

# Deep Dive:

# Under 18 Mental Health Admissions

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# Authors

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# Mental Health Admissions for Under 18s

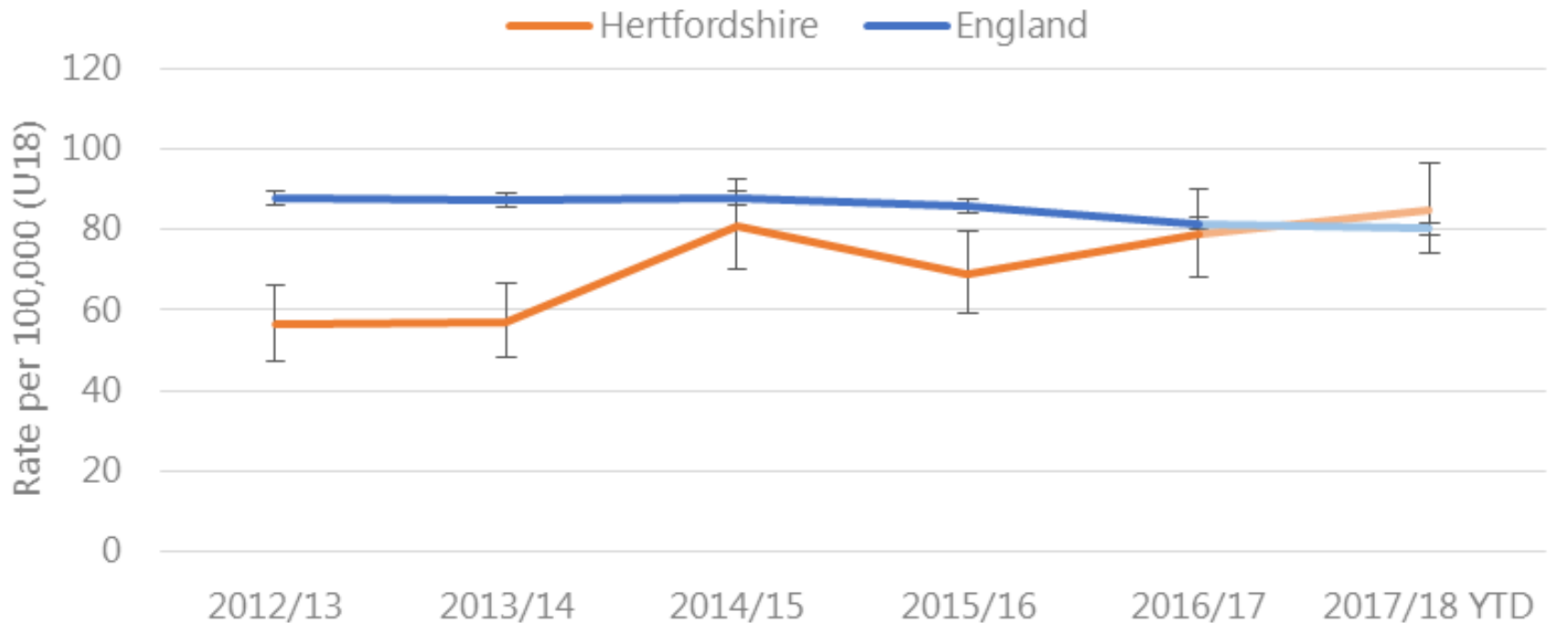
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These numbers include:

- Admissions to a mental health inpatient bed (e.g. Forest House unit run by Hertfordshire Partnership NHS Foundation Trust)
- Admissions to a general hospital (Lister, Watford General etc.) e.g. as a result of an eating disorder or anxiety
- Admissions where the primary cause of the admissions was a mental health condition

# <18 Mental Health Admissions - Trend

Hospital admissions for Mental Health conditions (primary diagnosis), Under 18, Hertfordshire



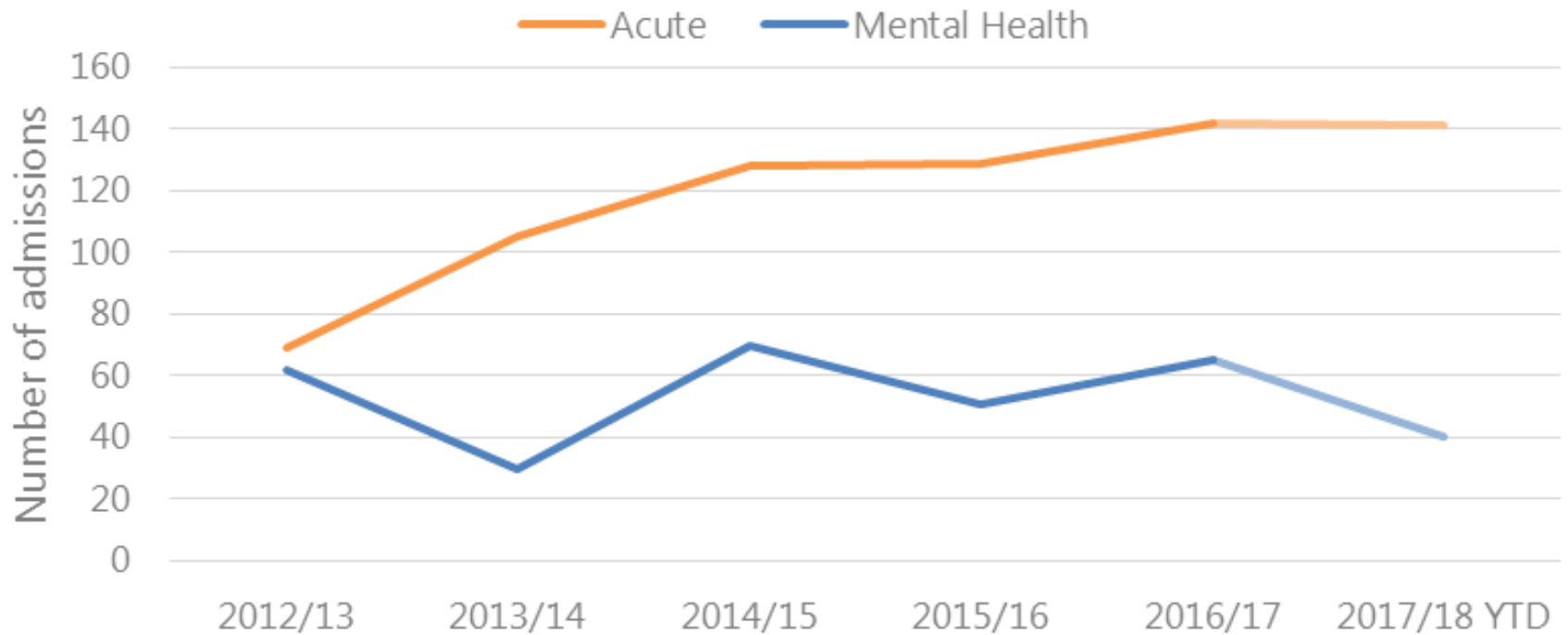
Source: HES

ICD-10 F00-F99. 1718 YTD covers provisional data until December 2017

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# <18 Mental Health Admissions - Trusts

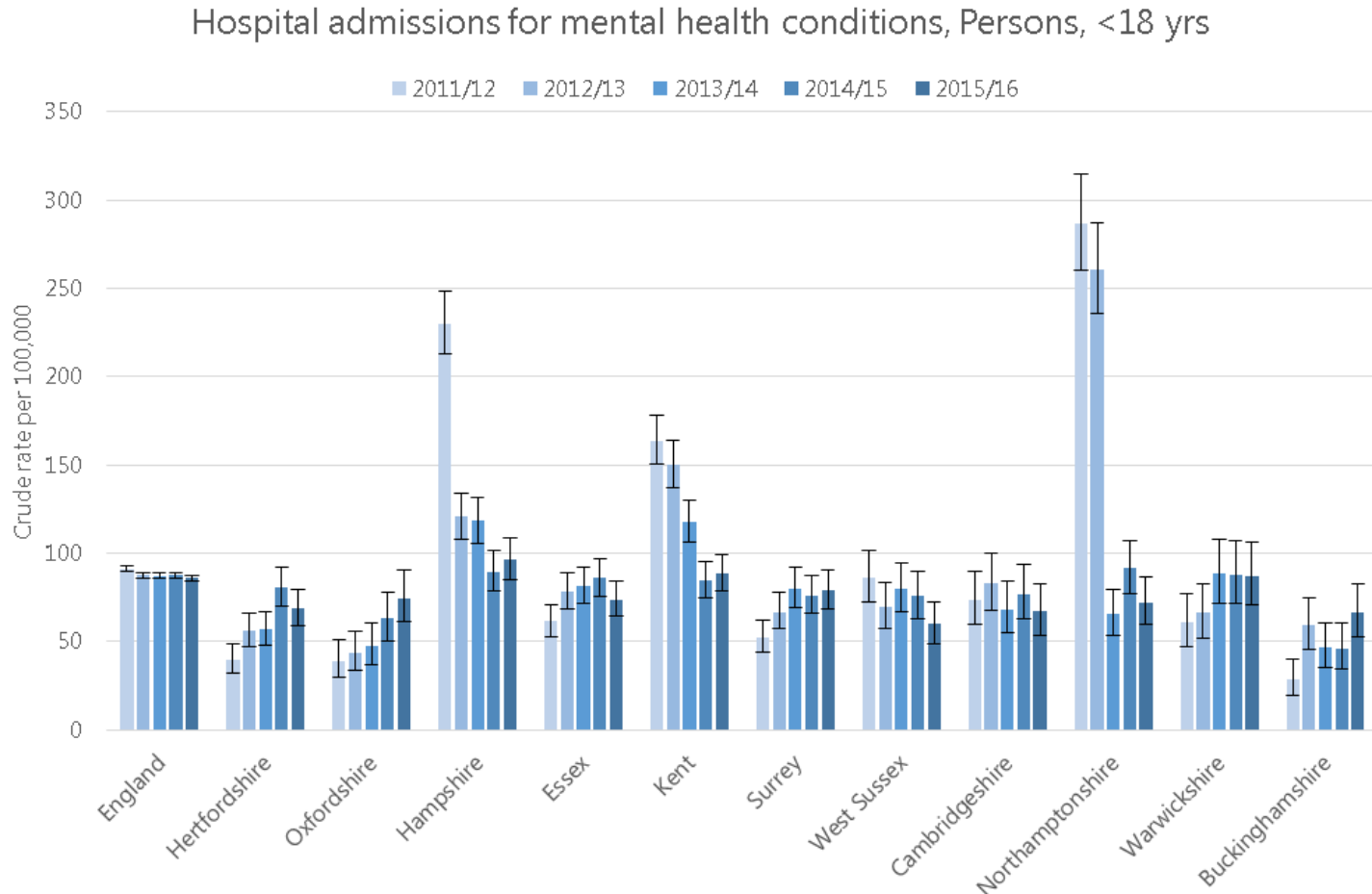
Hospital admissions for Mental Health conditions (primary diagnosis) by trust type, Under 18, Hertfordshire



Source: HES. Trusts that are not Acute or Mental Health trusts excluded  
ICD-10 F00-F99. 1718 YTD covers provisional data until December 2017

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# <18 Mental Health Admissions – Comparators

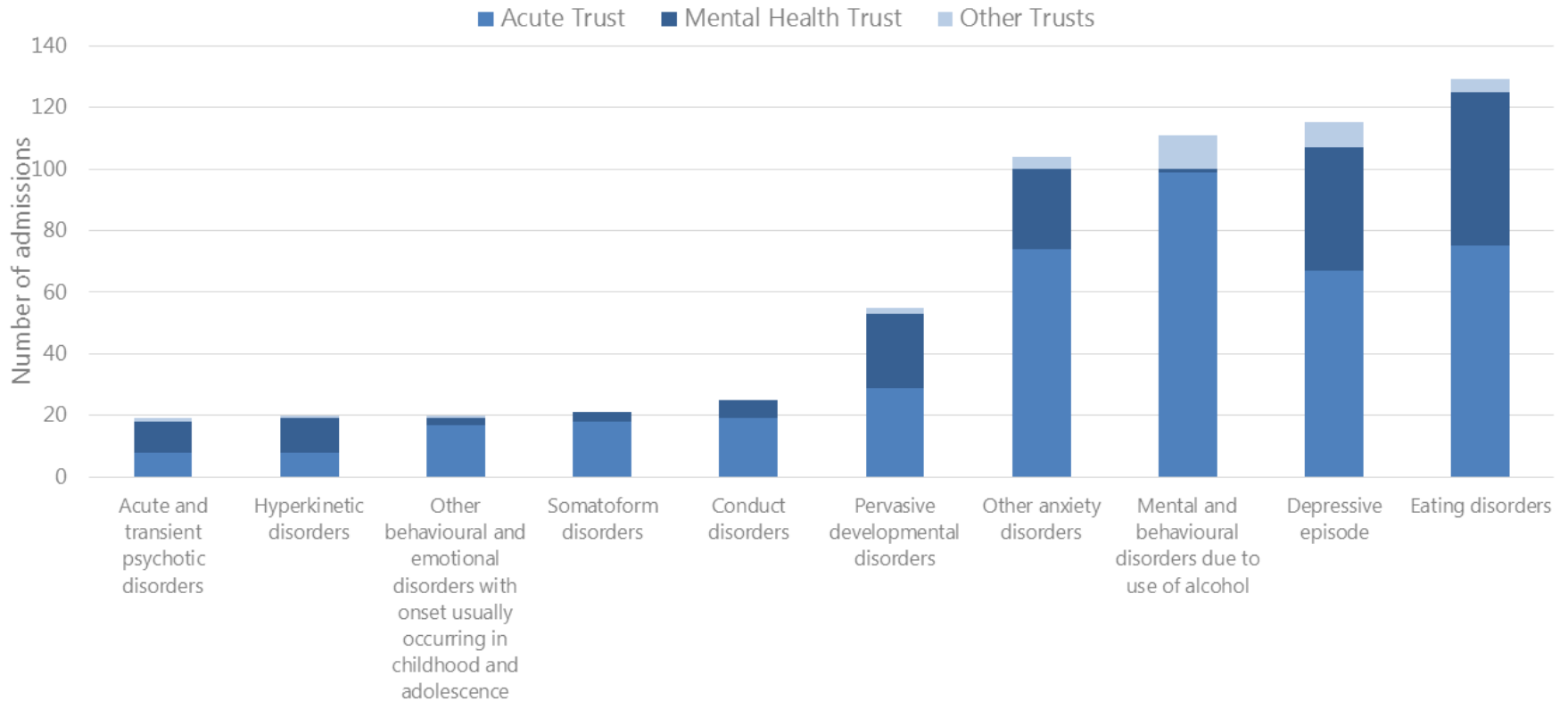


Source: Local Authority Child Health Profiles

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# <18 Mental Health Admissions - Cause

Hospital admissions for Mental Health conditions (primary diagnosis) by top 10 causes, Under 18, 2012/13-2016/17, Hertfordshire

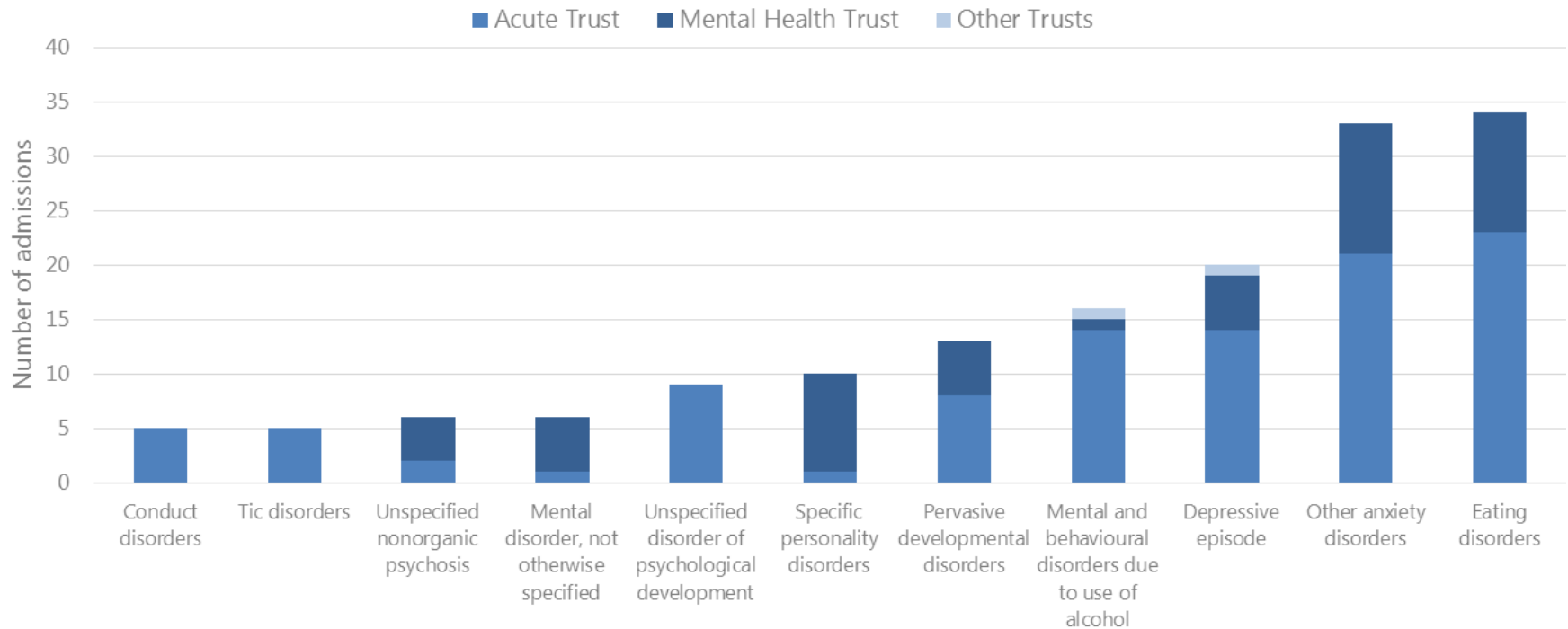


Source: HES. ICD-10 F00-F99. 1718 YTD covers provisional data until December 2017

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# <18 Mental Health Admissions - Cause

Hospital admissions for Mental Health conditions (primary diagnosis) by top 10 causes, Under 18, 2016/17, Hertfordshire



Source: HES. ICD-10 F00-F99. 1718 YTD covers provisional data until December 2017

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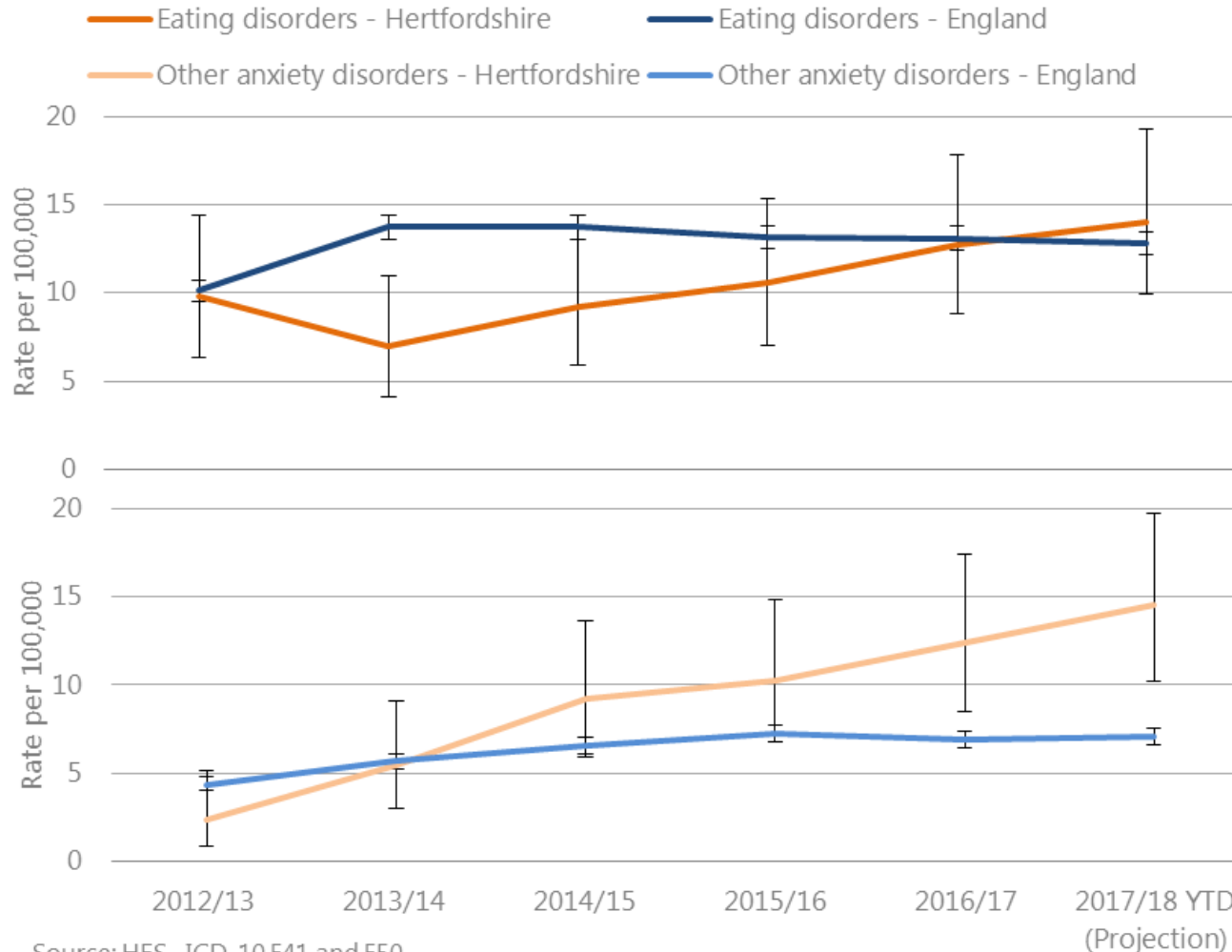


# Estimated prevalences in Hertfordshire

- Estimated prevalence of eating disorders (2012): 6.9% of population aged 16+
- Estimated prevalence of generalised anxiety disorder within the preceding week (2012): 3.9% of population aged 16-74
- Estimated prevalence of depressive episode within the preceding week (2012): 2.97% of population aged 16-74

# <18 Mental Health Admissions - Cause

Under 18 admissions for Eating disorders and Other anxiety disorders in Hertfordshire, 2012/13-2017/18



Source: HES. ICD-10 F41 and F50.  
1718 YTD covers provisional data until December 2017

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# Why are admissions increasing?

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- Increasing need?
- Better identification of need?
- Better coding of mental health admissions?
- Change in pathways?
- Unmet need?

# Plans to reduce these admissions

1. New HPFT Community Eating Disorders team to manage children and young people better in the community and so not require admissions
2. Improved mental health support in crisis
3. HPFT taking over commissioning and management of CAMHS inpatient beds

# 1) Community Eating Disorders Team

- April-June 2016: average 12 CYP in a Tier 4 inpatient bed with an eating disorder. By December 2016, this reduced to an average of 5.75
- April 2017 onwards: Meeting national targets that 95% of urgent referrals seen within 3 days and 95% of routine referrals seen within 28 days



## Healthy Young Minds in Herts

A £600,000 funding boost has expanded the eating disorders team from 3 to 18 staff so all children and young people with an eating disorder can be supported by specialists.



#HertsCAMHS

## 2) Crisis Support

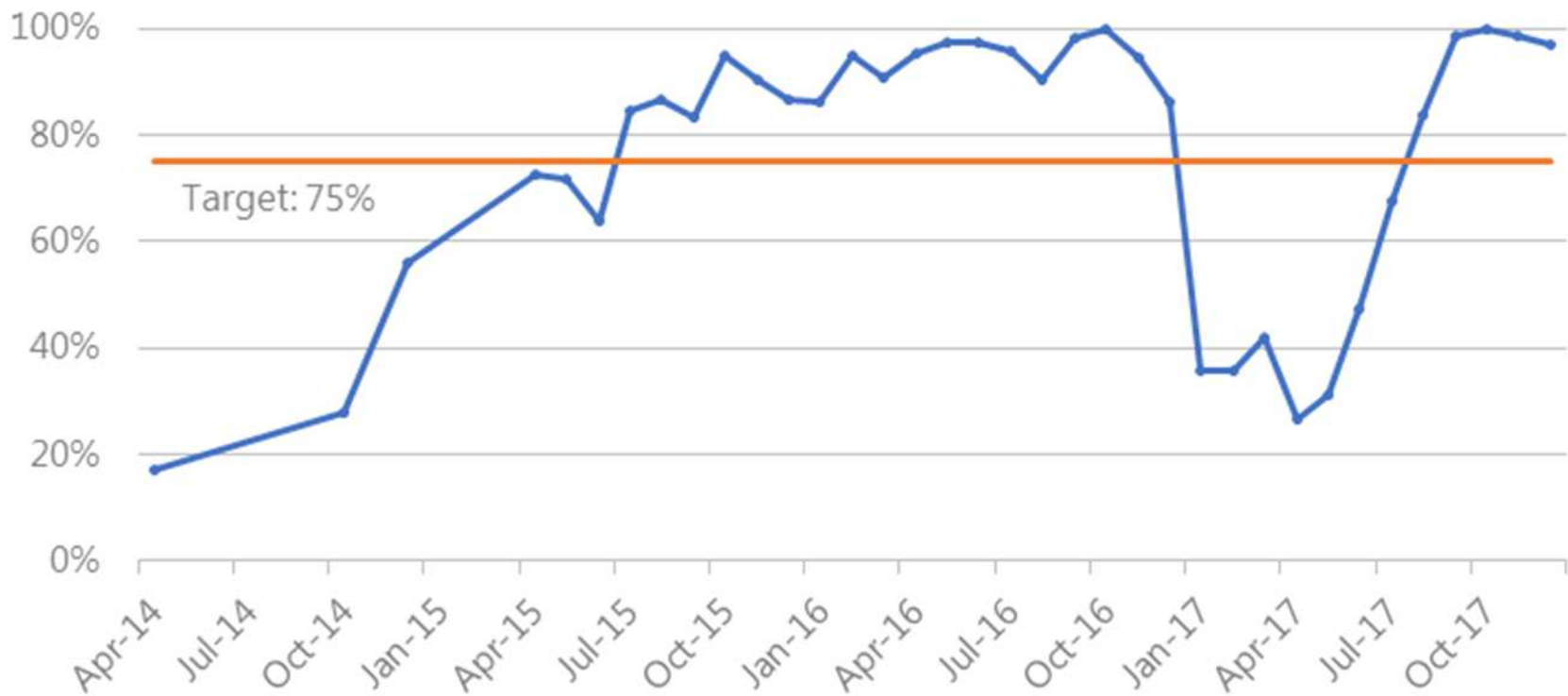
- CAMHS Crisis Assessment and Treatment Team in place based at Watford and Lister Hospitals 9am-9pm 7 days a week – expanded in 2016/17 from 9-5 Monday to Friday
- High Risk Nurse & Pathway – HPFT Community Teams
- Complex Case Panel across HPFT and HCC
- Care, Education and Treatment Reviews in place to ensure all admissions are necessary

### **3) HPFT commissioning & managing CAMHS inpatient beds**

- Previously responsibility of NHS England
- New teams being developed to reduce admissions and support people in the community:
  - Home Treatment Team
  - Dialectical Behaviour Service (DBT)
- Gatekeeping Model
- Structured Clinical Management
- Short Term Crisis Admissions

# 4) HPFT CAMHS Referral Times

CAMHS referrals meeting assessment waiting time standards (Routine - 28 days)



Source: HPFT

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# Public Health: Prevention of mental illness, promotion of mental health, and earlier intervention

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# <18 Mental Health in Hertfordshire

- It is estimated that in 2015 over 14,000 children and young people (5-16) had a mental health disorder
- Since 2008 the percentage of Year 8 & 10 pupils who said their school cares whether they are happy has increased from 33% to 45%
- 41% Year 5 & 6 had high levels of self esteem in 2016 (37% in 2008)
- 43% Year 8 & 10 pupils had high levels of self esteem in 2016 (44% in 2008)

# Risk and protective factors for CYP's mental health

## RISK FACTORS

- ✗ Genetic influences
- ✗ Low IQ and learning disabilities
- ✗ Specific development delay
- ✗ Communication difficulties
- ✗ Difficult temperament
- ✗ Physical illness
- ✗ Academic failure
- ✗ Low self-esteem

- ✗ Family disharmony, or break up
- ✗ Inconsistent discipline style
- ✗ Parent/s with mental illness or substance abuse
- ✗ Physical, sexual, neglect or emotional abuse
- ✗ Parental criminality or alcoholism
- ✗ Death and loss

- ✗ Bullying
- ✗ Discrimination
- ✗ Breakdown in or lack of positive friendships
- ✗ Deviant peer influences
- ✗ Peer pressure
- ✗ Poor pupil to teacher relationships

- ✗ Socio-economic disadvantage
- ✗ Homelessness
- ✗ Disaster, accidents, war or other overwhelming events
- ✗ Discrimination
- ✗ Other significant life events
- ✗ Lack of access to support services



Child



Family



School



Community

- ✓ Secure attachment experience
- ✓ Good communication skills
- ✓ Having a belief in control
- ✓ A positive attitude
- ✓ Experiences of success and achievement
- ✓ Capacity to reflect

- ✓ Family harmony and stability
- ✓ Supportive parenting
- ✓ Strong family values
- ✓ Affection
- ✓ Clear, consistent discipline
- ✓ Support for education

- ✓ Positive school climate that enhances belonging and connectedness
- ✓ Clear policies on behaviour and bullying
- ✓ 'Open door' policy for children to raise problems
- ✓ A whole-school approach to promoting good mental health

- ✓ Wider supportive network
- ✓ Good housing
- ✓ High standard of living
- ✓ Opportunities for valued social roles
- ✓ Range of sport/leisure activities

## PROTECTIVE FACTORS

# Child (0-5 years)

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- Supporting 'attachment' through health visitor service
- Ages and Stages Questionnaire – an assessment at age 1 year and 2.5 years includes development, speech and language
- One to one support for families where needed
- School readiness working in partnership with current Children Centres

# Family

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- Mental health review for mums at 6 - 8 weeks postnatally
- Listening visits (one to one with health visitor) for parents who experience mild to moderate postnatal depression or anxiety
- Support from school nurses to parents where the child is unwell
- Referrals to mental health services

# School (5-19 years)

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- School Nursing Service support: Chat Health, one to one interventions, wider family support,
- Children Looked After – holistic review assessment and plans
- Public Health coordinate the multi-agency 'Just Talk' programme, launched 22<sup>nd</sup> January 2018
- Referrals and signposting to mental health services through school nursing e.g. CAMHS

# School (5-19 years)

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- Suicide prevention - comprehensive work programme exists across the county. This includes a sub-group focussed on children and young people, and a sub-group focussed on boys and men (3 x more likely to take their own life)
- Workforce development on mental health promotion (Mindfulness, Mental Health First Aid Youth, Exams, Anxiety, Risky Behaviours, Self-Harm)
- Communication pathways e.g. secondary school pastoral leads networks in all districts. Plans to develop in primary schools

# Community

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- Providing information for parents/carers e.g.  
Key information and training
- Promoting physical activity e.g.  
Girls Active  
Junior Parkruns  
Daily Mile (in schools)  
Watford FC



# Obtaining & Analysis of Mental Health Data

- 'Mental Health & Wellbeing' Joint Strategic Needs Assessment underway
- Health Related Behaviour Questionnaire – every two years
- Survey to identify attitudes towards mental health and knowledge of coping strategies and support available
- National data and information – widely shared with HCC colleagues and wider partners

# Thank you

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Discussion and questions...

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