Herts Strategy for Healthy Young Minds

A multi-agency Strategy for
Improving the Emotional Wellbeing and Mental Health
of Children and Young People in Hertfordshire

2013-2016

“If not you, then who? If not now, then when?"

Contents

1. Introduction

The 2013 Hertfordshire Health and Wellbeing Board Strategy 'Healthier People, Healthier Communities' identifies 9 priorities; one of which is *'Improving mental health and emotional wellbeing'*. This document will provide an opportunity to explore how this can be taken forward for children and young people.

This document is targeted at all agencies working with families in Hertfordshire. It aims to ensure there is a unity of purpose across the statutory, voluntary and private sector to improve the emotional wellbeing of the general population and the quality and accessibility of mental health support. Mental health is everybody's business.

Mental health has been defined as:
"A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." [1]

Emotional wellbeing has been defined as:
"A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment." [2]

One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood

Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s

Self-harming in young people is not uncommon (10–13% of 15–16-year-olds have self-harmed)

***Data from Hertfordshire Joint Strategic Needs Assessment (appendix 7.1)**

2. Background

Both mental health and emotional wellbeing are concepts that relate to the general population, and should be considered in the planning and delivery of all services.

In 2011 the Government published a cross-governmental strategy 'No Health without Mental Health' which sets out an ambition to work towards six shared objectives for better mental health for the population:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

In order to achieve these objectives in Hertfordshire over a hundred key stakeholders across the statutory, voluntary and private sector came together to identify what the priorities should be for their own agencies. The following five priorities were agreed:

- Mental Health Promotion
- Improving Inter-agency Working
- Improving Access to Mental Health Services
- Addressing Inequalities in Mental Health Service provision
- Improving support to Children and Young People in crisis

2.1 Local Picture

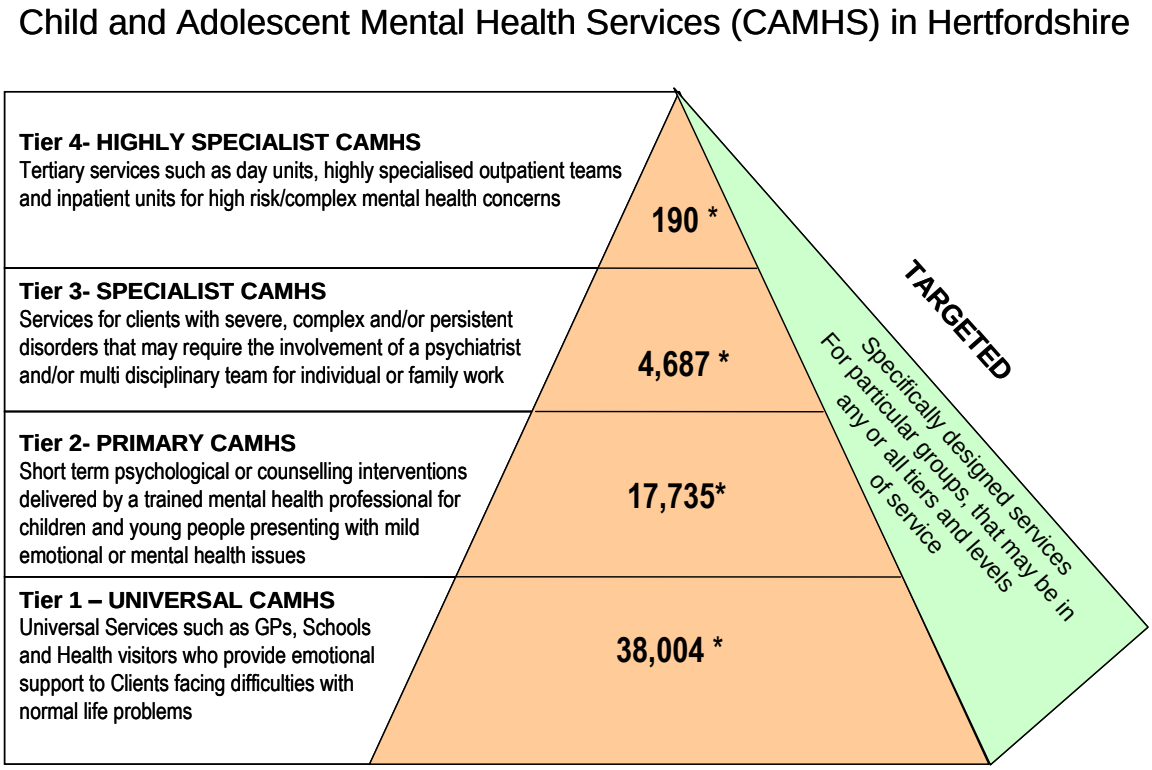
The 2011 Census estimate puts the under 18 population of Hertfordshire at 253,363.Population projections show a likely increase of 14% in the under 18 population by 2020 (figure 1). The Joint Strategic Needs Assessment (JSNA) indicates that the wider social care costs of mental health are estimated to be about £2.2 billion for Hertfordshire, of which around £636 million is employment related.

Figure 1: Estimated Population of Hertfordshire

2012	***2020***
0-17yrs 253,363 *of which* **5-16yrs 163,964**	0-17yrs 288,609 *of which* **5-16yrs 193,318**

Child and Adolescent Mental Health Services (CAMHS) operate under a four tiered model, which encompasses emotional wellbeing and mental health. This ranges from low level emotional support at Tier 1 provided by universal services such as teachers, GPs, school nursing and health visitors; to specialist inpatient care at Tier 4. Prevalence data gives us an estimate of how many children and young people will be requiring support at each level (Figure 2).

Figure 2: CAMHS Tiers

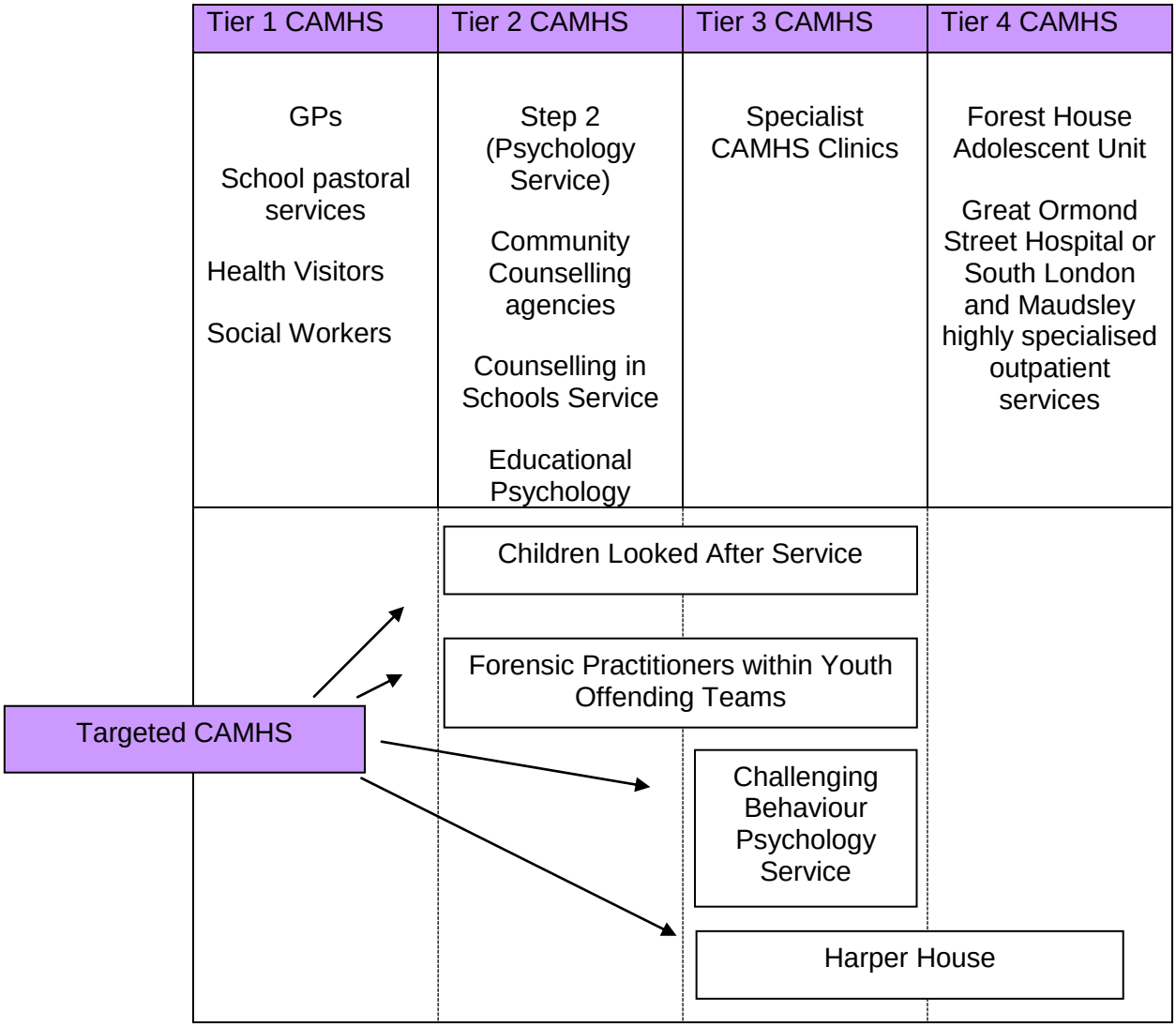


*** Estimated Hertfordshire Prevalence using 2012 Census data 0-18yrs**

Delivery of CAMHS is the responsibility of all those working with children, young people and families. The emotional support and guidance provided to many children and young people through schools places them within Tier 1 CAMHS.
Tiers 2-4 are more specific mental health focussed services. In Hertfordshire we have a broad range of mental health provision across the statutory, voluntary and private sectors commissioned through health, social care and education.

Figure 3 provides some examples of services and where they fit within the CAMHS Structure, though it is not an exhaustive list.

Figure 3: Examples of services and where they fit within the CAMHS Tier Structure



In 2012 7222 young people in Schools were surveyed through a Health Related Behaviours Questionnaire which indicated the following:

EMOTIONAL HEALTH AND WELLBEING

- 67% of pupils reported they are, in general 'quite a lot' or 'very much' happy with their life at the moment.
- 55% of boys and 39% of girls had high self-esteem scores.
- 4% of pupils had low self-esteem scores.
- 83% of pupils said they worried about at least one of the items listed in the questionnaire at least 'quite a lot'
- The top 3 worries were as follows:

	Boys		**Girls**
Exams and Tests	49%	Exam and Tests	68%
Physical Health	31%	The way you look	61%
Family problems	25%	Physical Health	45%

3. Principles

The following are underlying principles which underpin this strategy and the direction in which agencies in Hertfordshire will deliver and develop services.

3.1 Focus on Early Intervention and Prevention

> ***"By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does."***
>
> No Health Without Mental Health: A cross-government strategy (2011)

The principle of early intervention is one which is generally agreed to have two related benefits: improved long term outcomes for individuals, and efficiencies through the reduction of more costly intensive and long-term interventions later. For mental health this would involve ensuring a stepped care approach where interventions are delivered at the lowest tier at the earliest opportunity. In order to do that we need to increase access to low level support at Tiers 1 & 2, and ensure that all agencies work to address external conditions likely to impact on the emotional wellbeing of children and young people such as poor physical health, child poverty, bullying, poor or temporary housing, domestic violence, poor parenting or abuse and neglect.

3.2 Services local to where families live

It is important to families that they are able to access services within a reasonable geographical area. Local services improve service integration between agencies, and allows for a local understanding of service provision. This principle is aligned with programmes such as Developing Special Provision Locally (DSPL) where all children and young people with special education needs (SEN) will have their education, social care and health needs met as close to their home as possible. Additionally developing local services allows services to be more targeted to the individual needs of the area which it serves. Current evidence suggests higher prevalence of some emotional and conduct disorders in specific areas. Therefore further work needs to be undertaken to understand these differences and to target resources appropriately.

3.3 Service Flexibility

The principle of flexibility is one that has been particularly highlighted by families. It has been noted in both the 2012 review of specialist CAMHS and the 2013 review of mental

health services for children and young people with autism or learning disability. Flexible, responsive services generally have higher attendance and engagement rates. In Hertfordshire we intend to ensure that flexibility to meet the needs of the individual families, is built into all commissioned and delivered services.

3.4 Individual Choice and Control

Choice and control are central to mental health recovery. Young people should be enabled to actively take responsibility for their own emotional wellbeing and participate actively in their treatment. In the future there will be increased access to personal budgets. This alongside national developments around developing a single education, health and care plan for children and young people with special educational needs and disabilities; will mean families will have far greater choice in how and what services they receive. The importance of involving children and young people in any service developments has been entrenched in specialist Child and Adolescent Mental Health Services through the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) project.

3.5 High Quality Evidenced Based Outcome Focussed Services

Central to improving the emotional wellbeing and mental health of children and young people is ensuring a range of high quality evidenced based services. This includes ensuring all commissioned services monitor clinical outcomes to ensure interventions are effective. It is also necessary for services to use feedback from young people and parent/carers to inform service developments and improve quality of provision.

Where relevant all commissioners and providers should use NICE clinical guidance (http://www.nice.org.uk/) to inform the design and specification of services. All services should use quality assurance frameworks such as National Institute for Health and Care Excellence (NICE) quality standards, CAMHS Outcomes Research Consortium (CORC), ACE-Value and/or Child and Young Person Improving Access to Psychological Therapies (IAPT) Quality Standards.

3.6 Whole Family Approach

It is important that children and young people are not viewed in isolation and that support is available to the whole family, including the availability of specific support for parents. Through providing parents with the support and tools to support the emotional wellbeing of their children it can be anticipated that less children and young people will end up on the continuum of long term interventions.

Research highlights that a child's experience in the first two years of life sets the foundation for the rest of their life. The most crucial influence upon a child's emotional wellbeing and mental health is the quality of parenting within the early years of a child's life. Maternal health during pregnancy affects the health and development of the unborn child; stress is associated with increased risk of child behavioural problems whilst alcohol, tobacco and drug use increase the likelihood of a wide range of poor outcomes that include long-term neurological and cognitive–emotional development problems[3]. The impact of the family on the emotional wellbeing of children and young people continues throughout childhood, and cannot be underestimated in relation to positive emotional wellbeing.

Children can experience significant difficulties as a result of inconsistent or dysfunctional attachments with family member and other adult carers. Attachment difficulties and disorders can lead to interpersonal difficulties, academic under achievement and failure to thrive. With the Developing Special Provision Locally (DSPL) focus on enhancing awareness and implementation of Nurturing Principles within locality educational settings, there is a real opportunity to develop broader links with other services (eg: CAMHS) in order to establish a greater range of support for this vulnerable group

4. Priorities

The following have been identified for Hertfordshire as key areas which need prioritisation across all agencies, and where a multi-agency approach can have a meaningful impact on supporting improved outcomes for emotional and mental well being for children and young people:

4.1 Mental Health Promotion

Mental Health Promotion encompasses support provided to children and young people at a universal level, as well as tackling stigma and discrimination experienced by young people with mental health problems. This includes efforts to increase diagnostic skills within universal services, maximise preventative work, and promote good mental health through addressing contributing factors to poor emotional wellbeing such as exam stress and bullying. It also includes empowering our children and young people through supporting availability and access to Resilience programmes within schools.

NHS Choices identifies five steps to improving emotional wellbeing:

- **Connect**. Connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships. Learn more in Connect for mental wellbeing.
- **Be active**. You don't have to go to the gym. Take a walk, go cycling or play a game of football. Find the activity that you enjoy, and make it a part of your life. Learn more in Get active for mental wellbeing.
- **Keep learning**. Learning new skills can give you a sense of achievement and a new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike? Find out more in Learn for mental wellbeing.
- **Give to others**. Even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks. Learn more in Give for mental wellbeing.
- **Take notice**. Be more aware of the present moment, including your feelings and thoughts, your body and the world around you. Some people call this awareness "mindfulness", and it can positively change the way you feel about life and how you approach challenges. Learn more in Awareness for mental wellbeing.

The relationship between good mental health and access to green space is also well documented

"Whether a view of nature from a window, being within natural places or exercising in these environments. Green space is important for mental wellbeing, and levels of interaction/engagement have been linked with longevity and decreased risk of mental ill-health across a number of countries."

Nature, Childhood, Health and Life Pathways iCES, 2009

The 2012 document 'Resilience and Results' makes the case for School involvement in supporting emotional wellbeing:

Supporting everyone's emotional and mental wellbeing and giving additional support to pupils with behavioural and emotional problems is important because:

- **1 in 10 or at least 3 young people in every class has a behavioural or emotional difficulty (Green, et al, 2005).**
- **Almost half of young people with fewer than five GCSEs graded A* to C said they 'always' or 'often' feel down or depressed compared with 30% of young people who are more qualified (Prince's Trust, 2012)**
- **In an average classroom: 10 young people will have witnessed their parents separate, 1 will have experienced the death of a parent and 7 will have been bullied (Faulkner, 2011)**
- **1 in 4 young people of secondary school age will have been severely neglected, physically attacked or even sexually abused at some point in their lives (NSPCC, 2011).**

There are strong links between emotional wellbeing and children and young people's readiness to learn. Research[4] shows that emotions can hinder or promote learning. If a pupil is feeling anxious, angry or stressed, the primitive functions of the brain will take over. This means that the part of the brain responsible for higher order thought and processing will not function effectively. Developing a whole school approach to emotional wellbeing is key to supporting emotional wellbeing including:

- Promoting the confidence and self-esteem of all pupils in the School
- Ensuring child protection procedures are in place and being effectively implemented
- Providing planned opportunities for pupils to reflect on and discuss their feelings and personal experiences as part of the curriculum
- Providing opportunities for pupils to be consulted and take responsibility within the School
- Teaching pupils the importance of caring for each other and working together
- Making pupils feel welcome in new schools
- Developing pupil's skills to cope with pressures and problems
- Providing opportunities for pupils to seek and get help on a range of personal, health and emotional issues
- Ensuring teachers are trained to understand children's emotional development and how this affects learning
- Involving pupils in setting academic and personal targets for themselves.

It is therefore vital that schools take an active part in ensuring staff are appropriately trained to support emotional wellbeing, recognise symptoms of mental health problems, and know where and how to signpost the young person to appropriate support. The 2013/14 Hertfordshire Young People's Manifesto includes a specific priority around 'Supporting young people with personal issues- Exam Stress'. They have identified this as a key challenge facing young people with 69% of respondents to a survey of 350 young people identifying it as an issue for them. Common impacts from this stress on our young people identified in the survey include increased anxiety, trouble sleeping, reduced concentration, grumpiness/angriness. It is vital that Schools provide support to young people in learning to cope with stress as well as supporting them to revise productively.

Improving support to families and parents can also have a huge impact on the emotional wellbeing of children and young people. It is important that services delivered to adults also take into account the needs of the children within their families and ensure support is sought for those children and young people.

4.2 Improving Inter-Agency Working

The 2012 Specialist CAMHS Review highlighted a clear need for better inter-agency working and a joined up approach between health services and education.

The Review highlighted a lack of understanding and clarity about the role of services within the CAMHS system. Therefore work needs to be undertaken to clarify pathways, eligibility criteria, exclusion criteria and what services deliver. This will include drafting cross-service protocols, developing clear pathways and clarifying transition arrangements. It will also involve closing the gap between the Tiers, to ensure a seamless service for families, and that young people are receiving the right level of service according to their needs.

In order to build a system that can be navigated by families we need to ensure that the system is first clear to professionals, so that they can support and signpost families appropriately. Work has started between Tier 3 CAMHS and Children's Services to develop referral protocols, and expanding this work to other agencies will be key to delivering this priority. Stakeholders have also highlighted the importance of better communications between CAMHS and Schools, requiring improved use of confidentiality

disclosures by service providers, to ensure that schools can be briefed on how best to support the young person within the school environment.

Inter-agency work is necessary for the design and delivery of clear pathways, and development in this area will include tacking complex pathways that span a number of services such as the ADHD pathway, which requires partnership working between paediatric services, Step2, educational psychology and Specialist CAMHS. Inter-agency partnerships are also key to ensuring smooth transition to adult services for young people requiring ongoing interventions. In order to improve transition work has already been undertaken to provide a period of overlap during which transition can occur based on clinical need and service user choice rather than a strict age cut off. Providers will need to continue to monitor the uptake of this change to criteria to ensure that resources are properly aligned between adults and children and further work should be done to look at the provision of services for vulnerable groups where a CAMH service is preferential due to the social or developmental requirements of the young person.

4.3 Improving Access to Mental Health Services

One of the main issues raised in the 2012 topic Group on the review of Specialist CAMH Services was in relation to access to mental health services. This is an area that is currently being considered in relation to Tier 2 services. Commissioners across health, social care and education need to ensure that there are sufficient services to meet demand. Waiting list concerns have been expressed by referrers, parent/carers and service providers. Response time standards have been applied to specialist CAMHS, and will also need to be applied to Tier 2 providers, to ensure that early intervention services are able to respond within a reasonable time.

It is clear from stakeholder feedback that work needs to be undertaken to raise awareness of available services, also that the pathways into services need to be clearer and referral procedures across services need consideration, including looking at ways in which referral and triage points can be centralised. It is also vital for agencies working with families to take responsibility for utilising information provided on available services, and disseminating appropriately to colleagues.

In order to understand barriers to services we need to analyse non-attendance (DNA) and drop out trends across Services. This will involve mental health providers working with families to improve access through offering a more flexible, mobile service, responsive to the needs of the families.

4.4 Addressing Inequalities in Mental Health Services

Any child can experience mental ill health, but some children are more vulnerable to this than others. These include those children who have one or more risk factors in the following domains:

- Low-income households; families where parents are unemployed or families where parents have low educational attainment
- Looked after by the local authority
- Disabled children (including learning disabilities)
- Black and other ethnic minority groups, including gypsy and traveller communities
- Young people who are lesbian, gay, bisexual or transgender (LGBT)
- Within the criminal justice system
- Have a parent with a mental health problem
- Misusing substances, drugs or alcohol
- Refugees or asylum seekers
- Victims and survivors of abuse

4.4.1 Learning Disabilities

40% of families with learning disabled children feel they do not receive sufficient help from medical professionals, social workers or mental health services.[5]

The 2007 Report by Lancaster University 'The Mental Health of Children and Adolescents with Learning Disabilities in Britain' identified an increased risk of mental health problems for children with learning disabilities across all types of psychiatric disorders, with over 1 in 3 children and adolescents with a learning disability in Britain having a diagnosable psychiatric disorder, whereas the rate for the general population is estimated at 1 in 10. Their data suggests that children with learning disabilities are:

- 33 times more likely to have an autistic spectrum disorder
- 8 times more likely to have ADHD
- 6 times more likely to have a conduct disorder
- 4 times more likely to have an emotional disorder
- 1.7 times more likely to have a depressive disorder

4.4.2 Autistic spectrum: the National Autistic Society cites data showing that one in 100 children have autism, and that more than seven in ten children with autism have a co-morbid mental health problem. They argue that many of these problems are preventable with the right support and that changes to the way that CAMHS are delivered can stop them from occurring.

4.4.3 Lesbian, gay, bisexual and transgendered (LGBT): mental health and emotional wellbeing services often do not ask about or know the sexual orientation or gender identity of the young people who access their services. However a high percentage of LGBT young people have mental health problems, aspects of which are often related to coming to terms with their sexual orientation and stigma. As such it is important to be aware that a proportion of young people being referred to CAMHS or to emergency departments in the case of self-harm, are likely to be in this vulnerable group. In order to do this we need to provide a culture of service delivery which promotes equality and safe disclosure.

4.4.4 Children in Care: many looked after children have complex needs and high levels of mental health problems, frequently as a result of abuse, neglect, loss or attachment difficulties prior to coming into care. This makes CAMHS support vital, yet there is sometimes local confusion about who pays and who provides CAMHS when a child is placed out of area, which can result in a lack of support for those who are most vulnerable. It is also important that Tier 1 support is available and robust for these young people who often do not have the support of a family network, In providing emotional support the role of foster carers, residential workers, social workers and the child/young person's School becomes vital.

4.4.5 Youth Justice : children and young people in the criminal justice system are far more likely to experience mental health problems than their peers. In secure settings, mental health needs are known to be considerable, severe and complex, with rates of psychosis, self-harm and suicide well above those of other children. There are complicating factors of substance misuse and learning difficulties, and of the children's distress and anxiety at being locked up and away from home.

4.4.6 Chronic physical health problems: children with a long-term physical illness are twice as likely to suffer from emotional problems or disturbed behaviour. This is especially true of physical illnesses in relation to the brain, such as epilepsy and cerebral palsy.

In order to address these inequalities we need to ensure better access to support for groups who are likely to have a higher prevalence of mental health issues, or who tend to be over-represented in services. Targeted services can be developed to specifically address the needs of these young people. Such services are currently available for those with challenging behaviour and learning disability and or ASD, those in the criminal justice system and those in the care system or on the edge of care.

We also need to gather data to gain a better understanding of the mental health needs of the following groups and then communicate these needs to services working with children and young people within them:

- Care Leavers
- Refugees and Unaccompanied Asylum Seekers
- BME Communities within Hertfordshire
- Young Carers
- Children Living in Poverty

4.5 Improving Crisis Support

In Hertfordshire specialist mental health services have seen a marked rise in the number of urgent referrals requiring an appointment within 24 hours. The crisis pathway, which currently requires an A&E attendance needs to be reviewed across the Mental Health and Acute Trusts. Referrers have expressed dissatisfaction with having to signpost to A&E in instances where there the physical risk does not merit an A&E attendance. Improving timely access to an appropriate response has become paramount. Additionally there needs to be increased recognition of the role of voluntary sector support organisations and greater levels of joint working between the voluntary sector and statutory agencies to improve the crisis response.

There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%. It is particularly prevalent in females, but this does not mean that males do not self harm (YoungMinds, 2011).

Wider work needs to be completed to look at suicide and self harm. In partnership with public health and the Hertfordshire Safeguarding Children Board (http://www.hertssafeguarding.org.uk/) we need to ensure that we appropriately use data to improve services supporting families in crisis. . Following an act of self-harm the rate of suicide increases to between 50 and 100 times the rate of suicide in the general population[6]. It has been estimated that one-quarter of all people who die by suicide

would have attended a general hospital following an act of self-harm in the previous year[7]. (NB this data reflects the general population and does not specifically relate children and young people).

We need to support professionals who are in contact with young people who self injure including Schools, social workers and other professionals working with families. Therefore it is crucial that the right response is received at the right time to prevent escalation and potentially tragic results.

5. Implementation

Implementation of the Strategy will be planned and reviewed annually. Below are the currently agreed actions, though this will be expanded as Organisations commit to implementing this Strategy.

5.1 Implementation Plan: Year One 2013 -14

	Action	Timeframe	Agency
Mental Health Promotion	Review of Tier 1 mental health support to establish stepped care approach and inform commissioning decisions	April 2014	Public Health/CYP Commissioning
	Pilot of Bereavement and loss support groups	April 2014	Step 2-HCT
	Schools to support Youth Manifesto priority supporting young people to deal with exam stress	Summer Term 2014	Schools, Herts 1125
	Pilot of Developing Healthy Minds in Teenagers Project in 4 Hertfordshire Schools. Recruitment of further schools for programme.	March 2014	How to Thrive
Improving Inter-agency Working	Commission an extension of the 'Tools' range of resources for professionals including schools and children's centres, GPs ands social care staff	Dec 2013	CYP Commissioning
	Clear service eligibility criteria to be defined and communicated	April 2014	All CAMHS Providers
	Consistent approach applied to communication with GPs and Schools, with set standards of what service can be expected	September 2014	All CAMHS Providers
	Increased numbers of Emotional Wellbeing Leads within Schools	April 2014	Schools, Children's Services
	Review pathways for care leavers requiring ongoing emotional support through transition	Dec 2014	CYP Commissioning/ Adult Joint Commissioning
	Pilot accredited referrer training for School staff	Feb 2014	Schools, HPFT, Independent Trainer
	Explore possibilities for creating a single point of access/referral process into CAMHS	June 2014	CYP Commissioning
	Implementation of cross-service protocols for the step up and step down of CYP between Tiers Specialist CAMHS to establish collaborative planning meetings at conclusion of intervention to ensure appropriate ongoing support identified	September 2014 September 2014	All CAMHS Providers HPFT
	Protocols to be developed between specialist CAMHS and Children's Services	September 2014	Children's Services, HPFT
Improving Access to Mental Health	Reduce waiting times for access to CAMHS support	April 2014	All CAMHS Providers
	Increase number of specialist CAMHS appointments in the community and out of hours	April 2014	HPFT
	HPFT Single Point of Access to promote service including information around eligibility criteria	Dec 2013	HPFT

	Action	Timeframe	Agency
	Better promotion of nationally available online counselling resources such as Mindfull to increase choice http://www.mindfull.org/counselling/	April 2014	ALL
	Review of Tier 2 CAMHS Services Implementation of Review Outcomes	Oct 2013 July 2014	Adult Joint Commissioning Team CYP Commissioning/ Tier 2 Providers
Addressing Inequalities in Mental Health Services	Complete needs assessment and equity audit for CAMHS to understand the needs of the general population and vulnerable groups e.g. care leavers, young carers, unaccompanied asylum seekers, children in poverty etc.	April 2014	Public Health
	Increased use of the Health Related Behaviour Questionnaire to improve available information on the emotional wellbeing of Hertfordshire students		Schools, Children's Services/Public Health
	Implement the outcomes for the Review of mental health and challenging behaviour services for those with Autistic Spectrum Disorder/Learning Disability	April 2014	Children's Commissioning
	Transform current mental health provision for Children Looked After or on the edge of care	April 2014	HPFT
Improving Access to Crisis Support	Redesign Crisis Pathway	Dec 2013	Children's Commissioning/ Herts Valleys CCG/ East and North Herts CCG HPFT/ West Hertfordshire Hospitals NHS Trust/ East and North Herts NHS Trust

6. Measuring Success

Achievement of the implementation plan will be monitored through the CAMHS Strategic Commissioning Group. In addition a range of Key performance indicators will be developed to ensure that the actions required, improve outcomes for children and young people.

Smarter and more consistent use of data will inform commissioning priorities:

- Health Related Behaviour Questionnaire data will be used to monitor the overall emotional wellbeing of children and young people in Hertfordshire
- Service data will be gathered to monitor outcomes, accessibility of services and waiting times
- Accident and Emergency data will be used to see if changes to the crisis pathway impact positively on activity and outcomes for families
- Feedback will be sought from agencies to monitor the improvement of inter-agency working, and soft data gathered from families about their experience of cross-agency working
- We will also develop a meaningful framework to gather the views and experiences of children and young people and to involve them in the monitoring of the Strategy implementation

7. Appendices

7.1 Mental Health Joint Strategic Needs Assessment (JSNA) Profile

http://atlas.hertslis.org/IAS/Custom/Resources/MentalHealthDetailedPDF.pdf

7.2 Feedback from Stakeholder Events

Stakeholder Events Feedback

7.3 Resources

If you would like to find out more about mental health a broad range of resources and information on other agencies are available at the below addresses:

http://www.thegrid.org.uk/learning/hwb/ewb/resources/index.shtml#gps

http://www.samaritans.org/your-community/supporting-schools/deal-programme

http://learning.camhs.org.uk/

7.4 References

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[3] Position Statement PS4/2010 Royal College of Psychiatrists (2010); C4EO (2010), Grasping the nettle: early intervention for children, families and communities
[4] Developing the Emotionally Literate School, London: Sage (2004)
[5] Emmerson and Hatton, 2007. The Mental Health of Children and Adolescents with Learning Disabilities in Great Britain. Lancaster: Institute for Health Research, Lancaster University.
[6] Hawton et al., 2003b; Owens et al., 2002
[7] Owens & House,1994