



# Stockport JSNA

joint strategic needs assessment

## 2020 JSNA

Children and Young People's Mental & Emotional Health

January 2020

WORK IN PROGRESS



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## Key findings

### Prevalence

This JSNA sets out the best estimates we have for understanding the mental and emotional health of children and young people aged up to 19 years in Stockport.

- An estimated 6,430 aged 5-19 years have a mental health disorder
- An estimated 6,100 aged 5-19 have low mental wellbeing

Some children will have both a mental health disorder and low wellbeing, but some will have one or the other.

The prevalence of both mental health disorders and low wellbeing rises with age.

Boys are more likely to experience mental health problems when at a primary school age, this changes at secondary school when girls experience higher prevalence rates.

Emotional disorders (anxiety, depression and bipolar disorders) are the most common family of disorders, followed by behavioural disorders and then hyperactivity disorders.

In the future we should expect prevalence to increase slightly, following recent trends but especially driven by the increase in population aged 10-19 in the most deprived areas which is expected over the next decade.

### Services

There are a range of services available in Stockport to support children and young people with their mental health and wellbeing, this JSNA highlights some concerns about the:

- Provision for those not in mainstream schools (where preventative work in particular focuses) and particularly those aged 16 to 19 years.
- Capacity in services focusing on those in need of help (rather than those in need of more help or in need of risk support).
- Waiting times for services.



## Definitions - Mental Health and Emotional Wellbeing

This document reflects the information held on the mental health of children and young people in Stockport and on their emotional wellbeing. These two are not synonymous, as a person could have a severe and enduring mental health condition (such as bipolar disorder) and yet have high levels of wellbeing if their condition is well-managed. Equally, a person could have no diagnosable mental health condition and yet have poor emotional wellbeing.

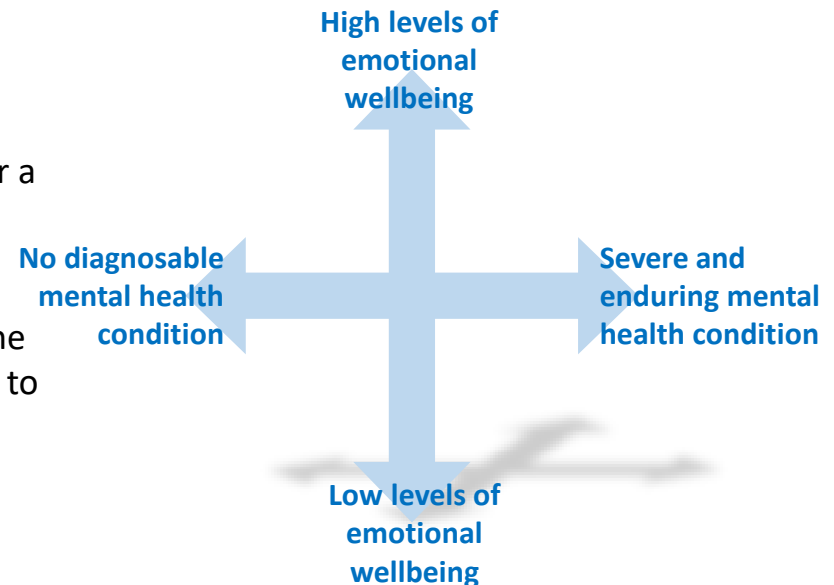
In this document, 'mental health conditions' refers to those which meet the rigorous diagnostic criteria of the International Classification of Disease (ICD-10), defined by the WHO (World Health Organisation).

Good emotional wellbeing is defined by NICE (National Institute of Clinical Excellence) as:

- Being happy and confident and not anxious or depressed
- Having the ability to problem solve, manage emotions, experience empathy, be resilient and attentive
- Having good relationships with others and not having behavioural problems, that is, not being disruptive, violent or a bully

Research from the Children's Society shows that children's emotional wellbeing has been worsening over time, with a decline in happiness and life satisfaction seen in their surveys from 2009 to 2018.

Whilst referrals for Stockport's mental health services have increased rapidly over the last ten years, it should be noted that services designed to treat conditions meeting ICD-10 criteria may not be best placed to help young people whose difficulties relate to low wellbeing rather than a mental health disorder.



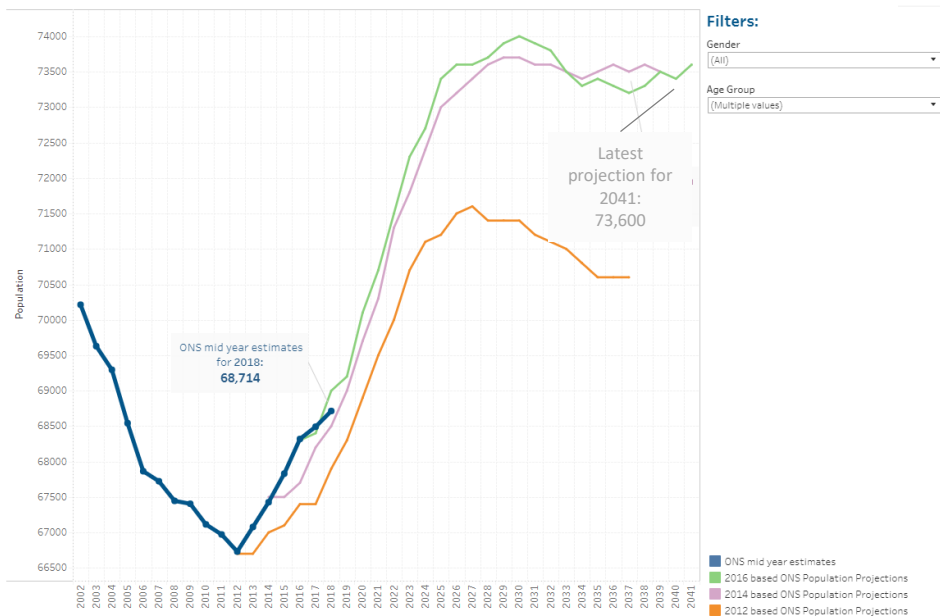
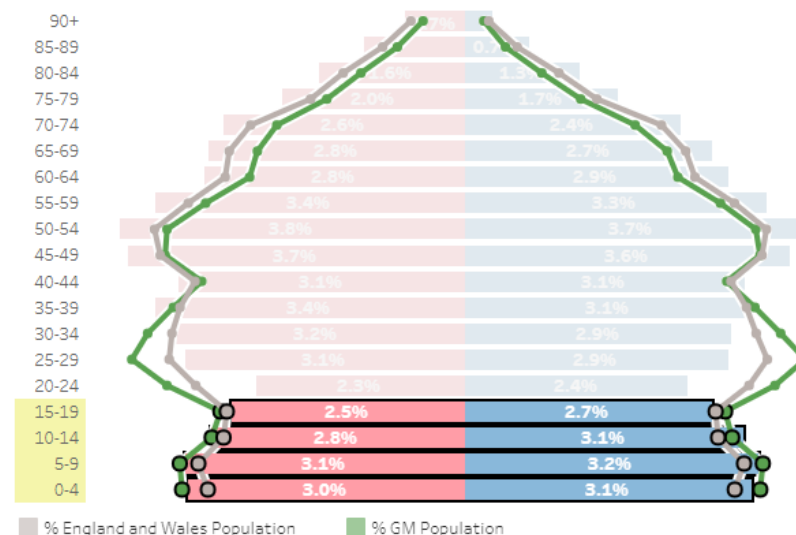


## Demographics

There are currently 68,714 children and young people aged 0 to 19 years living in Stockport, and 51,083 children aged 5-19.

Distributions of age groups are similar to the national and GM averages until the age of 18, when significant numbers of young adults leave Stockport, either for further or higher education or to find work or affordable housing.

Current Population by Age Group and Gender

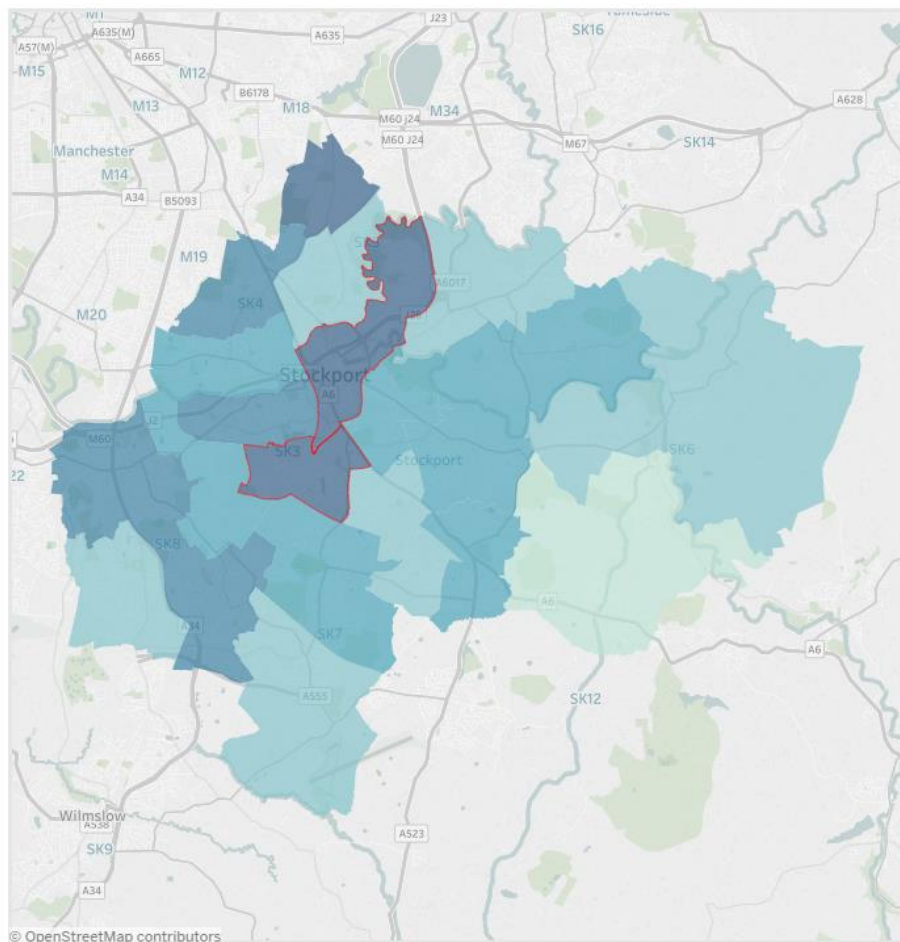


The total population aged 0-19 has fluctuated over the last 20 years, falling from 70,000 in 2002 to 66,700 in 2012 and since rising back to 68,700, and is expected to continue rise over the next 10 years to 73,900 by 2029.

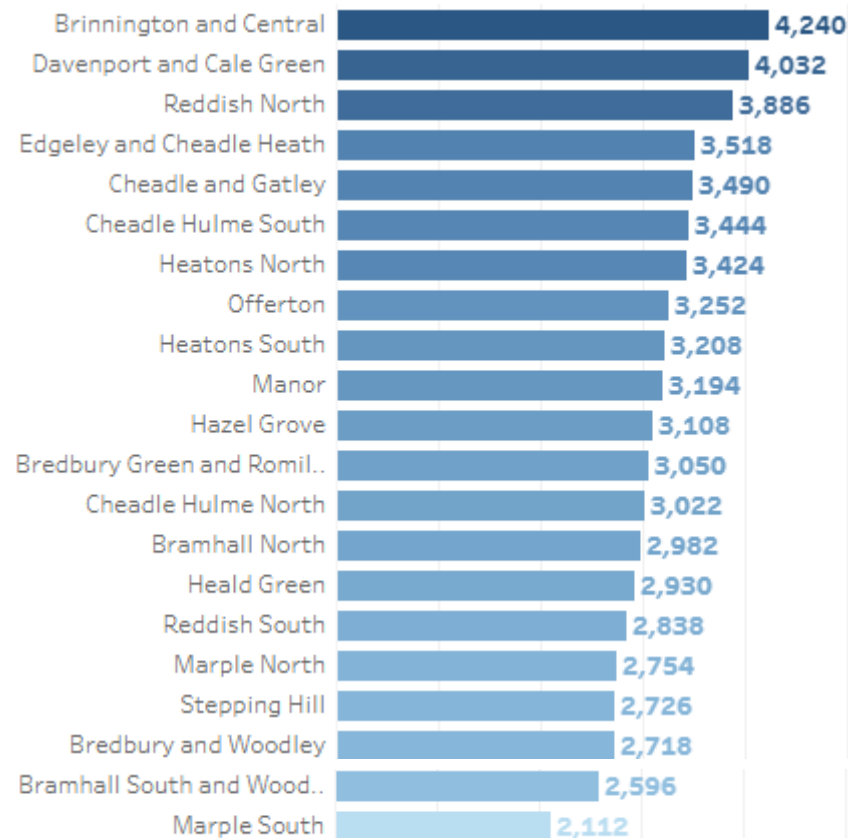
This is driven by changes in birth rates which reached their lowest point in 2001 (2,900 births), then rose (to 3,500 by 2012) before settling at 3,300 a year by 2018. As the low birth cohort ages out of the children and young people's population the population is expected to grow.



## Demographics



deprived areas denoted by red border



There are more children and young people in areas of deprivation, in part due to the higher birth rates in these area, and in part as the trend of 18-24 year olds leaving Stockport does not affect these areas as much as others. The 0-19 population has grown in these areas over the last 10 years, while falling in the less deprived areas.



## Demographics

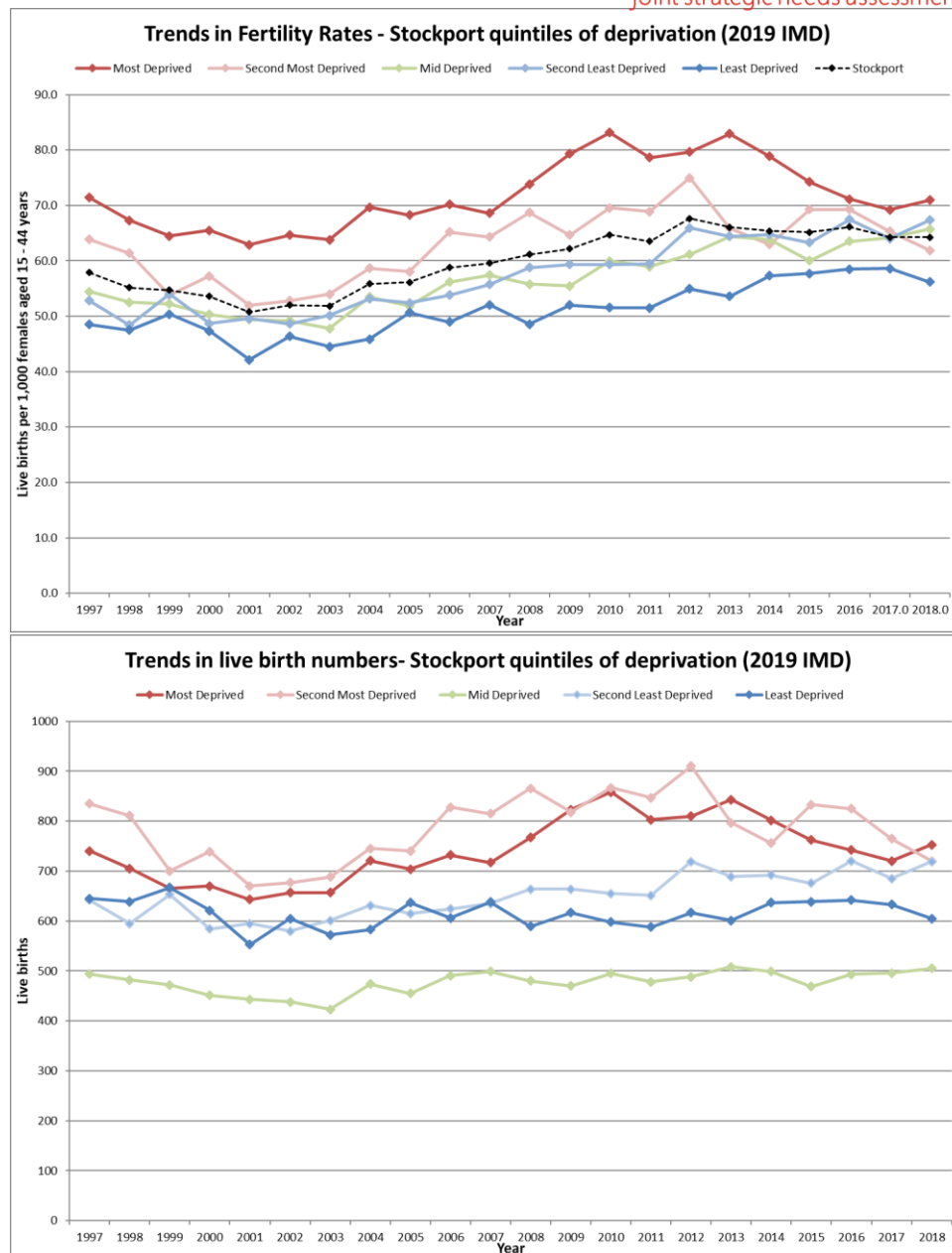
Birth rates are consistently higher in areas of higher deprivation.

Birth rates in all areas have risen since 2004, and overall have remained stable since 2010. The rise however, occurred most significantly in the most deprived areas, peaking for the five years between 2009 and 2014 at around 80 per 1,000 (20-30% higher than the least deprived areas) before dropping back to 70 per 1000, 10% higher than those in the least deprived areas.

Numbers of births in the more deprived areas have also risen, while those in other areas have been more stable. Currently around 45% of all births occur in the two most deprived quintiles (around 1,500 a year), during the period 2009-2014 this proportion rose to 48% (1,650 a year).

**This means generally more babies are being born in areas of higher risk, and that for a six year cohort (now aged 5 to 10 years) there was a particular peak in births in these areas.**

Birth rates and numbers are predicted to remain stable over the next 10 years.





## Vulnerabilities and Adverse Childhood Experiences

Children and young people can experience a range of vulnerabilities which increases the risk and impact of poor mental health and low emotional wellbeing.

This table sets out the best estimates of the number of children experiencing different vulnerabilities including in 2019.

More information on these is included in the JSNA briefing on vulnerable and at risk groups.

Area of vulnerability	Estimated Numbers
Children and young people identified as having SEND (Special Educational Needs and Disability) (0-19)	7,560
- of these those on an EHC Plan (educational, health and care)	2,120
- of these those receiving SEN Support	5,440
Children in need (<18)	2,020
Looked After Children (<18)	660
- of these those placed in Stockport by Stockport LA	230
- of these those placed in Stockport by other LAs	300
- of these those placed by Stockport in other LAs	130
Children on a child protection plan (<18)	250
Children who function as carers within the family (<18)	4,230
Children cautioned or sentenced (<18)	120
Children and young people receiving support from MOSAIC for substance misuse	115
Estimated children experiencing more than one Adverse Childhood Experience (out of a possible 9) (<18)	14,500





## How many children and young people with mental health and wellbeing problems are there in Stockport?

There is no definitive record of the number of children and young people with mental health problems in England or Stockport. No government department collects comprehensive information on the presence of mental health issues in the population and they are not recorded in the regular Census of the UK population.

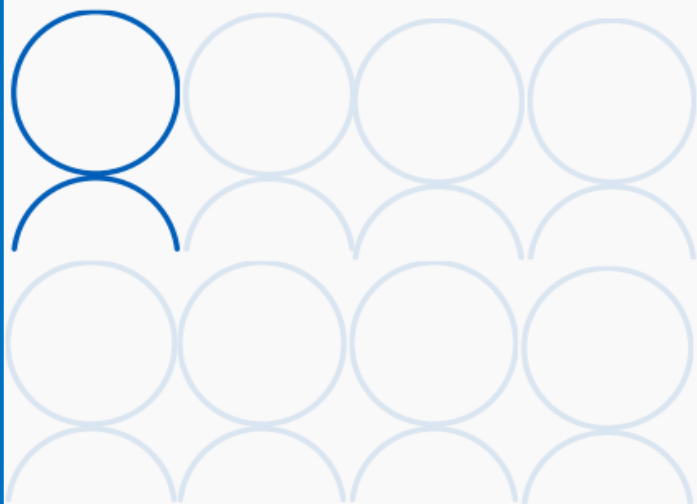
It is, however, possible to estimate the number of children and young people with mental health and wellbeing issues by combining information collected from a variety of sources

The next few pages set out the best estimates for Stockport based on national surveys, local GP data and hospital admission data.



## What does the national NHS Digital survey of mental health of children and young people in England tell us about the overall prevalence?

**One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017.**



**Equalling around 6,430 children and young people in Stockport.**

This large scale national survey has been conducted three times, in 1999, 2004 and 2017. The most recent survey is based on information from 9,117 children and young people aged 2 to 19 and their parents and teachers.

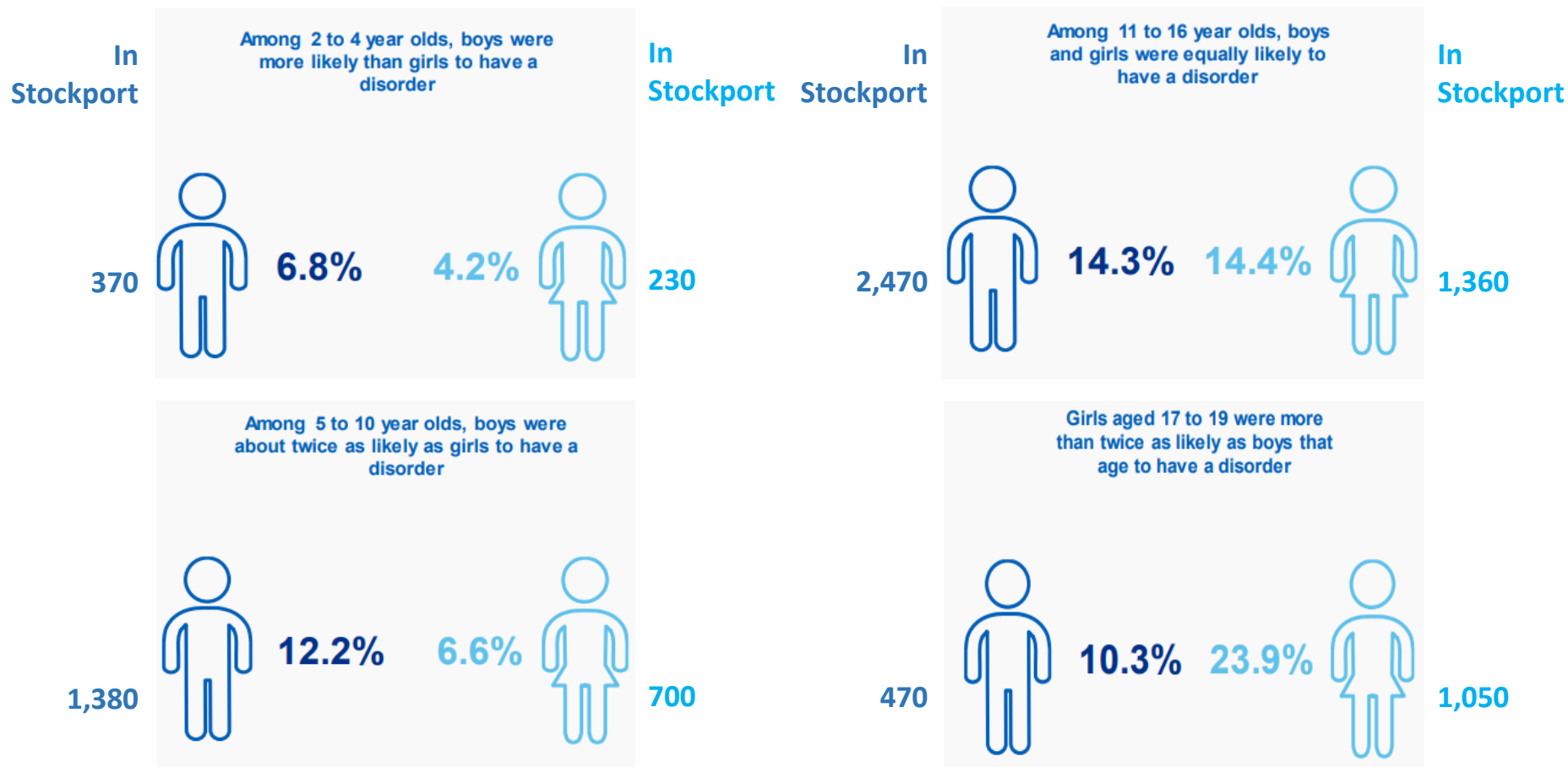
Mental health disorders were identified according to International Classification of Diseases (ICD-10) to count as a disorder, **symptoms had to cause significant distress to the child or impair their functioning.**

Data from the survey shows that 12.8% of 5 to 19 years had at least one mental health disorder.

**Adding in experimental data for 2 to 4 year olds (at 5.5%) this rises to around 7,030 children and young people in Stockport.**



## What does the national NHS Digital survey of mental health of children and young people in England tell us about the differences by gender and age?



At pre-school and primary schools, boys are much more likely to have a mental health disorder than girls. At secondary school there is no gender difference. For those aged 17+ girls are much more likely than boys to have a mental health disorder.



## What does the national NHS Digital survey of mental health of children and young people in England tell us about the types of disorder?

Disorders were grouped into four broad types:

### Emotional disorders

Include anxiety disorders (characterised by fear and worry), depressive disorders (characterised by sadness, loss of interest and energy, and low self-esteem), and mania and bipolar affective disorder.

### Behavioural (or conduct) disorders

A group of disorders characterised by repetitive and persistent patterns of disruptive and violent behaviour in which the rights of others, and social norms or rules, are violated.

### Hyperactivity disorders

Include disorders characterised by inattention, impulsivity, and hyperactivity. The number of children with a hyperactivity disorder (as defined by ICD-10) is likely lower than the number of children with ADHD as hyperactivity disorders have a more restrictive set of criteria.

### Other less common disorders

Include autism spectrum disorders (ASD), eating disorders, tic disorders, and a number of very low prevalence conditions.

Number aged 5-19:

One in twelve (8.1%)

**4,000 in Stockport**

**plus 110 aged 2-4**

1,600 boys

2,400 girls

About one in twenty (4.6%)

**2,400 in Stockport**

**plus 280 aged 2-4**

1,560 boys

840 girls

About one in sixty (1.6%)

**850 in Stockport**

**plus 50 aged 2-4**

700 boys

150 girls

About one in fifty (2.1%)

**1,070 in Stockport; 700 boys, 370 girls**

- 610 with ASD (1.2%)
- 200 with an eating disorder (0.4%)
- 430 with tics or less common (0.8%)

**plus 300 aged 2 to 4**



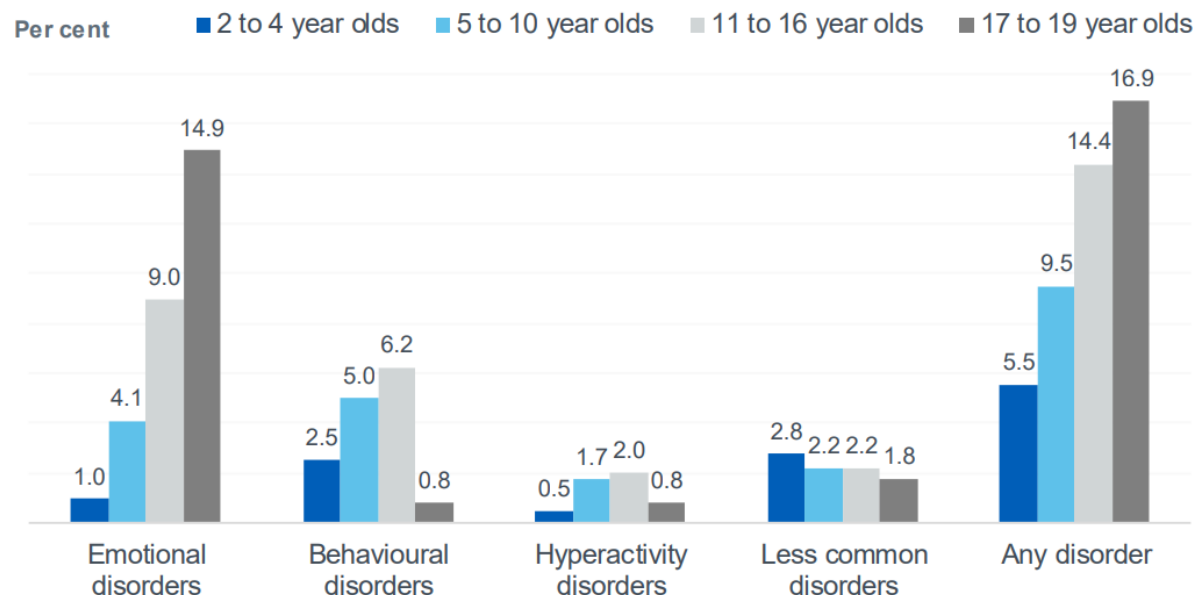
## What does the national NHS Digital survey of mental health of children and young people in England tell us about differences by age group by disorder type?

The prevalence of mental disorders increases with age, with young people aged 17 to 18 being three times more likely to have a disorder than preschool children aged 2 to 4.

Different disorders were prominent at different stages of childhood. For example, rates of emotional disorder were highest in 17 to 19 year olds, while rates of behavioural and hyperactivity disorders were highest in children aged 5 to 16.

Caution is needed, however, when comparing rates between age groups due to differences in data collection. For example, teacher reports were available only for 5 to 16 year olds.

Rates of different types of disorder in 5 to 19 year olds by age



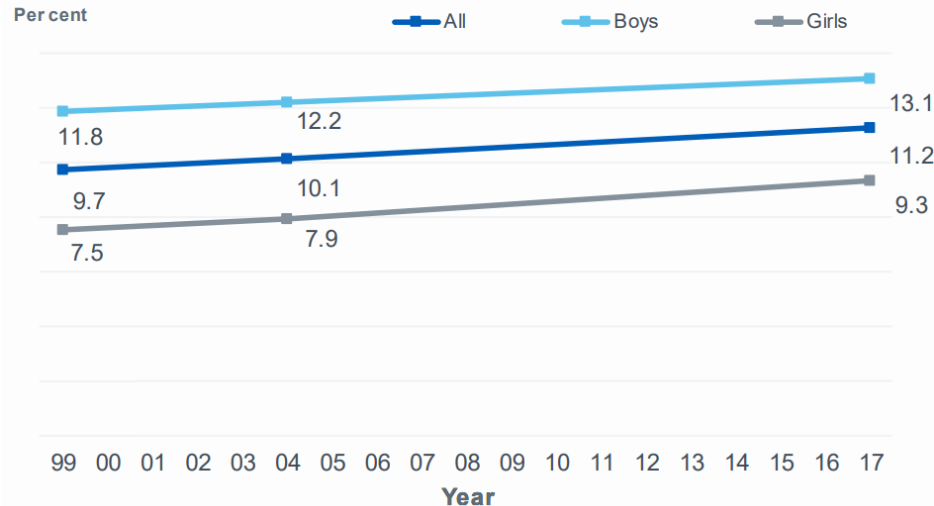
Estimated number in Stockport:

Age	Emotional disorders	Behavioural disorders	Hyperactivity disorders	Less common disorders	Any disorder
2 to 4	110	280	50	300	600
5 to 10	900	1,100	380	480	2,080
11 to 16	1,760	1,230	400	430	2,830
17 to 19	1,340	70	70	160	1,520

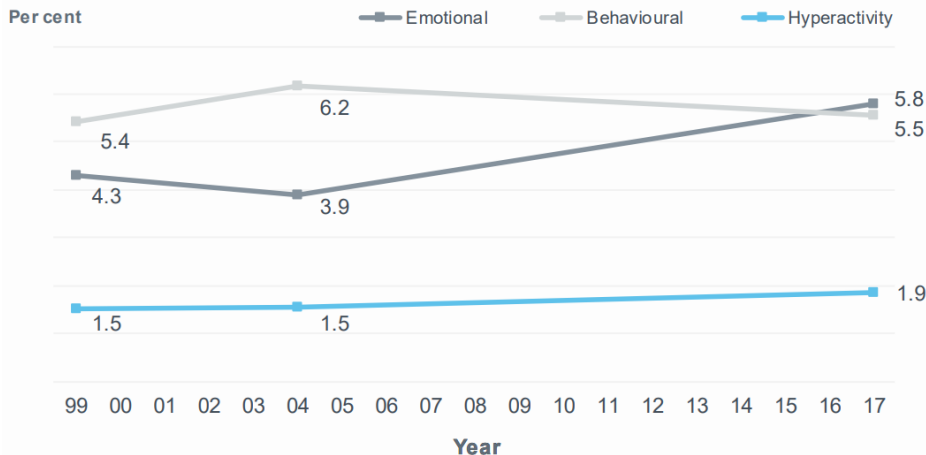


## What does the national NHS Digital survey of mental health of children and young people in England tell us about trends over time?

Trends in any disorder in 5 to 15 year olds by sex, 1999 to 2017



Trends in different types of disorder in 5 to 15 year olds, 1999 to 2017



Trend data is only available for those aged 5-15 as older young people were not included in previous surveys.

There has been a slight increase over time, rising from 9.7 % in 1999 to 10.1% in 2004 and to 11.2% by 2017.

The prevalence for girls has risen at a slightly higher rate than for boys (1.8 points compared to 1.3).

Emotional disorders have become more common over time, while trends in other types of disorder have been broadly stable.



## What does the national NHS Digital survey of mental health of children and young people in England tell us about equity issues and social context?

### Non-heterosexual identity

Young people who identified as lesbian, gay, bisexual or with another sexual identity were more likely to have a mental health disorder (34.9%) than those who identified as heterosexual (13.2%).

### Ethnic group

Rates of disorder in 5 to 19 year olds varied between ethnic groups and tend to be higher in White British children and lower in those who were Black/Black British or Asian/Asian British.

### Socioeconomics

Mental health disorders tended to be more common in children living in lower income households. This was evident for emotional, behavioural and autism spectrum disorders, but not for hyperactivity or eating disorders. Disorder rates tended to be higher in children whose parents were in receipt of low income benefits. Neighbourhood deprivation, however, was not associated with most types of disorder.

### Parental mental health

Rates of mental health disorder tended to be highest in children living with a parent with poor mental health, or children living with a parent in receipt of disability related income.

### Adverse life events

Children with a mental health disorder were more likely than those without one to have experienced certain types of adversity in their lives, such as parental separation or financial crisis at home.

### Social support and participation

Having low levels of social support, a smaller social network and not participating in clubs or organisations (either in or out of school) were all associated with the presence of mental disorder.

### Family functioning

Poor family functioning was associated with the presence of mental disorder. Over a third (38.2%) of children living in families with the least healthy functioning had a mental health disorder.



## What does the national NHS Digital survey of mental health of children and young people in England tell us about self esteem, bullying and risky behaviour?

### High self esteem in 11 to 19 year olds

More than one in five (22.5%) 11 to 19 year olds had high self-esteem, two thirds (66.4%) had moderate levels and one in ten (11.1%) had low self esteem.

Boys were more likely to have high self-esteem (26.2%) than girls (18.6%).

High self-esteem was five times more common in young people without a mental health disorder (25.1%) than in those with a disorder (5.2%).

### Bullying

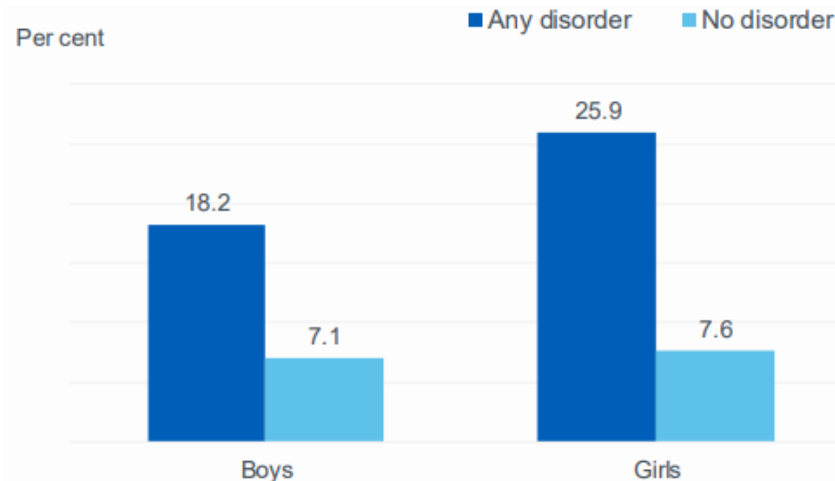
11 to 16 year olds with a mental health disorder were nearly twice as likely to have been bullied in the past year (59.1%) as those without a disorder (32.7%).

Young people with a mental health disorder were also more likely to have bullied others in the past year (28.3%) than children with no disorder (14.0%)

### Risky health behaviours

11 to 16 year olds with a mental health disorder are more likely to have tried a cigarette, an e-cigarette, alcohol and illicit drugs than those without.

Tried smoking a cigarette in 11 to 16 year olds by any disorder and sex







## What does the national NHS Digital survey of mental health of children and young people in England tell us about the type of support accessed?

### Professional services

Two-thirds (66.4%) of 5 to 19 year olds with a disorder had contact with a professional service in the past year because of worries about mental health. Teachers were the most commonly cited source (48.5%), followed by primary care professionals (33.4%), mental health specialists (25.2%), and educational support services (22.6%).

### Informal support

Half (48.6%) of children with a disorder had contact with informal sources of support because of mental health worries. Family and friends were the most common source of informal support (44.6%) to children with a disorder.

### Neither services nor informal support

One in four (24.1%) children with a disorder had no contact with either professional service or informal support in relation to worries about their mental health.



**66.4%** of children with a disorder had any professional service contact



**25.2%** of children with a disorder had contact with a mental health specialist



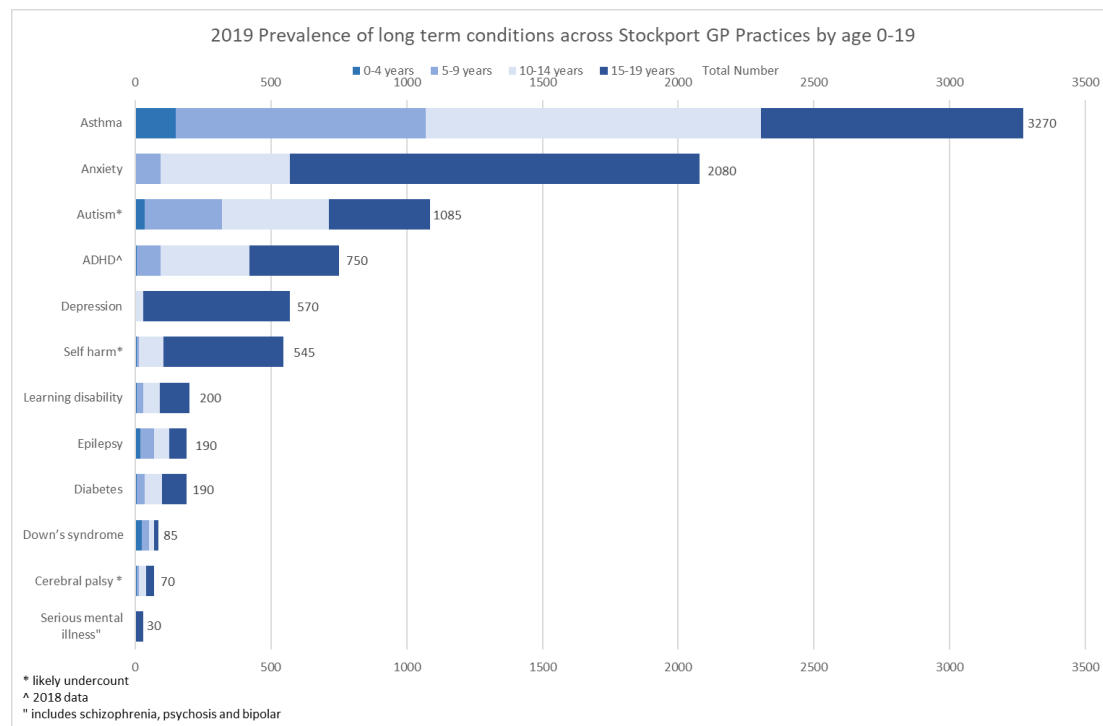
**48.6%** of children with a disorder had informal support

### Prescribing

Among children with a disorder, one in six (16.4%) were taking psychotropic medication. This ranged from about 15% of children with a behavioural or emotional disorder up to 45.9% of those with a hyperactivity disorder.



## What do GP registers in Stockport tell us about the most common health problems affecting the 0 to 19 population?



The chart shows the age distribution of the 12 most common childhood conditions, taken from GP data in Stockport.

This shows that the six of the most commonly coded childhood conditions in general practice are related to mental health:

- Anxiety
- Autism
- ADHD
- Depression
- Self harm
- Serious mental illness

Taken together these total more than 5,060 diagnoses.

It should be noted that this analysis only includes the most common conditions, where clear coding can be identified. Conditions may be coded under multiple names and codes which would then be excluded from this analysis.



## What are the differences between the GP Data and the NHS Digital Survey estimates?

Grouping the GP conditions into the broad categories used in the NHS Digital Survey shows:

GP data suggests 3,225 young people aged 2-19 years have an **emotional disorder** (anxiety, depression, self-harm, serious mental illness). The NHS Digital survey suggests 4,110 aged 2-19 suggesting that there is a likely undercount in the GP data.

There was no GP data to compare to **behavioural (or conduct) disorders**

GP data suggests 750 young people aged 2-19 years have ADHD. The NHS Digital survey suggests 900 aged 2-19 with a **hyperactivity disorder**. Given that other hyperactivity disorders apart from ADHD were not included in the analysis of the GP data, it is not possible to compare these exactly, but the numbers do not seem dissimilar.

GP data suggests 1,055 young people aged 2-19 years have autism. The NHS Digital survey suggests 1,370 aged 2-19 had **other less common disorders** (including autism, eating disorders and tics). Given that other less common disorders apart from autism were not included in the analysis of the GP data, it is not possible to compare these exactly, but again the numbers do not seem dissimilar.



## What do SEND data in Stockport tell us about the most common mental health problems affecting the 0 to 19 population?

### What are the needs of children and young people with SEND?

Primary type of need for an EHC plan in Stockport, 2018 [Stockport Council, EIS data]

SEND code	SEND type	2015	2016	2017	2018	Change (2015 to 2018)
BESD	Behavioural, emotional and social difficulties	403	437	463	495 (22.3%)	+92 (23%)
SLCN	Speech Language & Communication Needs	392	432	449	492 (22.2%)	+100 (26%)
ASD	Autistic Spectrum Disorder	298	322	391	423 (19.1%)	+125 (42%)
MLD	Moderate Learning Difficulty	346	379	401	405 (18.3%)	+59 (17%)
OTH	Other Difficulty/Disability	86	92	99	101 (4.6%)	+15 (17%)
PD	Physical Disability	66	75	79	79 (3.63%)	+13 (20%)
SLD	Severe Learning Difficulty	41	45	52	53 (2.4%)	+12 (29%)
SPLD	Specific learning difficulty (dyslexia)	46	46	48	46 (2.1%)	0 (0%)
PMLD	Profound & Multiple Learn Difficulties	16	21	31	36 (1.6%)	+20 (125%)
SEMH	Social Emotional and Mental Health	8	16	19	30 (1.4%)	+22 (275%)
HI	Hearing Impairment	17	22	26	26 (1.2%)	+9 (53%)
VI	Visual Impairment	10	10	19	20 (0.9%)	+10 (100%)
MSI	Multi-Sensory Impairment	12	13	12	12 (0.5%)	0 (0%)
TOTAL		1,741	1,910	2,089	2,218	+477 (27%)

The table lists the SEND codes which are used as part of the SEND assessment process to classify the different needs relevant to this population. It lists the numbers of children with EHC plans in Stockport in 2018 according to their primary type of need. This is based on data for the whole population (aged 0 to 25 years).

In 2018, many of the most common types of need related to mental health:

- *behavioural, emotional and social difficulties* which accounted for 22.3% of all EHC plan primary needs,
- *autistic spectrum disorder* (19.1%)
- *Social emotional and mental health* (1.4%)

Together these three mental health needs are the primary need for 42.8% of children and young people, 948 in total.

Trends show that the greatest absolute increase has been seen in numbers of children and young people *with autistic spectrum disorder*, with numbers increasing by 125 between 2015 and 2018 (a 42% increase). This is followed by the increases in those with *behavioural, emotional and social difficulties* (92 more cases) and *social emotional and mental health* (22 more cases).

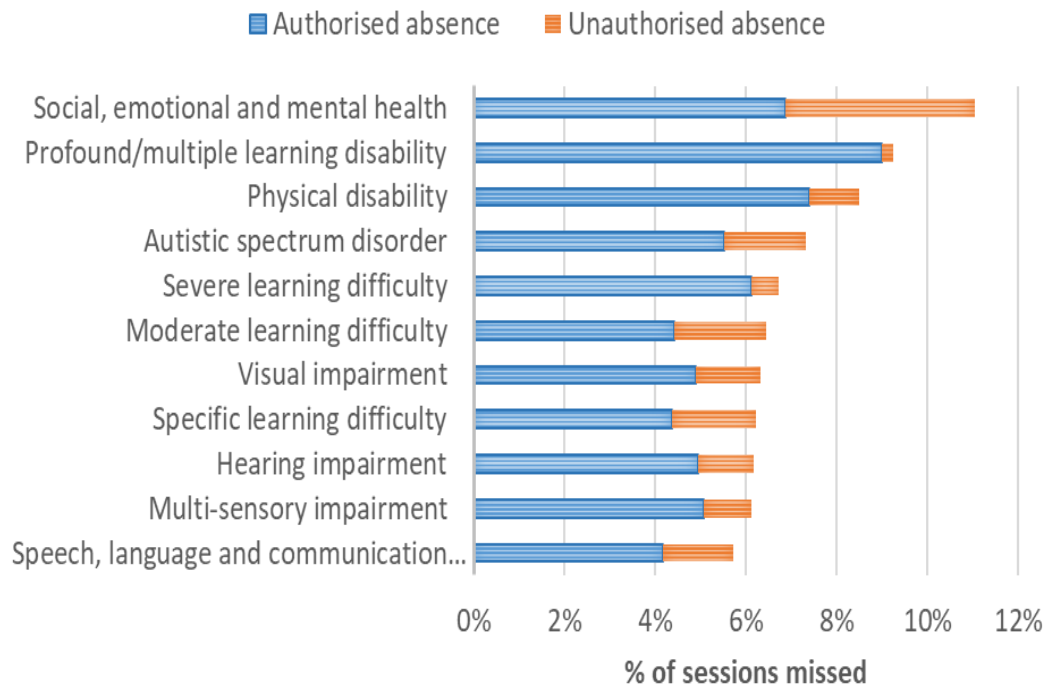


## What do SEND data in Stockport tell us about the education of those with the most common mental health problems affecting the 0 to 19 population?

Children with SEND are known to have higher rates of absence and exclusion from school than their peers. Both are important to monitor since they may indicate a need for additional support, either in mainstream or special schools.

The figure shows that the school aged children with *social, emotional and mental health problems*, missed more than 10% of sessions in 2016/17, the highest level across all primary care needs. The rate for those with autism was over 7%.

Comparison of absence rates (% of sessions missed) according to primary need in Stockport schools, 2016 to 2017 [GM SEND Tableau dashboard]



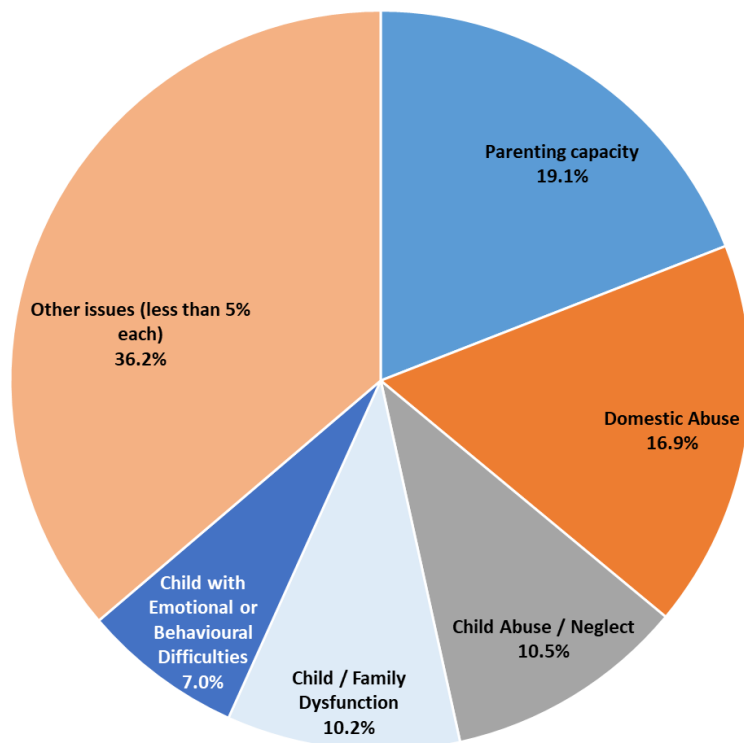


## What does data from the MASSH data tell us about vulnerable children?

Stockport MASSH (Multi Agency Safeguarding and Support Hub) is the 'front door' for Stockport Family services where concern for a child or needs of a child and family have been identified.

In 2018/19 13,800 referrals were received, of which 39% were channelled to an Early Help Offer (either with a service recommended or for further assessment), 25% were referred to social services, 23% were given information and advice, 7% were referred elsewhere and 6% were contacts already known to services.

2018/19 Presenting Issue MASSH



In 7% of cases (970) child emotional or behavioural difficulties were reported as the primary presenting issue for a referral; although it should be recognised that many of the presenting issues reported to the MASSH could be additional associated with or lead to mental health or emotional wellbeing issues.



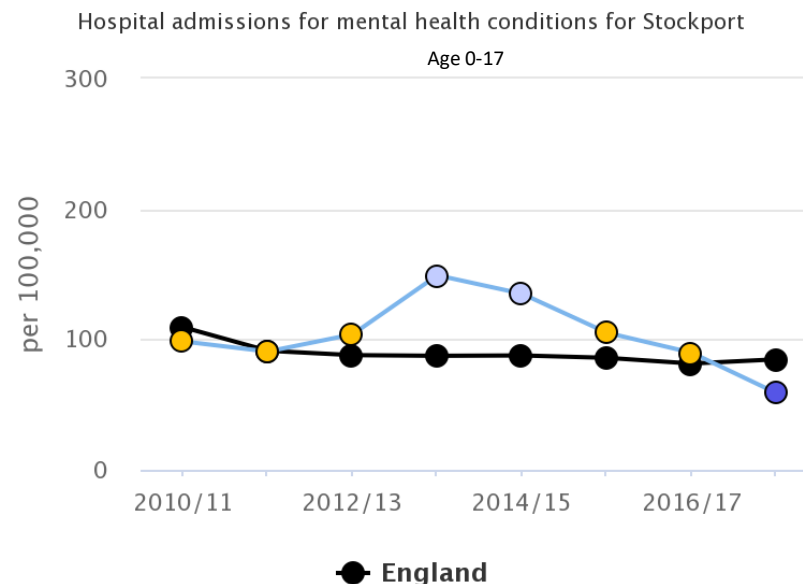
## What does hospital admission data tell us about the mental health of young people?

150 children and young people aged 0 to 19 had an admission for **Mental and Behaviour Disorders** in the last 3 years, most had one admission, but around 20 were admitted 2 or 3 times; this averages at around 50 admissions a year.

Young people aged 15 to 19 years are more likely to be admitted than those aged 0-14 years, at the younger ages boys are more likely to be admitted than girls, but this changes at age 10.

The most common diagnoses at admission, accounting for 75% of the total were:

- Mental and behavioural disorders due to use of alcohol (22%)
- Eating disorders (15%)
- Other anxiety disorders (11%)
- Mental and behavioural disorders due to drug use (11%)
- Panic disorder [episodic paroxysmal anxiety] (5%)
- Mood [affective] disorders (5%)





## What does hospital admission data tell us about the mental health of young people?

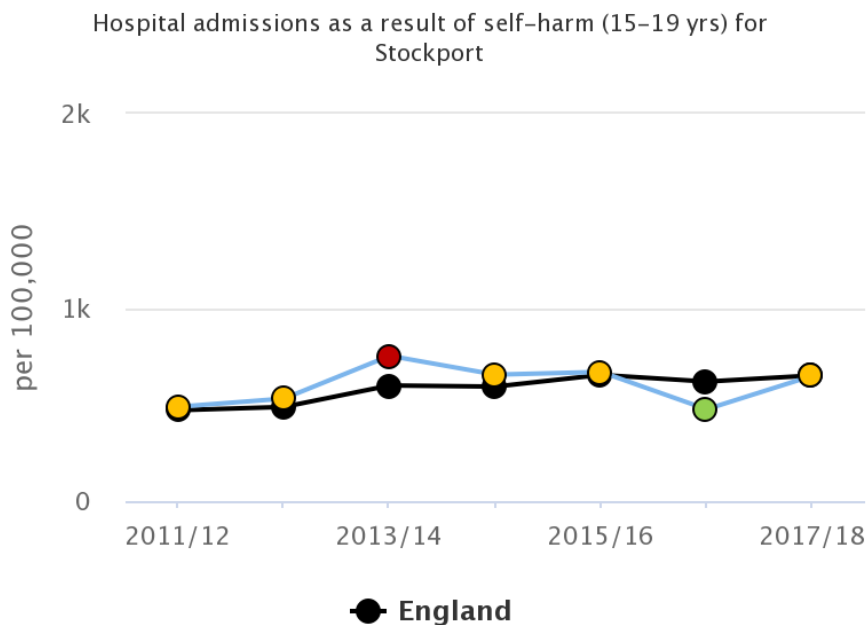
Admissions for **injury as a result of self-harm** are more common with, on average, 150 admissions each year for children and young people aged under 19 years, increasing to 215 a year when including those aged up to 24 years. This is three times the volume for those with a mental & behavioural disorder diagnosis, again most had one admission, but around 30 were admitted 3 or more times in the last 3 years. Young people aged 15-24 had the highest rate for admission for self harm across all ages (including adults).

Almost 80% of self-harm incidents resulting in admission were as a result of poisoning, more than half due to paracetamol.

Females have an admission rate more than three times that of males for self-harm.

Stockport rates are similar to the national average.

It should be noted that many incidents of self-harm may not result in admission, and may either be treated at home or in the emergency department. Unfortunately data for these incidents is not routinely available.







## What do we know about emotional wellbeing?

In 2019 Greater Manchester conducted the **Life Readiness** survey of 7,600 year 10 pupils across the area, including 950 respondents from Stockport.

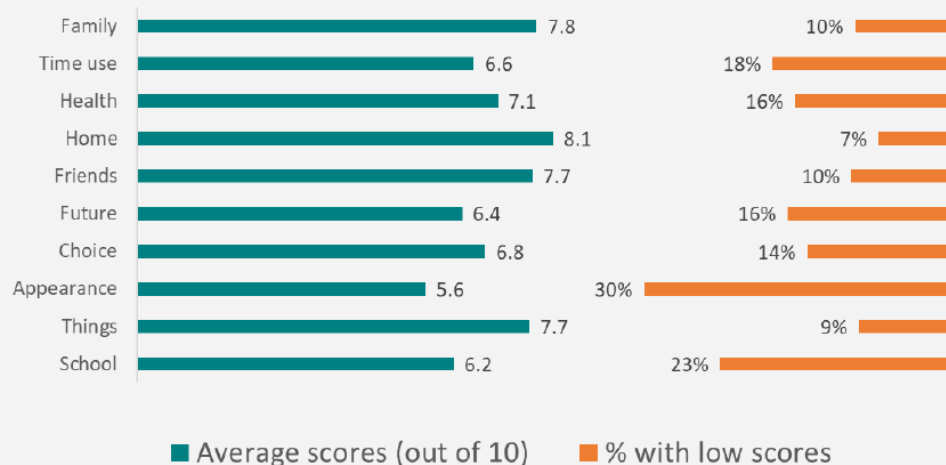
18% of respondents reported having low emotional wellbeing overall, when asked about 10 different aspects of their lives. Appearance (30%) and school (23%) were the most common factors leading to low wellbeing.

Girls were more likely to report low wellbeing (22%) than boys (10.5%).

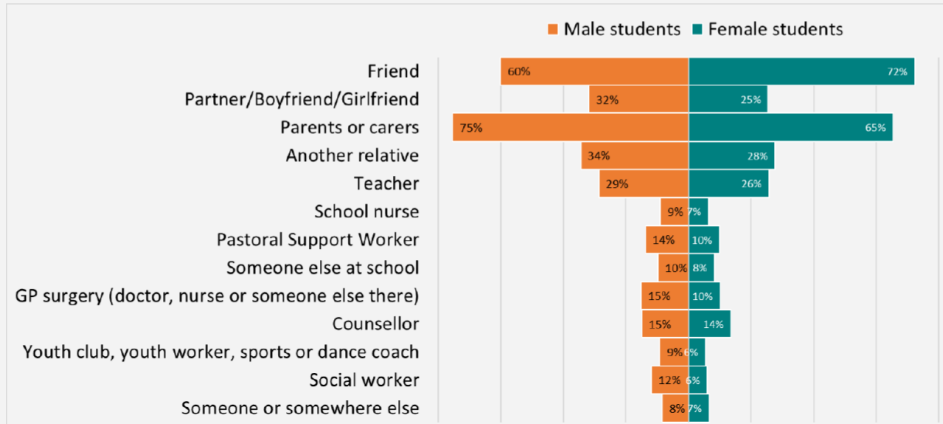
71% of students said they knew how to improve their emotional health and wellbeing, and 77% knew where to go / who to speak to if they need help. Three quarters of boys, and two thirds of girls said they would ask their parents for help, with friends being the other major source of support.

81% girls and 88% boys said they have hope and feel optimistic about their future.

### Average wellbeing score and % scoring low



### Who would you ask, or where would you go, for help with your emotional health and well-being?





## What do we know about emotional wellbeing?

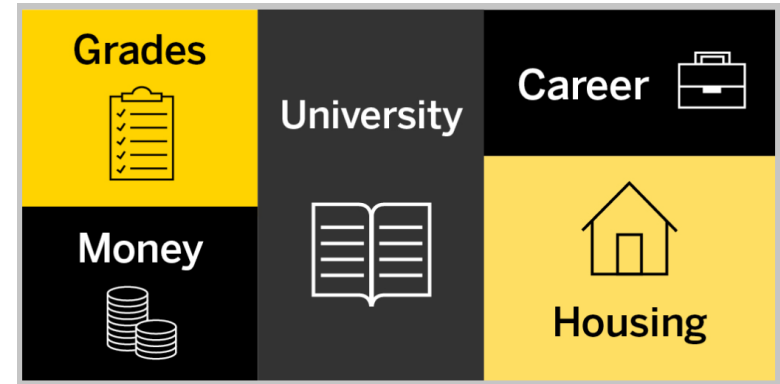
Research from the Children's Society shows that children's emotional wellbeing has been worsening over time, with a decline in happiness and life satisfaction seen in their surveys from 2009 to 2018.

12% of young people aged 10 to 17 were shown to have low wellbeing. **There was a correlation between the young people with low wellbeing and young people with a mental health disorder, but the two groups were not the same,** highlighting the need to ensure that young people with low wellbeing but no mental health disorder are also effectively supported.

Children who experienced disadvantage in multiple areas of their lives had lower subjective wellbeing than those with no disadvantage, or only one area of disadvantage.

When asked about the future:

- Girls consistently worried more than boys did.
- Young people living in poverty worried more than their peers
- The older the young people were, the more they worried
- Children with low life satisfaction were consistently more worried about their future than those with good or high life satisfaction.



**If national trends of 12% of 5-19 year olds having low wellbeing are followed in Stockport, this equals 6,100 local children and young people**

The research highlights the rising number of young people with low wellbeing and poor life satisfaction who do not have a diagnosable mental health disorder but who may be in need of an intervention / support to help them improve their resilience and wellbeing.

**Stockport currently does not have a service offer specifically targeting this group.**



## What can we conclude about the prevalence of mental health conditions in children and young people in Stockport?

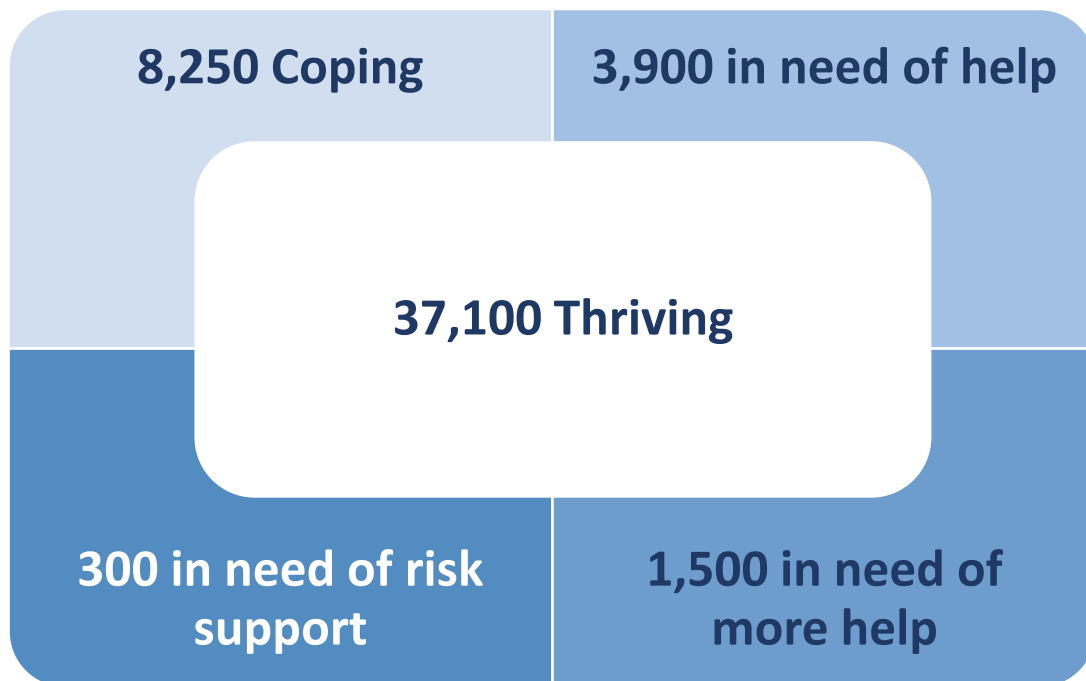
Using a range of data sources, we can estimate the numbers of children and young people who might need support in the different areas of the iThrive model. In doing this, it should be noted that one of the premises of the Thrive framework is that people can move frequently between these areas and that whilst an individual may be in need of 'risk support' one month, they could be 'coping' the next. Therefore, these figures can only ever be a guide to the level of need in the borough.

There are 51,083 children and young people aged 5-19 in Stockport.

Using data from the NHS Digital survey, our service data and the previous estimates of levels of need via tiers of service, we can estimate that:

- 37,100 will be thriving
- 8,250 will be coping
- 3,900 will be in need of help
- 1,500 will be in need of more help
- 300 will be in need of risk support

A total of 13,950 with some level of need.





## **What can we conclude about the prevalence of mental health conditions in children and young people in Stockport in the future?**

In the future we should expect prevalence of mental disorder and low wellbeing to increase slightly, following the trends seen since 1999, a 1.5 percentage point rise in almost two decades.

This will be especially driven by the increase in population in the most deprived areas which is expected over the next decade, due to the increase in births in these areas between 2009-2014, these children are currently aged 5-10 years and will be entering the 10-19 age group over the next decade. This is the age group when the prevalence of emotional disorders in particular rises, especially for young women.



## Services available – the iThrive Framework

Young people experiencing emotional distress and / or mental health disorders can access support from a number of services in Stockport, across Greater Manchester and nationally. The image on the next page attempts to set out the support available, mapped to the iThrive service model which looks at help under the headings of:





## Services available

### Coping – Signposting, self-management, one off contact

Many young people can be effectively supported:

- in school or college through existing pastoral support
- in the community through support to engage in structured activities or access self-help material
  - [mindedforfamilies.org.uk](http://mindedforfamilies.org.uk) offers learning and information on young people's mental health
  - [Stockport Local Offer](#) and [My Care My Choice](#) provide information on local services
  - [Pennine Care Self Help leaflets](#) provide a range of NHS self help guides
  - [Moodjuice](#) has a range of self help guides and workbooks
  - [www.annafreud.org/on-my-mind/self-care](http://www.annafreud.org/on-my-mind/self-care) has self care techniques to try
  - [Catch It](#), [Thrive](#) and many other apps are recommended by the [NHS app library](#) for help in improving wellbeing or managing anxiety
  - Telephone support for young people, The Mix 08088084994
  - Telephone support for parents and carers, Young Minds Parents' 08088025544

[PIPS—parents in partnership](#) is an independent local parent carer forum, for parents and carers of those who have a disability or additional needs. Other family support groups are also available and are listed on the [Stockport Local Offer](#).

Help and support can be accessed from a large number of community groups, including:

- [Trussell Trust](#) and other foodbanks
  - [The Proud Trust](#) – including a weekly support group for young people identifying as LGBTQ+
  - [Healthy Stockport](#) - providing help on diet, exercise, smoking, alcohol use and wellbeing
- Young people can also be supported by participating in activities (such as [Scouts](#), [Guides](#) etc.) or by joining supportive [physical activity groups](#)

### Getting Help – Goals focused, evidence informed

Where support in the Coping segment has not met the needs of a young person, evidence-based support from a school or community based service may be needed, for example from the [School Nursing Team](#), the [Parenting Team](#) or a School Age Plus worker.

If the identified difficulty relates to school (e.g. behaviour, school anxiety), the [Behaviour Support Service](#), [Primary Jigsaw](#), [Secondary Jigsaw](#) or [Education Psychology](#) services may be required.

Other services that provide specialised support include:

- The [MOSAIC service](#) provide support for young people around substance misuse.
- [Signpost Young Carers](#) offer support to young people caring for parents with physical and mental health issues
- [Beachwood](#) provide bereavement support
- [Talk Listen Change](#) offer support and counselling around family breakdown / domestic abuse
- [Stockport Without Abuse](#) run the programme 'Me 2' for young people.
- [Beacon Counselling](#) and [Talk Listen Change](#) offer counselling in school and in the community – other counselling services can be found by searching on the [BACP website](#) for a registered counsellor or asking a GP for advice
- [Stockport Self Help Services](#) offer 1:1 and group support for young people aged 15+ and offer a group programme, Living Life to the Full for 11-18 year olds
- [Central Youth](#) offers advice, information and support around sexual health and relationships
- The [Women's Centre](#) provide counselling and other programmes for women aged 18+
- The [Youth Offending Service](#) supports young people involved in or at risk of offending

### Getting Risk Support – Risk management, crisis response

In some instances, there is no available treatment or the young person is not able to accept or engage in treatment. For young people, in-patient care is available at the [Hope Unit](#) [Horizon Unit](#) and at [Junction 17](#). It is likely that there will be Social Care involvement at this stage too.

For support around suicide risk, call the [Hopeline](#) on 0800 068 41 41. Other national helplines, such as [Childline](#) on 08001111 and the [Samaritans](#) on 116 123 are also available, free of charge, 24/7.

The [Greater Manchester Crisis Care pathway](#) is now in place, aiming to provide young people across Greater Manchester with rapid access to crisis care and support

The [Home Treatment Team](#) provides intensive support in the community for people aged 16+ experiencing acute mental health crisis

### Thriving – Prevention and Promotion

### Getting More Help – Extensive Treatment

Where extensive support is required, specialist agencies can provide treatment and therapeutic interventions:

- Any professional can refer a young person into [Healthy Young Minds](#), young people aged 16+ can self refer into the [Healthy Minds](#) service
- GPs can make a referral to a Paediatrician
- Therapeutic support is available from specialist agencies such as the [NSPCC](#) and the local [Centre for Adoption Support](#).
- The [ASD Partnership](#) can support families post-diagnosis
- The [Community Eating Disorder Service](#) [Healthy Young Minds](#) and [Community Eating Disorder Service at Oakwood House](#) for those aged 16+.
- The [Early Intervention Service](#) works with people aged 14-65 who have psychotic episodes or similar



## Stockport Preventative Services for thriving and coping Young People

As well as the self-help information that described in the model on page 26 to support children and young people who are thriving or coping, preventative support is available within routine services:

- All Stockport's mainstream and special schools have access to the centrally funded School Nursing service, with high schools having a more visible presence through weekly drop-in clinics.
- Stockport has invested in training and support for schools to increase the amount of effective early intervention they can offer. The Wellbeing Strategy and Self-Assessment document has been shared with all schools, with support available for schools who want to implement the strategy in their setting.
- Schools are offered regular training from its own buy-back services and from external providers. Through this, schools have been offered free training on programmes such as :
  - Living Life to the Full,
  - the Emotional Wellbeing Toolkit,
  - ASK – Assessing Suicide Risk in Kids,
  - understanding and responding to self-harm,
  - understanding and responding to school-based anxiety and avoidance.
- Schools have also been offered training on many more programmes which are offered by Stockport's services or other providers at a cost:
  - ASIST – suicide prevention
  - Forest Schools
  - The Pendlebury Centre's accredited Mental Health course.
- There is currently no consistent or centralised means of monitoring schools' uptake or implementation the programmes they are offered.
- As part of the CCG's contract with Stockport Self-Help Services, there is limited provision for a young people's offer, providing group computerised CBT sessions (using the Living Life to the Full course) for 11-18 year olds, this is the only open access service for those under 16.



## Stockport Services for those in need of help and support – getting help

Across Stockport's schools, there is a wide variation in the services and support that is on offer for children and young people who are either thriving or coping.

- All Stockport's mainstream and special schools have access to the centrally funded School Nursing service, with high schools having a more visible presence through weekly drop-in clinics.
- Schools can also buy-back access to the following services:
  - Mainstream primary schools can access the Behaviour Support Service and Primary Jigsaw.
  - Mainstream high schools can access the Behaviour Support Service and Secondary Jigsaw
  - All Stockport schools (excluding independents) can access the Education Psychology service.
- The majority of Stockport's high schools have a buy-back arrangement with a counselling service. Beacon Counselling are the main provider of school counselling in the borough, but individual schools can commission this and other services from any provider of their choice. Some primary schools also buy-back counselling or other wellbeing provision.

### Jigsaw Services

- Records from 2004/05 show that the Secondary Jigsaw team had 19 open cases and 16 new referrals during the year.
- The Primary Jigsaw team was set up during 2005/06 and saw 10 young people that year, while Secondary Jigsaw saw its caseload increased to 44 that year.
- In 2018/19 referrals to Secondary Jigsaw had increased to 216, and Primary Jigsaw to 267.





## Stockport Services for those in need of help and support – getting help

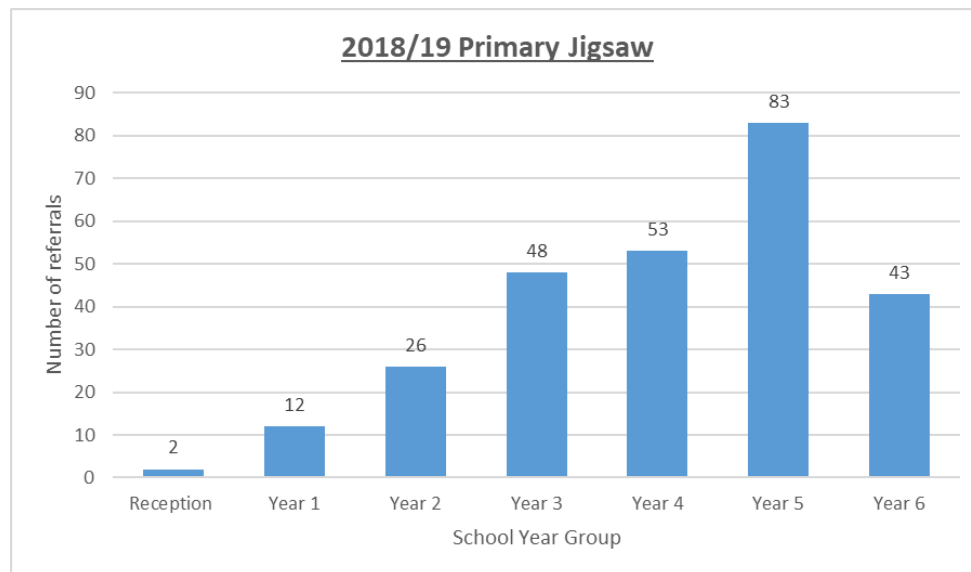
### Primary Jigsaw

Two-thirds of referrals were from junior year groups, the most common age group referred was year 5 (31%), a third of referrals were for infants.

More boys were referred than girls (58%, 42%), reflecting the population health need described earlier.

The most common presenting behaviours were:

- Anxiety (21%)
- Anger / aggression (16%)
- Low mood (12%)
- Emotional regulation difficulties (12%)
- Challenging behaviour (10%)

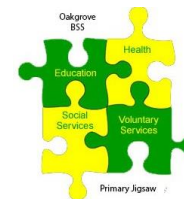


### Secondary Jigsaw

More girls were referred than boys (70%, 30%), reflecting the population health need described earlier.

The most common presenting behaviours were:

- Anxiety (45%)
- Low mood (18%)
- Multiple reasons (10%)





## Stockport Services for those in need of more help and support – getting more help

The main Stockport service for children and young people with mental health disorders is **Healthy Young Minds**, run by Pennine Care and based in Stepping Hill Hospital. The service has seen a significant increase in the number of young people being referred – from less than 1,000 in 2008 to 3,177 last year.

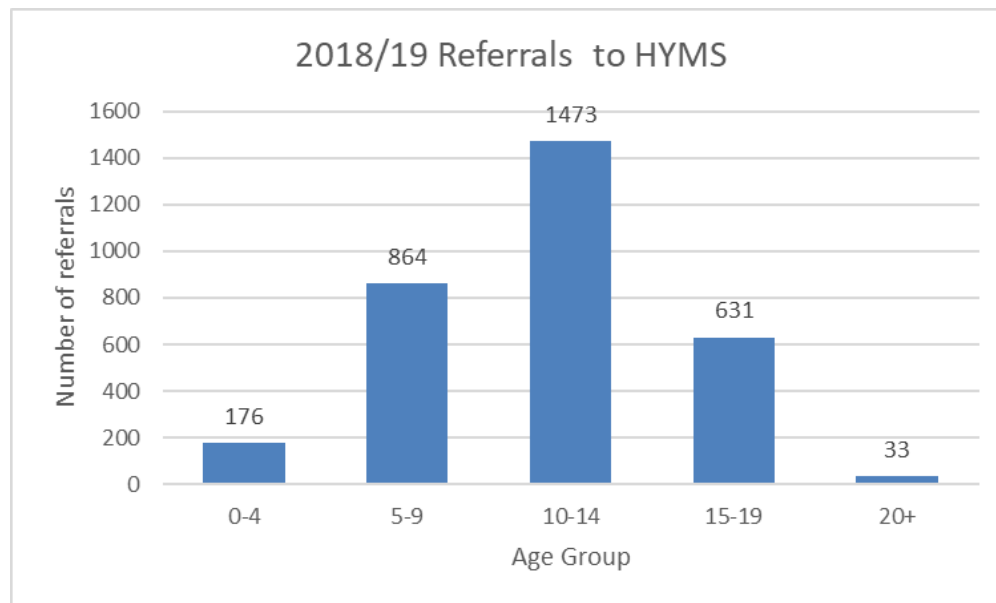
### Healthy Young Minds – Demographics

Analysis of HYMS referral, treatment and assessment data from 2018/19 provides an overview of the type of referrals into the service and the likelihood of receiving treatment following a referral. Out of 3,177 referrals during the year:

- 53% had an assessment
- 26% then went on to enter treatment

46% of all referrals were for those aged 10-14 years, with 27% for those aged 5-9 and 20% for those aged 15-19.

- 81% of referrals for 0-4 years received an assessment, dropping to an average of 51% of those aged 5-19 years.
- There was no significant difference in age profile for those receiving treatment as a proportion of referrals:
  - 42% were aged 10-14 years
  - 26% aged 5-9
  - 22% aged 15-19



49% of referrals were for females, a gender balance that was maintained through assessment and treatment.





## Healthy Young Minds – Reason for contact

Referrals are recorded by reason and presenting problem.

Referral reasons are difficult to analyse due to the range of categories used. 55% of referral reasons related to the type of support sought (clinical assessment, choice, consultation) with no information about the type of disorder, while 44% referenced a clinical problem (anxiety, ASD and ADHD being the most common).

Presenting problems are difficult to analyse as 76% of the referrals received did not specify what the main issue was; of those which were specified, anxiety, ASD and ADHD were most common.

Data shows that children with ADHD and anxiety are more likely to receive treatment from HYMS than those with ASD or most other needs.

## Healthy Young Minds – Outcomes

Out of 3,177 referrals during the year:

- 53% had an assessment
- 26% then went on to enter treatment; 57% have an outcome score to compare to a baseline:
  - 69% showed a positive improvement,
  - 22% showed a negative deterioration
  - 9% showed no change

	Referrals	% assessed	% treated
<b>Referral reason</b>			
ANXIETY	365	65.8%	41.4%
AUTISTIC SPECTRUM DISORDER	338	68.9%	26.6%
ADHD	226	69.0%	41.6%
CHALLENGING BEHAVIOUR	85	49.4%	17.6%
SELF HARM - OTHER	68	41.2%	22.1%
LOW MOOD	53	60.4%	32.1%
SELF HARM - CUTTING	37	35.1%	21.6%
DEPRESSIVE EPISODE	36	66.7%	36.1%
PARENTING	33	93.9%	45.5%
BEHAVIOUR MANAGEMENT	30	46.7%	16.7%
SELF HARM - OVERDOSE	24	45.8%	16.7%
MOOD DISORDER	23	60.9%	30.4%
LEARNING DISABILITY	21	71.4%	52.4%
EMOTIONAL / BEHAVIOURAL PROB.	12	50.0%	16.7%
EATING DISORDER	11	63.6%	27.3%
OTHER (less than 5 each)	38	39.5%	28.9%
TYPE OF SUPPORT	1777	45.3%	20.3%
<b>Presenting Problem</b>			
AUTISTIC SPECTRUM DISORDER	175	100%	44%
ANXIETY DISORDER	158	99%	56%
ADHD	126	100%	72%
NO MH - PARENTING	47	100%	6%
MOOD DISORDER	42	98%	40%
CHALLENGING BEHAVIOUR	29	97%	38%
NO MH –SOCIAL ENVIRONMENT	28	100%	7%
DEPRESSIVE EPISODE	23	100%	57%
SOCIAL ANXIETY	22	100%	36%
SELF HARM - OTHER	21	100%	33%
EATING DISORDER	20	95%	70%
SELF HARM - CUTTING	16	100%	50%
OVERDOSE	13	100%	46%
OTHER (less than 5 each)	36	100%	36%
NULL	2421	39%	19%



## Stockport Services for Young People's Mental Health Support focussing on vulnerable groups

Stockport Council funds a number of services which directly support young people's mental health and wellbeing.

- The Emotional Wellbeing Team supports Stockport's Looked After Children population.
- The Psychology service provides education psychology support to schools and other Stockport services, such as the Youth Offending Service and Education Welfare team.
- The Pendlebury Centre is a Pupil Referral Unit for secondary aged students with a variety of social, emotional and mental health needs.
- Oakgrove is a special school for primary aged pupils with social, emotional and mental health needs.

For **Looked After Children (LAC)** a self-assessment of service provision across 75 standards (using this iThrive framework) showed that for Stockport LAC placed in Stockport 81.3% of standards were met or partially met, 10.7% of standards were not met (of which only one was statutory and not aspirational best practice) and 8% were either not applicable or not known. The statutory standard that was not met was:

- **Getting Advice** Every school should have a designated teacher with the training and competence in identifying and understanding the MH needs of all their pupils who are looked after and previously looked after.

For Stockport LAC placed outside the borough there were many more unknowns (48%), and again only one statutory standard that was not met (as above).

For non-Stockport LAC but living in Stockport 25% of standards were not met including 2 statutory ones (as above and):

- **Getting Advice** Virtual School Heads should ensure systems are in place to ensure sufficient information about a child's mental health, SEN or disability is available to their education setting so that appropriate support can be provide.



## How do these services perform?

### Access rates

The Greater Manchester Health and Social Care Partnership (GMHSCP) undertook a snapshot of access at October 2019

The results show that access rates in Stockport are higher than Greater Manchester (GM):

For Stockport:

- 1,820 children and young people were receiving assessment at the snapshot point
- An estimated 5,400 have a diagnosable mental health condition
- Leading to an access rate of 49.5%
- Stockport ranks 5<sup>th</sup> out of 10

For Greater Manchester

- The average access rate was 45.4%
- The highest was 59.9% in Heywood, Middleton & Rochdale
- The lowest was 30.4% in Tameside and Glossop.

**Stockport therefore performs slightly better than average for access.**

### Waiting times

The Greater Manchester Health and Social Care Partnership (GMHSCP) undertook a snapshot of waiting times from April to November 2019.

The results show that waiting times in Stockport are amongst the longest across Greater Manchester (GM):

For referral to first appointment

- Stockport ranked 9<sup>th</sup> out of 10 – average wait of 9.53 weeks against a GM average of 6.54 weeks
- Tameside and Glossop were worst at 11.15 weeks and Salford were best at 4.15 weeks

For referral to treatment

- Stockport ranked 10<sup>th</sup> out of 10 – average wait of 17.91 weeks against a GM average of 12.8 weeks
- Salford were best at 9.4 weeks

For 2<sup>nd</sup> to 3<sup>rd</sup> appointment

- Stockport was 9<sup>th</sup> out of 10 – average wait of 6.06 weeks against a GM average of 5.18 weeks
- Bury were worst at 6.15 weeks, Heywood, Middleton and Rochdale were best at 3.74 weeks

**Stockport therefore performs significantly worse than average for waiting times.**



## What do Young People and Parents tell us?

Stockport parents and young people have shared their views on and experiences of mental health services in Stockport through a number of surveys and events in recent years. This section of the JSNA provides a summary of the views collected from HYMS service user reports, case studies submitted to the SEND board, research carried out by PIPS and workshops carried out as part of Stockport's work on the iThrive programme. There were some consistent themes throughout all these reports:

The **challenge of accessing appropriate support at the right time** was a key concern, as was **accessing clear information / communication about what was happening**. Whilst families were generally very positive about the service received from HYMS, those trying to access support or waiting for treatment found this very difficult and felt they were not kept adequately informed. The comments below are from young people and parents who attended a Thrive workshop in July 2019.

- "It feels as though we're going around in circles"
- "Feels like nothing is moving"
- "I'm having to repeat my story constantly"
- "I'm on a waiting list but I'm not really sure what exactly what the waiting list is for."

**Support and consistency at school** was identified as another key issue. Parents commented on the variation between schools and in some cases between school staff within the same setting. Young people talked about school services being oversubscribed and difficult to access.

Young people and parents talked about **the need to support families** – parents reported feeling blamed for their children's difficulties and talked about the impact on the wider family when a child had mental health problems.

Young people from the Wednesdays Group run by the Proud Trust talked about their **experiences of self-harm and suicidal ideation, feeling blamed by hospital staff** for their behaviour and how they felt that poor LGBT awareness impacted negatively on the support they were offered. Some of the older group members also talked about their **difficulties in transferring to adult services at 16**. This was a common theme in other parents' and young people's surveys.



## How does the service provision compare to the estimated need?

This analysis highlights the estimated need and the service provision within Stockport to meet this need.

Many of these services (especially preventative services) are school based and have specific requirements (for example only available for pupils attending mainstream schools, targets around attendance, involvement of parents etc ).

**This creates concern about provision for:**

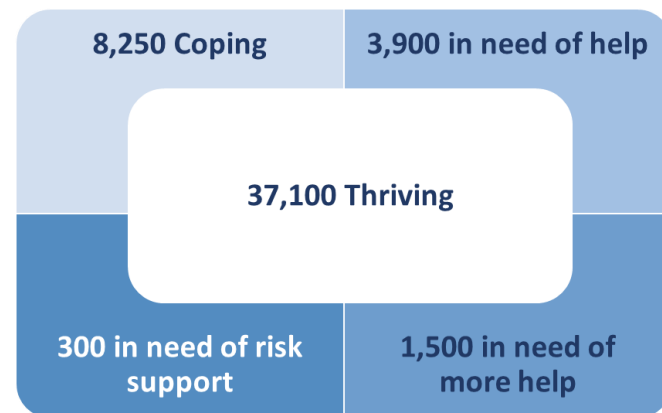
- **those not in mainstream schooling (for example in special or independent schools, or home-educated children)**
- **those aged 16-19 year olds.**

This latter point is supported by experience at the Early Help Hub, in that this age group are often hard to provide for.

There is also **concern about the waiting times for services**, in terms of Stockport's performance compared to GM and as a result of what children, young people and their carers are telling us.

It is not straightforward to match service capacity to need using the iThrive framework as it has not been possible to access information about the use of most services, however comparing the referrals for Primary & Secondary Jigsaw (in need of help) with Healthy Young Minds (in need of more help) **suggests that the HYMS service may well be receiving referrals for children and young people across the framework.**

### Estimated iThrive need



### Estimated iThrive service

