

Solihull's Emotional Wellbeing & Mental Health Strategy for Children and Young People

2011 - 2015

Section 1: Introduction and Background

1.1. Introduction

Good mental health and emotional wellbeing is fundamental to all our lives and to the communities where we live. It underpins everything we do; how we think, feel, act and behave.

For most children and young people it is their parents and carers who have a central role in supporting their mental health. There are, however, a range of factors which are associated with poor emotional health and wellbeing and when a number of these factors come together in the lives of the most vulnerable children and young people the risks of them experiencing poor outcomes are significantly increased. Where these difficulties are picked up quickly and services intervene early these risks are reduced enabling children and young people to thrive.

1.2. What do we mean by emotional wellbeing and mental health?

How we think and feel about ourselves, and our lives, affects how we behave and how well we cope with everyday situations and when times are tough. It affects our ability to make the most of the opportunities that come our way and play a full part in our family, workplace, community and among friends. It's also closely linked with our physical health.

Whether you call it well-being, emotional welfare or mental health, it's key to living a fulfilling life. Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. Being mentally healthy doesn't just mean that you don't have a mental health problem or that you feel happy all of the time. Mental health includes positive emotions, the worries we all experience as part of everyday life and more serious, long-term conditions. Everyday worries are, of course, completely normal and it is only when, for internal or external reasons, the individual is not able to cope with these worries that they can become a mental health issue.

1.3. Why is change needed?

We have a much better understanding of the importance of emotional wellbeing and mental health now than we did in previous years and this has enabled us to improve our predictions about the local needs within Solihull and how these needs will alter as the population changes.

All this helps us to better plan for the skills, services and support that will be required now and in the future to ensure that we are able to provide the best opportunities and support to young people to achieve their full potential and lead fulfilled lives.

We also know, however, that there are a lot of short-comings (gaps) in the current systems of support which result in children and young people and their families failing to receive the right support at the right time from people with the right skills. We want to ensure that the money we spend currently on meeting the emotional wellbeing and mental health needs of children and young people is spent on those services that will make a real difference to their lives and improve their health and wellbeing outcomes.

The challenges are enormous but if we get it right the rewards of meeting these challenges are great.

1.4. How many people are likely to be affected?

- At least one in four of us will experience mental ill health at some point in our life¹ and around half of people with lifetime mental ill health experience their first symptoms by the age of 14²; 75% are present before the age of 25³.
- One in ten children aged between 5 and 16 years has a mental ill health and many continue to have mental health problems into adulthood⁴.
- 95% of young offenders have a diagnosis of at least one mental illness.
- Suicide is the third biggest cause of death in young people.
- In a young person's life the transition from child to adult services is a risky time.

By promoting good mental health and intervening early we can help prevent mental illness from developing and reduce the negative impacts of it when it does. The outcomes that we expect to achieve by improving emotional health and well-being services include:

¹ McManus s, Meltzer h, Brugha T et al. (2009) *Adult Psychiatric Morbidity in England, 2007: Results of a household survey*. leeds: nhs Information centre for health and social care

² Kim-cohen J, caspi A, Moffitt T et al. (2003) Prior juvenile diagnoses in adults with mental disorder. *Archives of General Psychiatry* 60: 709–717; kessler R, Berglund P, demler o et al. (2005) lifetime prevalence and age-of-onset distributions of dsm-iv disorders in the national comorbidity survey Replication. *Archives of General Psychiatry* 62: 593–602.

³ Kessler R and Wang P (2007) The descriptive epidemiology of commonly occurring mental disorders in the united states. *Annual Review of Public Health* 29: 115–129

⁴ Green h, McGinnity A, Meltzer h et al. (2005) *Mental Health of Children and Young People in Great Britain, 2004*. Basingstoke: Palgrave Macmillan.

- improved physical health and life expectancy
- better educational achievement
- increased skills
- reduced health risk behaviours such as smoking and alcohol and drug misuse
- reduced risk of mental ill health and suicide
- improved employment rates and productivity
- reduced anti-social behaviour and criminality
- higher levels of social interaction and participation.

1.5. How do we know what we need to do?

There is an increasing body of evidence and research findings which are being used to inform National and Local Policy in the development of emotional wellbeing and mental health services and outcomes. A high-level review of the latest evidence on what works in improving emotional wellbeing and mental health – and how it applies to services in Solihull - is currently being undertaken by Solihull PCT. Key national strategies, White Papers and NICE guidance include:

The White Paper ‘Healthy Lives, Healthy People: Our Strategy for public health in England’⁵ outlines the Government’s commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest. The strategy’s theme is that mental health is everyone’s business, whether employers, education, third sector or criminal justice and it takes a life course approach covering children and young people, adults to older people, in order to:

- improve the mental health and wellbeing of the population and keep people well, and
- improve outcomes for people with mental ill health through high quality services that are equally accessible to all.

A key aim of the White Paper is to shift the focus of services towards **promotion** of mental health, **prevention** of mental illness and **early identification** and **intervention** as soon as mental illness arises.

No health without mental health – A cross-government mental health outcomes strategy for people of all ages⁶ specifically makes mental health a priority for Public Health England (the new national public health service). It prioritises early intervention across all ages, takes a life course approach and challenges stigma.

⁵ 30 November 2010

⁶ (February 2011)

A priority objective within the **Marmot Review**⁷ is to reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills. This review advocates the need to build the resilience and well-being of young children across the social gradient as at present the lower a person's social position, the worse his or her health. According to the review giving every child the best start in life is crucial to reducing health inequalities across the life course.

1.6. What do we want the strategy to do?

The overarching purpose of this strategy is to understand and improve the emotional wellbeing and mental health outcomes for children and young people. This strategy will be used as an integral part of both Solihull Metropolitan Borough Council and Solihull Primary Care Trust's decision making and planning processes and will be considered alongside other strategies such as:

- The Young Carers Strategy
- The Mental Health Strategy
- The Learning Disability Strategy
- The Alcohol Harm Reduction Strategy
- Action Against Poverty Strategy
- Suicide Prevention Strategy
- Anti-Bullying Strategy
- Sexual Exploitation?

This strategy has been developed by a partnership which includes representatives from Solihull Council, Solihull Primary Care Trust and General Practitioner Commissioning and incorporates the key themes and priorities identified at a stakeholder consultation event and wider consultation with children and young people. It describes how we will develop our services over the next 4 years based upon an assessment of local needs and government and local policy. This strategy sets out:

- The principles and values underpinning the strategy
- The outcomes that we want to achieve
- The key vision, aims and objectives for emotional wellbeing and mental health and the principles which underpin these
- The progress that we have made to date, and
- What still needs to be done

⁷ Fair Society, Healthy Lives, Strategic Review of Health Inequalities Post 2010

1.7. The scope of the Strategy

This strategy considers:

- All children and young people pre-natal – 25 years who have mental ill health or are identified as at risk of developing mental ill health (targeted support)
- All children and young people 0 – 19 years who need support to develop strong emotional wellbeing (universal support)
- And the families of those children and young people

1.8. What we want to achieve – Our vision

Our mission:

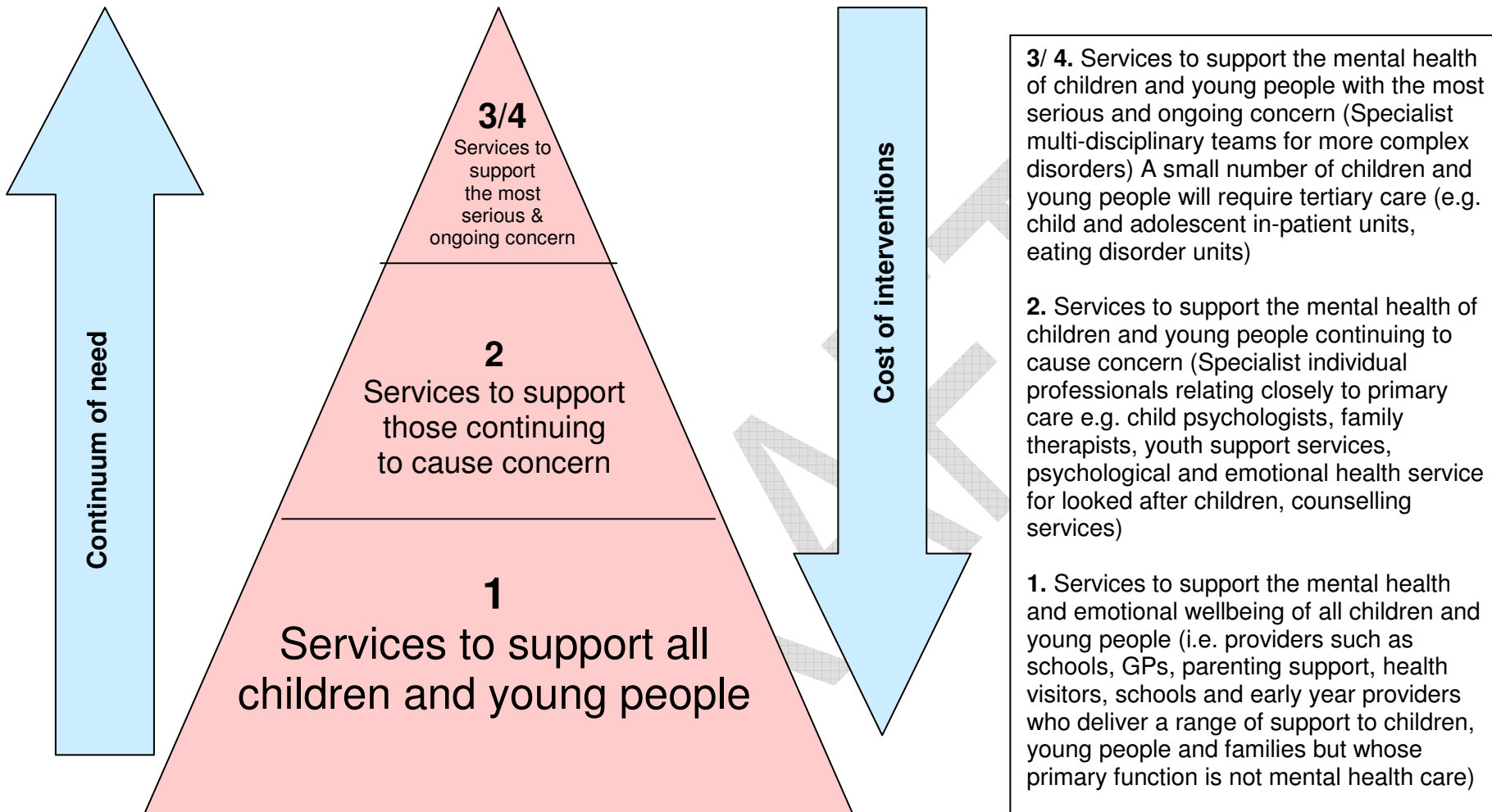
“To promote and improve the mental health and emotional wellbeing of children and young people”

Our vision:

‘Comprehensive children and young people’s emotional wellbeing and mental health services that support the development of emotionally healthy children and young people when they need it, where they need it and how they need it.’

This requires a range of services that cover promotion, prevention, early intervention and treatment and are not limited to those services supporting children and young people but must include the support provided to parents and carers who play a crucial role in securing good emotional health and wellbeing for children and young people. These services need to cover all ages and be aligned to those key strategies that include actions to deal with the social determinants of poor mental health such as poverty, low educational attainment and housing as well as other broader social factors including pressures within family, school and society.

The diagram below illustrates how comprehensive children and young people’s emotional wellbeing and mental health services can be broadly described:



1.9. Our goal

Needs led services that will identify and assess children and young people who are showing early signs of anxiety or emotional distress, and provide early intervention and preventative services for children and young people aged 0-25 who are at risk of developing mental health difficulties, and specialist help for children and young people that need it.

The strategy aims to coordinate the **planning and commissioning** of services to ensure that the resources of all agencies are used in the most effective way possible to improve the emotional health and wellbeing of children and young people in Solihull.

The strategy will give a clear direction for the development of emotional wellbeing and mental health services and also seek to improve the skills of front line practitioners in supporting good emotional health and wellbeing. It will also aim to improve access to targeted and specialist Child and Adolescent Mental Health Services (CAMHS) for those children and young people who need it.

1.10. Our key objectives

- Support children and young people when they need it, where they need it and how they need it
- Take a one stop shop approach to promote early access to services
- Have a family approach
- Have coordinated and offer flexible services
- Have clear pathways and streamlined referral processes particularly at times of transition between services
- Have an ethos of emotional wellbeing and mental health being 'everybody's business'
- Recognise the importance of early intervention
- Support parents
- Deliver in partnership with parents and other agencies
- Deliver equitable services
- Actively involve service users in the design and delivery of their services
- Work together to reduce stigma associated with mental ill health
- Deliver outcome focused interventions

Section 2: The Local Context

2.1. Solihull Council Priorities

Solihull Council has 5 overarching priorities and in relation to children and young people the key priority is integrated children's services. Prioritisation work has been carried out and identified the following as one of the key strategic objectives:

1. To optimise children's health and wellbeing, from conception to adulthood, by targeting resources to tackle those factors associated with disadvantage and poorer outcomes.

In terms of the health and wellbeing aspect of this key strategic priority, this will be delivered by promoting the mental health and emotional wellbeing of children and young people by developing a common strategy.

2.2 Solihull Primary Care Trust Strategic Plan

The Solihull Primary Care Trust Strategic Plan 2009/ 10 – 2014 establishes 5 strategic initiative programmes of work that will lead towards the achievement of refreshed goals and priority health outcomes:

- Supporting people in crisis
- Well-being and prevention
- Long term conditions
- Improving value for money from primary, community based and mental health services
- Improving value for money from acute care

The emotional wellbeing and mental health agenda is '**everybody's business**' and a number of strategies and action plans are already in place across partner organisations that seek to promote and improve aspects of emotional wellbeing and mental health. This strategy compliments these and aims to provide a clear direction for the overall agenda.

2.3 Children and Young People's Emotional Wellbeing and Mental Health National Support Team Review

Mental Health National Support Team Review – February 2010

An external review by the Children and Young People's Emotional Well-being and Mental Health National Support Team in February 2010 concluded that services in Solihull are providing well for the emotional and mental health of children and young people, but would benefit from more co-ordinated planning and commissioning. Some of the overall strengths highlighted included:

- Front line staff show strong commitment and a good understanding of children and young people's emotional wellbeing and mental health issues
- A strong commitment to partnership working
- Recruitment and retention is generally good for the whole workforce
- 'Core' CAMHS provide support and guidance to a wide range of professionals including school nurses, midwives, child and family support services, youth services and the schools community
- Early years services are strong, including support to the midwifery team and access to specialist services to under threes
- The transition of children between health visiting and school nursing services appears to be seamless
- There are two major parenting programmes attracting high demand – one, the Solihull Approach focussing on understanding children's behaviour and the second, 'Mellow Parenting' which is a more intensive course. Both of these programmes have been nationally accredited.

In terms of challenges to provision for emotional wellbeing and mental health the NST highlighted:

- A need to transform and redesign services, to do better and more for less in the context of the overall financial environment
- in order to protect and sustain the good performance of these services in the current financial climate, it is important for these to operate within an agreed strategic and commissioning framework. This needs to be jointly owned by the Children's Trust and partners working to secure the emotional wellbeing and mental health of adults.
- We recommend that you develop an updated shared vision for addressing children and young people's EW & MH for Solihull that is owned by all partners at all levels
- The NST endorses the commitment to refresh the children and young people's emotional wellbeing and mental health strategy. We believe this is critical to guide future commissioning and investment in this area
- The NST recommend that Solihull Partnership's recently developed common commissioning framework is consistently applied, to ensure effective partnership commissioning is developed for EW & MH

2.4 Local Needs Assessment

Needs assessment

Locally, data is limited with regards to the extent of emotional wellbeing and mental health disorders among Solihull children and young people. The Needs Assessment (see Appendix A) attempts to bring together information from national data sources, national and local consultations, CAMHS mapping, Health Related Behaviour and Tell Us surveys which identified the issues below:

- The general emotional wellbeing and mental health of children and young people in Solihull is good. The majority of children say they are happy with their lives, but still comment on the need for more support for their emotional wellbeing.
- The Quality and Outcomes Framework data for depression shows that there are higher levels of more mental ill health in Chelmsley Wood, Fordbridge, Kingshurst and Smith's Wood than the rest of the borough.
- There are inequalities identified in the needs assessment, particularly focusing on children living in the regeneration area of north Solihull, boys, who are at greater risk of mental ill health, and particular groups of vulnerable young people, including looked after children, young offenders
- The HRBQ 2010 highlights a notable gap between boys and girls taking part in physical activity for at least 1 hour 5 or more days a week with a large drop off in terms of engagement in physical activity after Year 6 onwards and a widening gap between girls and boys, with girls participating significantly less than boys.
- The results of the 2010 HRBQ show that 16.5% of girls are not satisfied with life which has increased from 12% in the previous survey, the figure for boys on the other hand has remained relatively unchanged (10.1% to 10.5%). Those who are not satisfied with life are 5.64 times as likely to be affected by Class A drugs and 8.26 times as likely to be affected by volatile substances as those who are satisfied.
- The Solihull Care Trust Draft Mental Health Strategy 2010 notes that current services do not adequately meet the needs of young people aged between 14 and 25, with poor access and retention in services for this sector of our population despite evidence highlighting the high numbers of mental health presentations within this age group.

2.5 What do emotional wellbeing and mental health services for young people currently look like?

An external review by the Children and Young Peoples Emotional Well-being and Mental Health National Support Team in February 2010 concluded that services in Solihull are providing well for the emotional well-being and mental health of children and young people. There are a good range of services available to support children and young people but many agencies at the stakeholder event reported that they didn't feel that they had a good knowledge of all that was available and it often felt more luck than planning to find and access some them. Many agencies at the stakeholder event asked if a directory of services could be produced to assist organisations build their knowledge of available services and support.

Local Provision

There are a wide range of agencies delivering support for children's emotional well being and mental health, across the spectrum of need. For example:-

Since 2007 there was a duty on schools to promote the well-being of its pupils on a universal level and this is currently addressed through the Healthy Schools and Social and Emotional Aspects of Learning (S.E.A.L.) programmes. Schools should provide a supportive and secure environment and an ethos which avoids stigma and discrimination in relation to emotional difficulties.

Youth services are also a key universal service supporting young people's emotional health and well being, with targeted support for the most vulnerable young people.

Child and Adolescent Mental Health Services (CAMHS) currently offer early intervention and prevention services to support universal services to increase the focus on children's mental health. This is done through the provision of good quality parenting programmes, work with midwives on antenatal support, workforce development through Solihull Approach training to support parent/ child relationships, and individual consultations with Health Visitors, School Nurses and Child and Family Support Workers in Schools.

The voluntary sector has an important role to play, and the Targeted Mental Health in Schools (TaMHS) Project engaged a range of services which promote emotional well-being for those children and young people who have been identified as having additional emotional health needs. There have already been in place a number of interventions, including counselling for young victims of crime and services for children experiencing loss or bereavement.

There are a number of other targeted and specialist services involved in supporting children, young people and families including services offered through Education Welfare, Specialist Inclusion Support Services, Educational Psychology, YISP, The Youth Offending Services and Connexions.

CAMHS also provides targeted support to children and families, for example through the Eating Disorder Service, and the Self Harm Service, as well as, for those children requiring specialist clinical intervention, the Intensive Community Outreach Team (ICOS) which aims to prevent or reduce hospital admissions for severe mental health difficulties.

A mapping exercise of current provision has been undertaken and can be found at Appendix B.

2.6 Key messages from stakeholder involvement

Families, communities and universal services for children should be supported to recognise when a child seems to be 'unhappy' and be enabled to respond within the spectrum of 'normal' supportive activity as this is not just the task of 'a range of services

There needs to be support provided to parents and carers who play a crucial role in securing good emotional health and wellbeing for children and young people.

There is still a gap from those services that currently deliver universal support to those that deliver health diagnosis/ therapy work. There needs to be something in between e.g. Counselling services

The support that is available within the community and through social networks such as friendships and families needs to be recognised. There is more that we can do to support and encourage these networks and there is a lot of benefit that can be gained from them - they are invaluable sources of support for people, particularly in terms of prevention.

Children and young people need to more actively involved in the development and review of services

Consideration needs to be given to young people living outside of Solihull (Looked after children and young people)

We need to ensure anxiety is included as a mental health issue to ensure early intervention
Lessons need to be learnt from Child Death Overview Panel in regard of suicides by young people

We must not forgot about young people who have experienced trauma

Section 3: Our Strategic Commissioning Priorities and Objectives

3.1 Our priorities and objectives moving forward

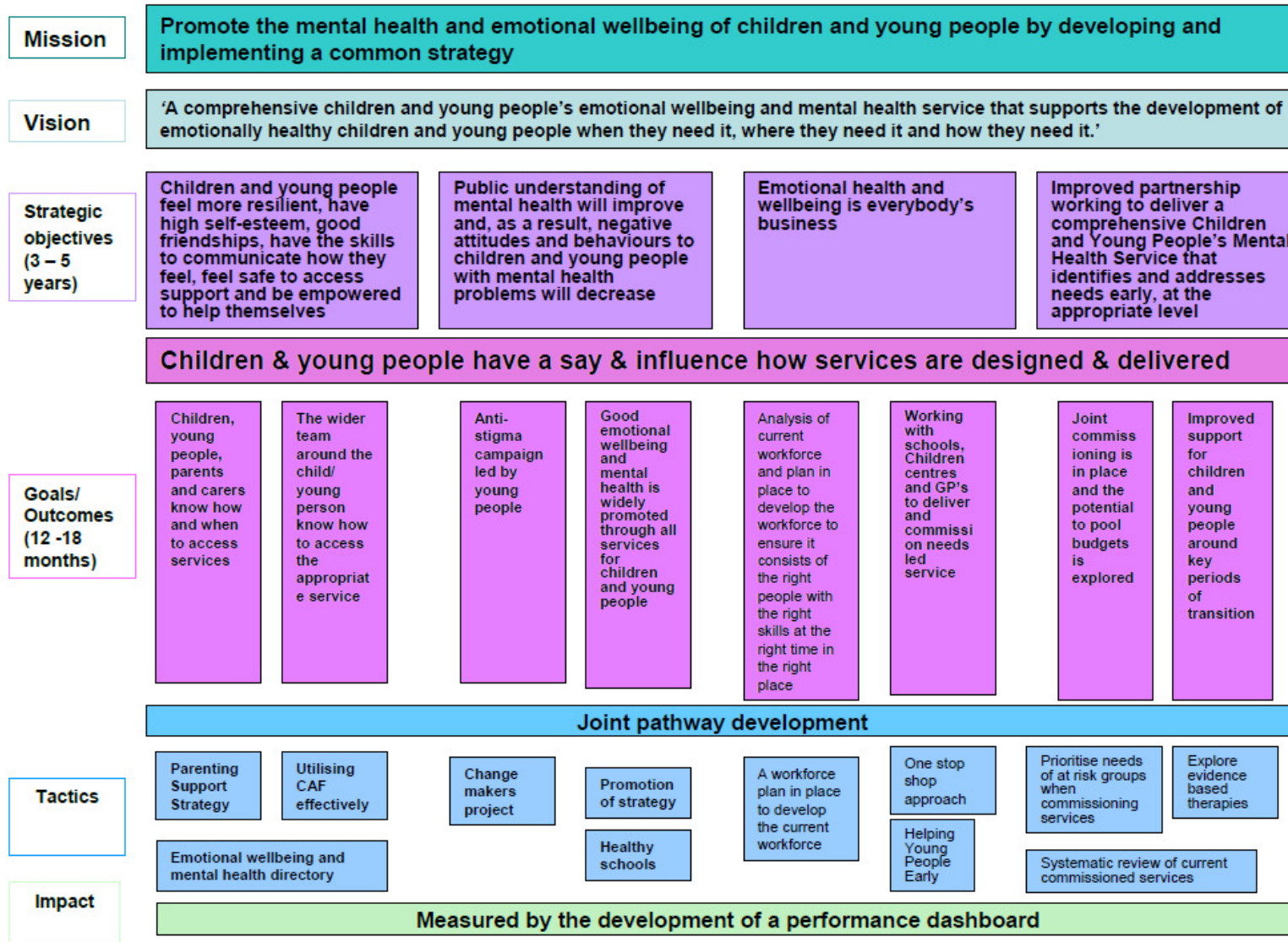
There are a number of general conclusions and recommendations that can be made as a result of the information provided within the Needs Assessment including:

- As 1:10 young people experience emotional or behavioural problems, this suggests there needs to be an increased focus on early intervention, particularly in universal services, with implications for the workforce in terms of awareness confidence and expertise in identifying and supporting children and young people at risk.
- A more detailed gap analysis may be required, to identify whether we have sufficient evidence based programmes in place for those who are identified as having a need for support before their condition becomes serious, both to improve outcomes and reduce long term costs to society arising from mental illness continuing into adulthood.
- Children and young people in Solihull are generally emotionally healthy, but there are inequalities identified in the needs assessment, particularly focusing on children living in the regeneration area of north Solihull, boys, who are at greater risk of mental ill health, and particular groups of vulnerable young people, including looked after children, disabled children and young people and young offenders. (See Fair Treatment Assessment Appendix C)
- There needs to be an increased focus on how we meet needs of young people 14-25, particularly around transition to adult services. Disabled children and young people 16-24 appear to be most at risk.
- The crucial role of parents and carers in supporting the mental health of children and young people is highlighted in all research, suggesting that a focus needs to remain on supporting parenting from conception onwards, concentrating on those most at risk.
- There is insufficient local intelligence about the mental health needs of Lesbian, Gay Bisexual and Transgender young people.
- Access to services when needed has been prioritised by parents and young people, which suggests action is required to identify clear pathways to access specialist support from the most appropriate source, and joint commissioning to ensure a mix of provision across the levels of need.
- Both parents and young people have identified stigma as an issue, which suggests there needs to be more action to address barriers to access support before hitting “rock bottom” and a more “positive press” for mental health.

- To ensure children and young people are safeguarded the Strategy will need to support the priorities identified through the Local Safeguarding Children's Board specifically around suicide prevention and sexual exploitation
- As highlighted through the stakeholder engagement, the gap that exists between those services that currently deliver universal support and those that deliver health diagnosis/ therapy work needs to be addressed
- The stakeholder engagement also highlighted the crucial role that parents and carers play in supporting their children and young people's emotional wellbeing and the need to ensure that parents and carers feel able to support their children and young people via training

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3.2. Our Strategy Overview



3.3 Measures of Success

One action that has resulted from the development of this strategy is to agree with partners that we need a performance dashboard utilising existing information and feedback from consultation as outlined below.

Children and young people feel more resilient, have high self esteem, good friendships, have the skills to communicate how they feel, feel safe to access support and are empowered to help themselves (Examples of measures include Health Related Behaviour Questionnaire (HRBQ), Strengths and Difficulties Questionnaire and other qualitative measures of specific services)

Parents and carers feel better able to support their children (Measured by Ask Parents Questionnaire and other qualitative measures of specific services)

Mental health and wellbeing needs are identified and addressed early, at the appropriate level, supported by clear pathways (Measured by referrals to Children and Adolescent Mental Health Services (CAMHS) and HRBQ)

Improved partnership working to deliver a comprehensive Children and Young People's Mental Health Service (Measured by a baseline audit to see if children and young people report a more joined up pattern of provision)

A comprehensive Children and Young People's Mental Health Service delivered by a confident and competent workforce (Measured by a baseline audit and follow-up questionnaire)

Needs of at risk groups prioritised when commissioning services (Measured by outcomes monitoring of SLA's and contracts)

Robust impact measures for commissioned services demonstrate outcomes for individuals and groups (Measured by outcomes monitoring of Service Level Agreement's (SLA) and contracts)

Feedback from stakeholders regarding their experiences of services (Via Stakeholder and Engagement Event)

Section 4: Engagement and Ownership

4.1 Local Consultation

Local Consultation

Consultation events were held in January 2011 with key stakeholders including practitioners, commissioners, parents and young people. The purpose of these events were to ask stakeholders what is working well in Solihull and what needs improvement with regards to emotional wellbeing and mental health services. At a half day event, young people presented their feedback around their experience of services and their ideas of a good service which included: flexible services, regular contact, confidentiality, professionals working together, access to services when needed and positive press for mental health.

All stakeholders then participated in a 'World Café' style session where they considered a number of key questions. The key themes that arose were:

1. The accessibility of services and pathways into services
2. Taking a family approach to issues using existing processes and systems such as CAF
3. Mental health is everybody's business and the Strategy should be something everyone signs up to
4. Early intervention is essential
5. Parenting programmes and courses were seen as a key support mechanism
6. The need for a one stop shop in a non-health setting where young people can access the support they need
7. Promotion around mental health to challenge the stigma attached
8. Young people are vulnerable at key transitions between school and services
9. Services need to be needs led
10. Partnership working is essential recognising that this includes parents
11. A common language is needed so we understand each other
12. Equitable access to services throughout the Borough
13. 'At risk' young people being prioritised

4.2 Ongoing Involvement

Ongoing consultation has also been carried out with young people who are part of a CAMHS Group in both the North and South of the Borough while developing this Strategy. At these groups there appears to be a stark contrast between the needs and support required of those in the North and South of the Borough. Young people in the North felt that they would have to 'hit rock bottom' before they would talk to a professional and even then it would only be through force not because they chose to do so. They also seemed to only talk about extreme feelings, going from being happy to being suicidal. On the other hand, young people in the South seemed much more aware of their own issues and where they could go to access services. They also did not seem averse to accessing support in the same way as young people in the North seemed to be.

This contrast needs to be explored more fully in order to understand the factors and barriers associated with accessing the right support at the right time, and the continued involvement of children and young people in the design and evaluation of services is a key priority for this strategy.

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Section 5: Financial Overview

5.1. National context

Costs of different mental disorders across the life course

- **Mental illness during childhood and adolescence** results in UK costs of £11,030 to £59,130 annually per child.
- **Conduct disorder:** Lifetime costs of a one year cohort of children with conduct disorder (6% of the child population) has been estimated at £5.2 billion⁸⁵. Cost of crime attributable to adults who had conduct problems in childhood is estimated at £60 billion a year in England and Wales, of which £22.5 billion a year is attributable to conduct disorder and £37.5 billion a year to sub-threshold conduct disorder.
- **Depression:** Total annual costs of depression in England in 2007 were £7.5 billion, of which health service costs comprised £1.7 billion and lost earnings £5.8 billion.⁸⁷ However, this does not include informal care or other public service costs. It has been estimated that lower productivity accounts for a further £1.7–£2.8 billion and human costs for another £9.9–£12.4 billion, bringing the total annual cost of depression to £20.2–£23.8 billion a year.
- **Anxiety:** Health service costs of anxiety disorders in 2007 were £1.2 billion. The addition of lost employment brings the total costs to £8.9 billion.
- **Medically Unexplained Symptoms:** Annual NHS cost of MUS in England amount to £3.1 billion (2008/9) with a further £5.2 billion in lost productivity and £9.3 billion reduced quality of life.
- **Schizophrenia:** Total costs of schizophrenia were approximately £6.7 billion per year in England in 2004–05. Cost of treatment and care was £2 billion, annual costs of welfare benefits were £570 million and the cost to families of informal care and private expenditure amounted to £615 million. Costs of lost productivity due to unemployment, absence from work and premature mortality were £3.4 billion.
- **Dementia:** Total annual UK costs of dementia are £17 billion. Accommodation accounted for 41% of the total, health services eight per cent, social care services 15% and estimated costs for informal care support and lost employment 36%. Numbers with dementia in England are predicted to rise from 680,000 in 2007 to 1.01 million people by 2051. Long-term care for older people with cognitive impairment in England could rise from £5.4 billion to £16.7 billion between 2002 and 2031.
- **Smoking:** Annual direct cost of smoking to the NHS is £5.2 billion⁹⁶ with smoking responsible for 462,900 hospital admissions in 2008/9.⁹⁷ Almost half of total tobacco consumption is by those with mental disorder.
- **Inequality:** Annual cost of inequality in England has been estimated as £56-68 billion.

*Source: No health without mental health: A cross-Government mental health outcomes strategy for people of all ages (Supporting document – The economic case for improving efficiency and quality in mental health)

5.2 Local Context

At the time of writing this strategy, funding for services, including the spectrum of services across emotional health and well being have either been reduced or have stayed the same because of the reduction in public spending announced in the Comprehensive Spending Review in 2010. While in recent years the local authority has had specific grants to support emotional health and well being, for example Targeted Mental Health in Schools grant, the Parenting Grant, and The Family Intervention Grant, these grants are now at an end, and there are currently significant pressures on budgets across all services. Below is an attempt to map current spending but resource may need to shift to address priorities.

In the financial year 2010/11 Solihull PCT is commissioning CAMHS from Heart of England Foundation Trust (HEFT), with just over £1,000,000 funding for core CAMHS delivered in the main through Northbrook and Chelmsley Wood Primary Care Centre, £266,000 funding for psychotherapy and psychology for children under 5, and £200,000 to fund the intensive outreach service (ICOS), which aims to prevent or reduce hospital admissions.

These targeted services funded through core CAMHS aim to provide assessment and treatment for children and their families where the child is presenting with a mental health difficulty, and also covers the Eating Disorder Service, the Self Harm Service, and Solihull Approach training for social workers working with foster carers and adoptive parents.

The local authority commissions some specialist services for looked after children from HEFT; the LAATCH service, to promote the mental health of looked after and adopted children at a cost of approximately £157,000 a year from its CAMHS Grant and from core budget, and a specialist treatment foster care service (CHESS) to prevent children with very complex needs from going into residential placement at a cost of approximately £940,000 per year. These services are being reviewed in 2011/12.

There is also investment in comprehensive CAMHS services through the local authority's CAMHS grant and through the Extended Services grant, which has been used over recent years to support early intervention and prevention services by promoting and supporting mental health and psychological wellbeing through; support and advice to front line practitioners such as health visitors and school nurses; parenting programmes such as Understanding Your Child's Behaviour and Mellow Parenting; training in the Solihull Approach; mentoring of Child and Family Support Workers. The investment in 2010/11 was approximately £250,000. These services are being reviewed in 2011/ 12.

There are other services in the local authority which support emotional health and wellbeing, including services provided in Education Psychology Service, the Emotional, Social, Behavioural Difficulties Team in SISS, and resources through Social and Emotional Aspects of Learning and the Personal Social Development Team in Learning and Achievement Division which primarily support emotional wellbeing and mental health in schools.

There are also resources in the local voluntary and community sector focussed on emotional wellbeing and mental health which contribute to the overall provision of services to meet specific local needs.

Section 6: Summary and next steps

[To be added following consultation]

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