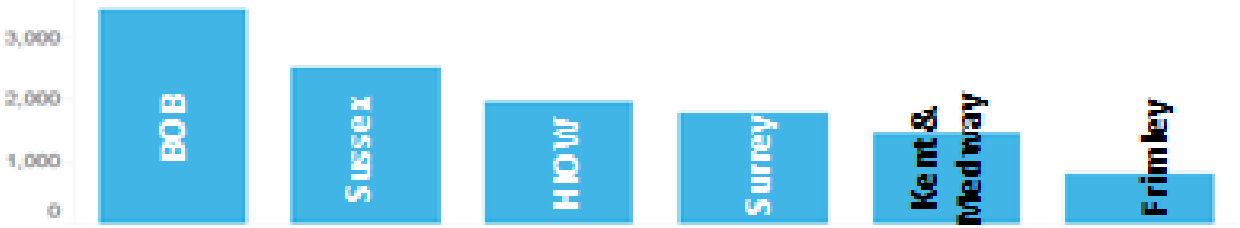
Data quality

Number of attendances for mental health

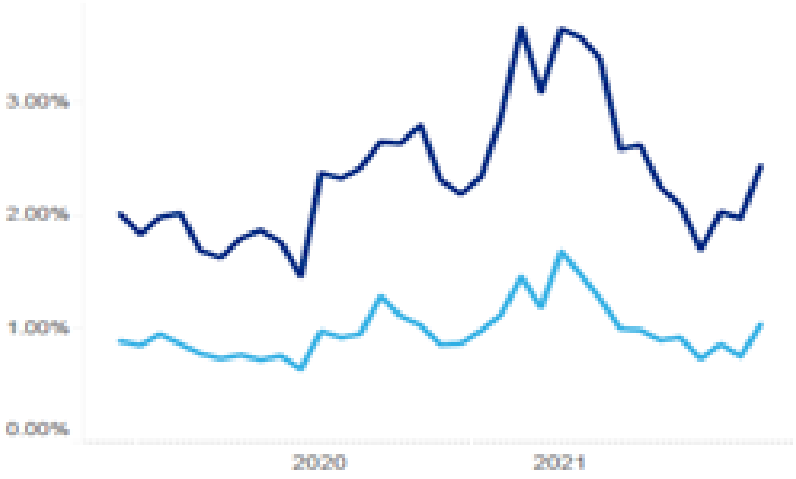
STP



Number of attendances for self-harm



Proportion of attendances for mental health and for self-harm, March 2019 to November 2021



Data Source: NHSE/I UEC data dashboard (Mar.19-Nov.21) – 0-17yrs

The “Question”

“Are there any defining characteristics that would lead to an understanding of how a preventative approach could be tailored to identify these young people earlier, and better meet their needs through earlier intervention, so they do not end up in a crisis?”

Identification → Early Support → Crisis Prevention → Crisis Response

What We Already Know

1. Groups more vulnerable to MH difficulties (NHS Digital)

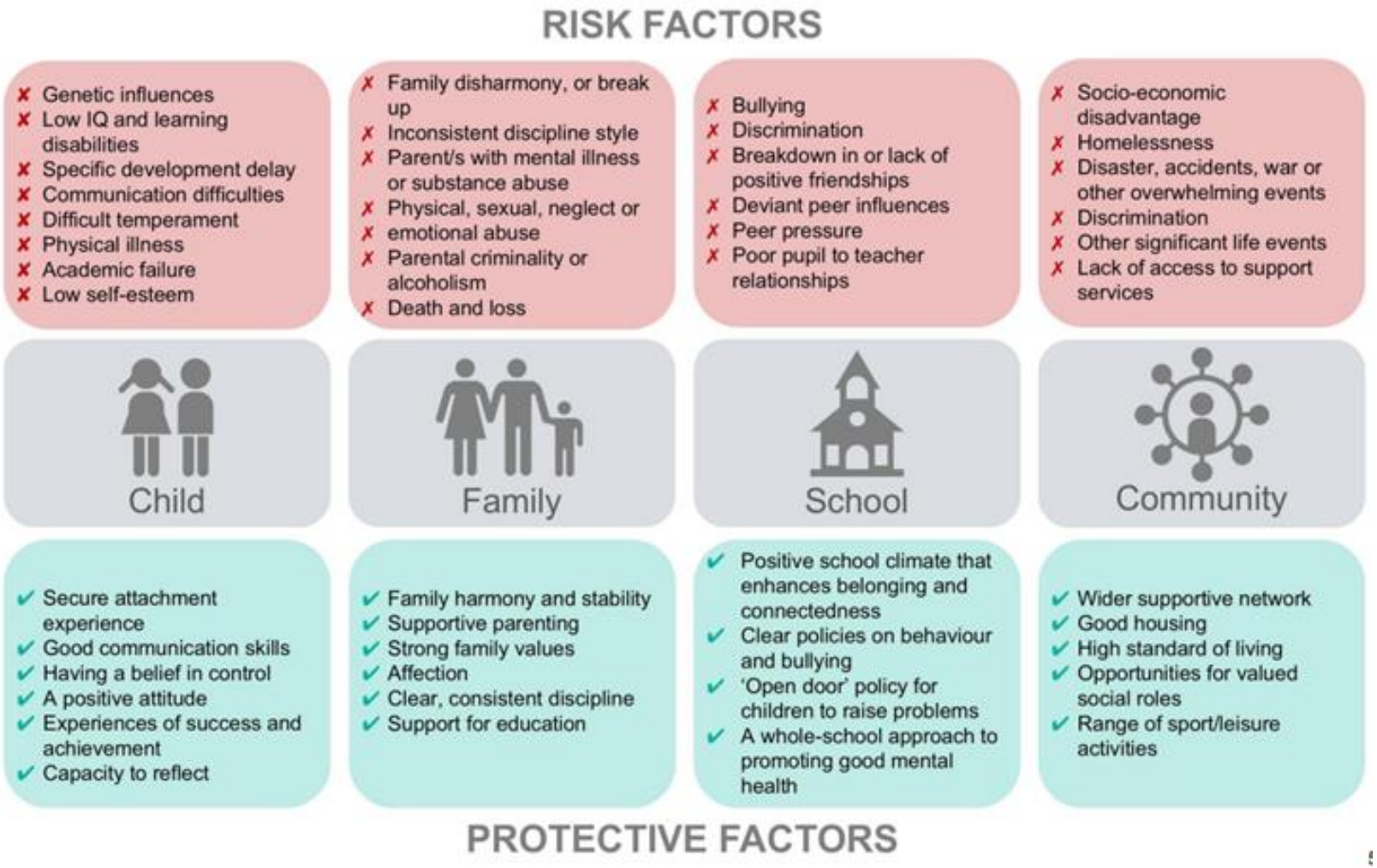
Prevalence rates for probable MH disorders in CYP have increased between 2017 and 2021

- From 1:9 to 1:6 (6–16 year-olds)
- From 1:10 to 1:6 (17-10 year-olds)
- 41.5% with probable disorder not sought help

Groups of CYP showing higher rates of probable MH disorders

- **Age** – emotional difficulties increase with age
- **Gender** – females more affected and have shown greatest deterioration
- **Health** – SEN and long-term physical conditions
- **Socioeconomic** – Low-income households/households in receipt of benefits (as opposed to neighbourhood deprivation)
- **Family functioning** – poor family functioning; children in care system; parental ill-health

Risk and protective factors for CYP's mental health



What We Already Know

2. Impact of COVID on CYP MH

Several studies demonstrate deterioration in CYP MH. This impact is not experienced equally by all children:

Demographics • 16-24 year-olds • Females • BAME (mixed findings) • LGBTQ+	**Health** • Disabilities (SEN*; Long-Term Conditions) • Long Covid
Family • Poverty • Cities and Rural Areas • Abusive Households • Young Carers/Parental Ill-Health • Grief – bereavement or other losses	**Other** • Gang Violence • Transition – Schools; Services; Adulthood

What We Already Know

3. Groups more vulnerable to MH crisis and/or suicidality

Risk factors for admission[1]

- Prior admission to hospital
- Consultations taking place at night and outside the patient's home
- Referral by psychiatric services rather than GP

- Female (66 - 78.8% of admissions have been reported as females) • Suicidal behaviour (78.2%)
- High risk of serious self-harm • Sleep problems (75%)
- Older age (CYP)
- Moderate or severe psychiatric symptoms
- Diagnosis of depression
- Externalising problems rather than relational problems
- Poorer global functioning
- High risk of aggression which cannot be managed at home
- Longer symptom duration (mean 2.04 years)
- Co-morbid psychiatric disorders
- Substance abuse/dependence

- Previous diagnosed mental health difficulty; major depressive disorder, situational crises and dysthymia accounted for 66% of admissions
- 26.9% reported lifetime victimisation of sexual abuse • 22.2% reported previous physical abuse.
- 52.8% reported previous history of significant family trauma.
- History of family psychiatric disorder

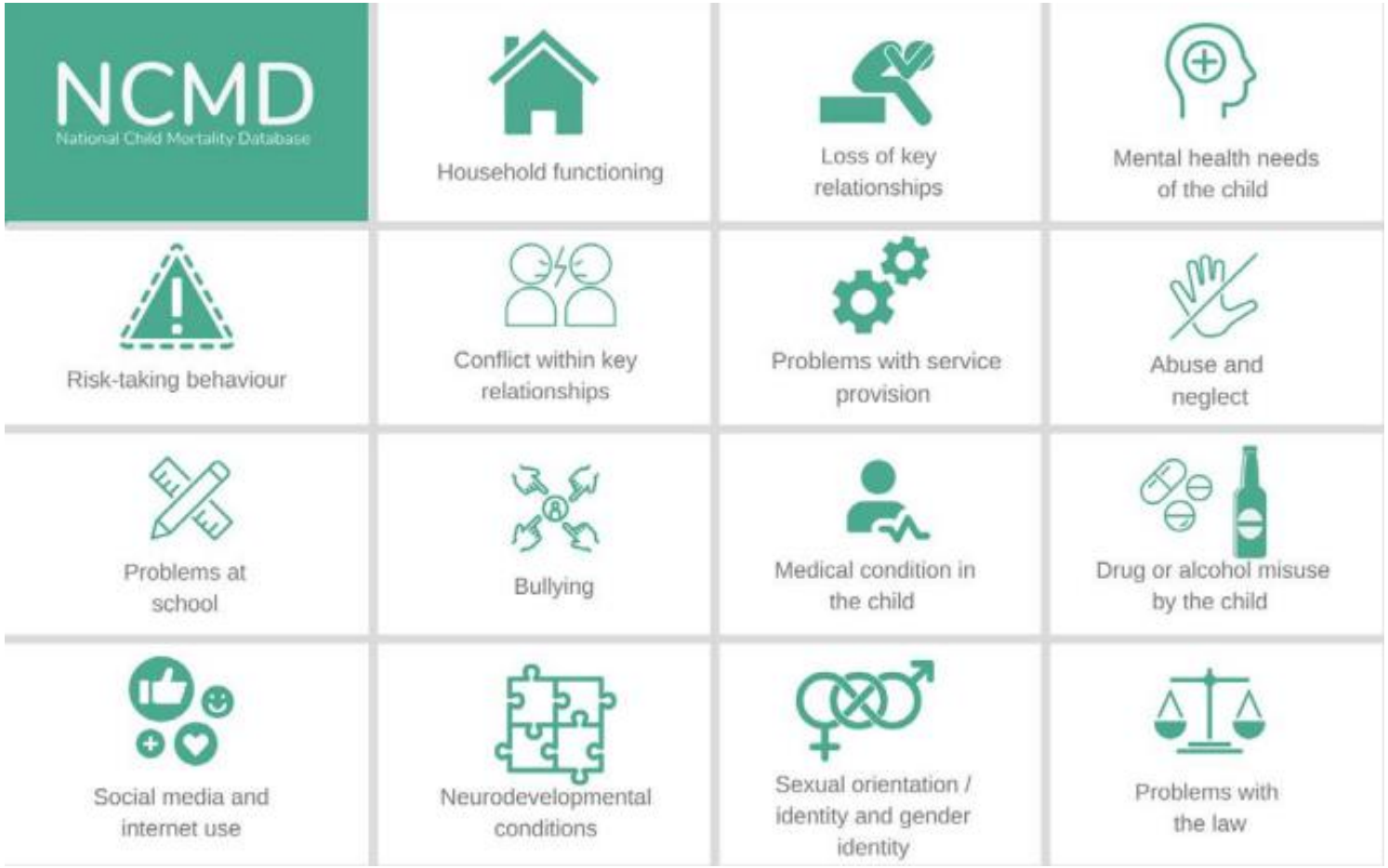
- Parents separated (65.6%)
- Living with a step parent
- Bullying (60.4%)
- Not living with both parents
- BAME (19%)
- Family problems
- Covert family dynamics
- Parent-child conflict
- Interpersonal relationship difficulties

1)Risk Factors for CYP Crisis and Brief Crisis Interventions Dr Tim Clarke & Amber Cole 11th November 2021

What We Already Know

3. Groups more vulnerable to MH crisis and/or suicidality

Factors present in completed CYP suicides (NCMD Report 2021)



Higher rates

- **Age** – 15-17 years = 78%
- **Gender** – Boys
- **Ethnicity** – BAME over-represented
- **Health** – neurodiversity; physical; mental
- **Family functioning** – health; separation; substance misuse; domestic violence; bereavement
- **Experiences** – abuse; bullying; school difficulties
- 90% had more than one factor above

SE Regional 0-25 Suicide Analysis also found interface with faith and belief (loss of belonging, hidden networks or both support and exclusion)

Hidden CYP Survey

- Acute and community crisis pathway services
- 3-week submission window September 2021
- Survey questions

Age	Identifies as LGBTQ+	
Ethnic Origin	SEND	Urgency of Presentation
Gender	In Education (duration of EHE)	Presenting Need (acuity, complexity, physical)
Faith	Child in Need or Looked After	Risk Factors (incl. known ACEs)
English as First Language	Residence (deprivation/affluence)	Sought Help Previously (incl. assessments for ASD/ADHD)
Disability (Equality Act)	Previous attendance at Emergency Department	Ongoing Support Post Discharge
Identifies as LGBTQ+		

- 21 returns – not representative but provide descriptive information – no control or comparison group of YP with similar demographics/context who do not present in crisis

Survey Findings

- 13-17 years-old
- 15 females, 5 male, 1 identified as male
- Predominantly white British
- **Gaps in key information** (unknown or not asked?)
  - Gender and sexual identity
  - SEND
  - Health status
  - Faith
- **Most were in education** (only 2 NEET; 1 EHE)
- Rates of **Adverse Childhood Experiences** (in first time and repeat attenders) – 71% experienced ACEs, of which 53% experienced more than one
- ACEs include **bereavement**
- **Mixed picture of whether sought help previously**
  - None of the first-time attenders with eating disorders or paranoia had previously sought help
  - Only 2 of the sample overall were open to CAMHS
  - Private counselling was identified in discharge plans for four YP, especially first-time attenders

Question

“Are there any defining characteristics that would lead to an understanding of how a preventative approach could be tailored to identify these young people earlier, and better meet their needs through earlier intervention, so they do not end up in a crisis?”

- YP had at some point been in contact with statutory services, but the preventative service/initiatives had either not reached them or not prevented crisis
  - Linking of intelligence or concern across partners had either not taken place or not been successful
  - 17/21 YP were in full time education - no information to suggest they had been brought to attention of MH services by education leads
- All YP had a mixture of wider complex situational factors, disabilities, and ACE’s which have been identified as risk factors for either developing mental health problems or presenting in a crisis
- Key data was not always collected that could highlight additional vulnerability – holistic view and needs-led approach to early intervention/support and post-crisis support has proven important (e.g. in suicide prevention)
- 38% YP had a pre-existing mental health (6) or Autism (2) diagnosis – unclear what post-diagnostic support the YP or their families/caregivers received
- Although many crisis pathways are experiencing increased numbers of young people with eating disorders/disordered eating there is also still a substantial cohort who present with overdoses, self-harm, attempted suicide and, in this sample, over 9% (2) with symptoms of psychosis

NHS LTP Deliverables

24/7 Crisis Provision for CYP, which includes (79% coverage 22/23):

1. Crisis Assessment
2. Brief Response
3. Intensive Home Treatment

Additional Funding Streams

Service Development Funding (SDF) of circa £71m for South-East for CYP MH community, crisis and eating disorders, circa £717k for suicide prevention (targeted)

Seasonal Pressures and Discharge Funding of circa £6.3m for South-East

Breakout Session 1 (20 minutes)

Reflective Self-Evaluation Prevention Questions

Identifying, supporting CYP and families upstream

- To what extent are your approaches to early identification, monitoring, and support, targeted around known vulnerability factors?
- To what extent are the wider CYP workforce aware of these vulnerabilities and early warning signs?
- Do they know where to go for support once they have identified a CYP in need?
- Do your wait list management strategies take account of known vulnerabilities factors for mental health crisis (contextual and demographics)?
- Are there workforce development plans for the wider children's workforce in relation to crisis and postvention support?

Breakout Session 1 - Reflections

What strengths did you identify in your local pathways?

Were there any areas for action?

What areas would you like to learn about from other parts of the region?

Breakout Session 2 (20 minutes)

Reflective Self-Evaluation Postvention Questions

Assessing CYP and formulating support and crisis management plans

- Do your mental health crisis and liaison assessments explicitly ask questions relating to vulnerabilities such as sexual and gender identity, neurodiversity, and ACEs (including but not exclusive to bereavement; discrimination; the trio of domestic abuse, substance/alcohol misuse and caregivers mental health)?
- Do discharge plans, crisis management plans, and subsequent support available to CYP take account of the above and show consistency with a trauma-informed approach?
- Given the above, are crisis pathways co-designed/integrated with other statutory and VCSE partners to ensure a holistic approach to crisis responses and management? Where there is a multi-factored package of support how integrated is this (i.e. effective care coordination - including with private counselling)?
- Are brief evidenced-based crisis interventions included in crisis provision (e.g. Kent and Medway Rapid System Response; NHSE/I East of England literature summary)?
- CYP and family's definition of crisis can differ from clinical and service definitions which can act as a barrier to support. How well is this accounted for in your pathway designs and are pathways co-designed?

Reflections, Next Steps & Support Requests

Breakout Session 2 Reflections

What strengths did you identify in your local pathways?

Were there any areas for action?

What areas would you like to learn about from other parts of the region?

Next Steps (ICS; Regional)?

Support Requests (from each other; from SE regional team)

Resources

NHSE/I South East - Regional 0-25 Suicide Analysis & Suicide Prevention

https://www.southeastclinicalnetworks.nhs.uk/wp-content/uploads/2021/01/CS52198-SECDN-South-East-Analyses-CYP-Suicide-Prevention.pdf

https://www.southeastclinicalnetworks.nhs.uk/0-25-suicide-analysis/

NHSE/I East of England - Learning from the Literature Risk Factors for CYP MH Crisis & Brief Evidence-Based Crisis Interventions

https://future.nhs.uk/CYPMHIT/view?objectId=31735568

Kent & Medway Rapid System Response Report – Crisis Pathways

https://future.nhs.uk/MHRC/view?objectId=119165029

NHS Futures Platform - Urgent and Emergency Mental Health Dashboard

https://future.nhs.uk/AdultMH/view?objectId=27382736

Parliamentary Post Summary - Children's Mental Health and the Covid-19 Pandemic

https://researchbriefings.files.parliament.uk/documents/POST-PN-0653/POST-PN-0653.pdf

NCMD - Suicide in CYP (2021)

Suicide in Children & Young People | National Child Mortality Database (ncmd.info)

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