

# Rapid Needs Assessment: Children and Young People's Mental Health

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Blackpool Council



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# Blackpool Children and Young People's Mental Health Rapid Needs Assessment

## Introduction

### *Purpose*

This document provides an overview of the mental health needs of children and young people living in Blackpool. The contents will be used to help inform Blackpool Children and Young People's Mental Health Group.

### *Background*

Mental health can impact on all areas of young people's lives – how they feel about themselves and others, their relationships and their psychological and emotional development. Poor mental health underlies many risk behaviours, including smoking, alcohol and drug misuse and higher-risk sexual behaviour.<sup>1</sup> Being mentally healthy helps people to realise their potential, gives them strength to cope with change, overcome challenges and adversity and make a positive contribution to their community.<sup>2</sup>

One in 10 children aged between 5 and 16 years experiences a mental health condition, and many continue to have a mental health condition into adulthood.<sup>3</sup> Half of those with lifetime mental health conditions first experience symptoms by the age of 14, and three-quarters before their mid-20s.<sup>4</sup> Conditions most frequently experienced in adolescence include anxiety and depression, eating disorders, conduct disorder, attention deficit and hyperactivity disorder (ADHD) and self-harm.<sup>5</sup> Many of these conditions are preventable and early intervention can mean that children and young people get the right support at the right time to prevent them reaching crisis point.

### *Scope*

This needs assessment will focus on the mental health needs of children and young people aged 0 to 25 where data allows. The last needs assessment on a similar topic area was carried out in 2010 (Blackpool Child and Adolescent Mental Health Services Needs Assessment). This rapid needs assessment will review data available currently and help identify areas where there is potential for further work on prevention and early intervention.

## Methodology

This rapid needs assessment will use existing national and local intelligence, data from local surveys and information on services where available.

## Population

The resident population of Blackpool is approximately 140,000 – an estimated 31,900 of those are aged 0-19 which is 23% of the population, lower than the England average (24%). Projections show numbers of young people will remain stable over the next 7 years, after which they are projected to fall.

## Levels of needs

### *Prevalence of mental health conditions*

Conditions can be grouped into four types:

- Emotional disorders – e.g. anxiety disorders, depressive disorders, mania and bipolar affective disorder;
- Behavioural (or conduct) disorders – repetitive and persistent patterns of disruptive and violent behaviour;
- Hyperactivity disorders – characterised by inattention, impulsivity and hyperactivity;

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<sup>1</sup> Royal College of Psychiatrists Position Statement PS4 (2010)

<sup>2</sup> World Health Organisation (2005) Promoting Mental Health; Concepts, emerging evidence and practice.

<sup>3</sup> Green h, McGinnity A, Meltzer h et al. (2005) Mental Health of Children and Young People in Great Britain, 2004. Basingstoke: Palgrave Macmillan.

<sup>4</sup> 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 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.

<sup>5</sup> Association for Young People's Health: Key data on young people 2017 <http://www.ayph.org.uk/keydata2017/Chapter6.pdf>

- Other less common disorders – e.g. autistic spectrum disorders, eating disorders and tic disorders.

**Table 1:** Estimates of the number of children and young people in Blackpool with specific mental health conditions<sup>6</sup>

Condition	Age Group	Number	Percentage of Population in Age Group	Percentage of Population in Age Group for England
Emotional	5-16	732	4%	3.6%
Conduct	5-16	1,177	6.4%	5.6%
Hyperkinetic	5-16	316	1.7%	1.5%
Eating disorders*	16-24	2,060		
Autistic spectrum* disorder	16-24	2,153		

\*The number is estimated by applying the same national prevalence percentage to all areas. It makes no adjustment for local characteristics

Major surveys of the mental health of children and young people in England were carried out in 1999, 2004, and 2017. The estimates above were calculated using data from the 2004 survey and adjusted for age, sex and socioeconomic classification.

Results of the most recent Mental Health of Children and Young People in England survey<sup>7</sup> were published in 2018. Information was collected from 9,117 children and young people between January and October 2017, with 4,000 of these aged 11-19. Young people and their carers completed standardised tools that measured disorder as specified in the International Classification of Disease (ICD-10) diagnostic criteria. The results showed that:

- One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017;
- Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%). Higher rates were found in girls (10.0%) than boys (6.2%). Anxiety disorders (7.2%) were more common than depressive disorders (2.1%);
- Rates of mental disorders increased with age. 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds. Caution is needed, however, when comparing rates between age groups due to differences in data collection;
- Data from this survey series reveal a slight increase over time in the overall prevalence of mental disorder in 5 to 15 year olds (the age-group covered on all surveys in this series). Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017;
- Emotional disorders have become more common in 5 to 15 year-olds – going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017. This increase was evident in both males and females;
- All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999. Conduct disorder was higher in boys (5.8%) than girls (3.4%), as was hyperactivity disorder (2.6% for boys, compared to 0.6% for girls).

Local estimates based on the 2017 survey are not yet available, though we can surmise that estimated rates of emotional disorders will likely increase.

<sup>6</sup> Public Health Outcomes Framework Children and young people’s mental health and wellbeing profile <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cvpmh/>

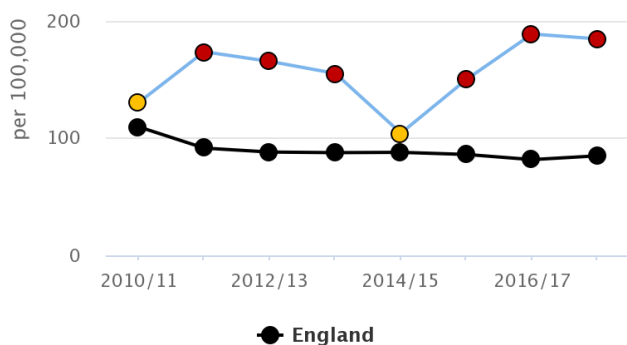
<sup>7</sup> NHS Digital (2018) Mental health of children and young people in England <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

### Hospital admissions for mental health conditions

Locally, across Blackpool, 53 young people aged 0-17 years were admitted to hospital with a primary diagnosis of mental and behavioral disorders in 2017/18 - a rate of 184.3 per 100,000 population, over 2 times the national average of 84.7 per 100,000 and the second highest rate in the country.<sup>8</sup>

From a low admission rate in 2014/15 (similar to the national average) rates have risen and are again significantly higher than average.

**Figure 1: Rates of hospital admissions for mental health conditions for young people aged 0-17 (per 100,000 population)**

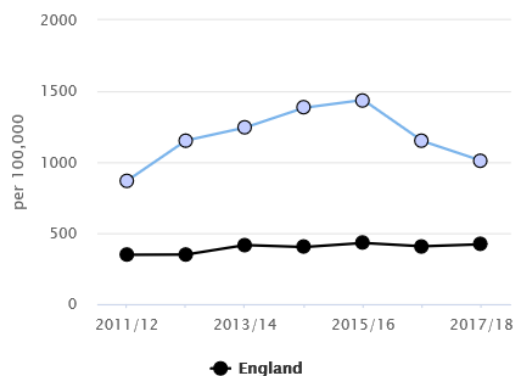


Source: PHE Profiles, Child and Maternal Health, Healthcare use

### Self-harm

Self-harm in itself is not a psychiatric disorder but is a sign of mental distress. Engaging in self-harm can be a maladaptive coping mechanism, as a young person may use it as a way of coping with distressing feelings.<sup>9</sup> Nationally, the rate of young people being admitted to hospital as a result of self-harm is relatively stable. The trend across Blackpool has been significantly higher than the national average for a number of years and peaked in 2015/16 with 349 admissions, a rate of 1,438 per 100,000 pop, more than 3 times the national average. The last couple of years has shown a decline with 234 admissions in 2017/18, which is a rate of 1,009.6 per 100,000 compared to 421.2 nationally.

**Figure 2: Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 pop.)**



Period	Count	Value	Lower CI	Upper CI	North West region	England
2011/12	218	868.0	756.4	991.3	423.9	347.4
2012/13	292	1,152.2	1,023.7	1,292.4	433.0	348.9
2013/14	312	1,243.5	1,109.2	1,389.6	515.2	415.8
2014/15	341	1,382.9	1,239.9	1,538.0	514.5	401.9
2015/16	349	1,438.0	1,290.9	1,597.2	520.4	430.5
2016/17	273	1,148.6	1,016.3	1,293.3	473.5	407.1
2017/18	234	1,009.6	884.4	1,147.6	488.8	421.2

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

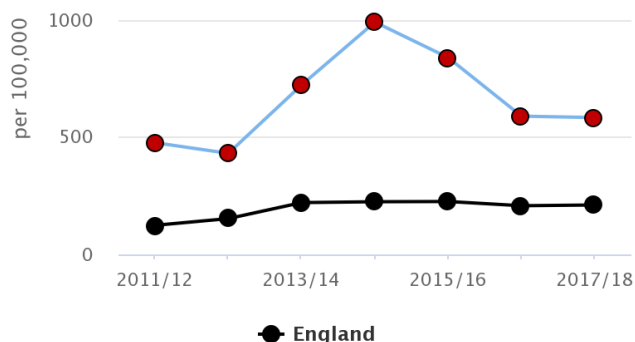
Source: PHE Profile, Children and Young People's Mental Health and Wellbeing

<sup>8</sup> PHE Profiles, Child and Maternal Health, Healthcare use

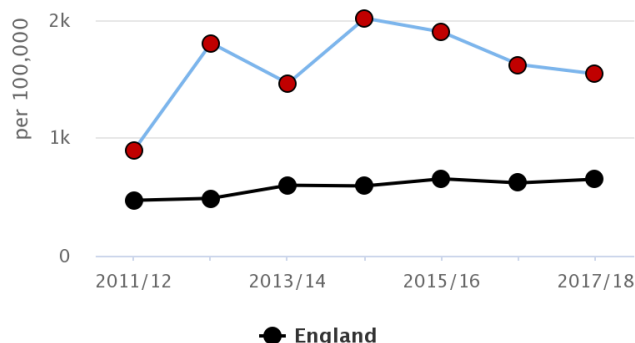
<sup>9</sup> Royal College of Psychiatrists. Self-harm, suicide and risk: helping people who self-harm. College Report CR158, June 2010

Half of admissions for self-harm in 2017/18 were in the 15-19 age group (117), followed by those aged 20-24 (73, 31%) and those aged 10-14 (44, 19%).<sup>10</sup> The figures below show trends in rates of admissions for these age groups for Blackpool and England.

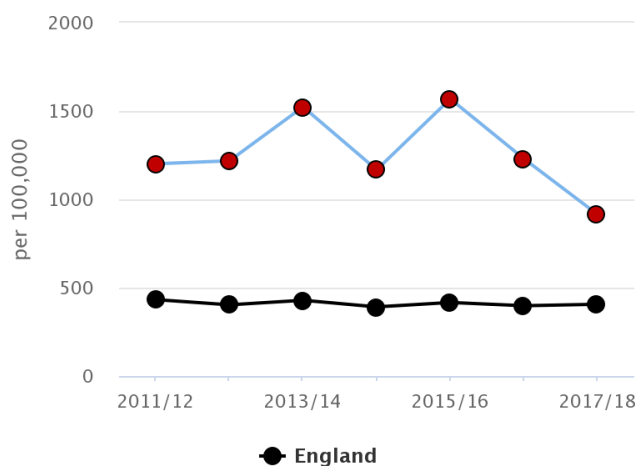
**Figure 3: Rates of hospital admissions as a result of self-harm 10-14 years (per 100,000 population)**



**Figure 4: Rates of hospital admissions as a result of self-harm 15-19 years (per 100,000 population)**



**Figure 5: Rates of hospital admissions as a result of self-harm 20-24 years (per 100,000 population)**



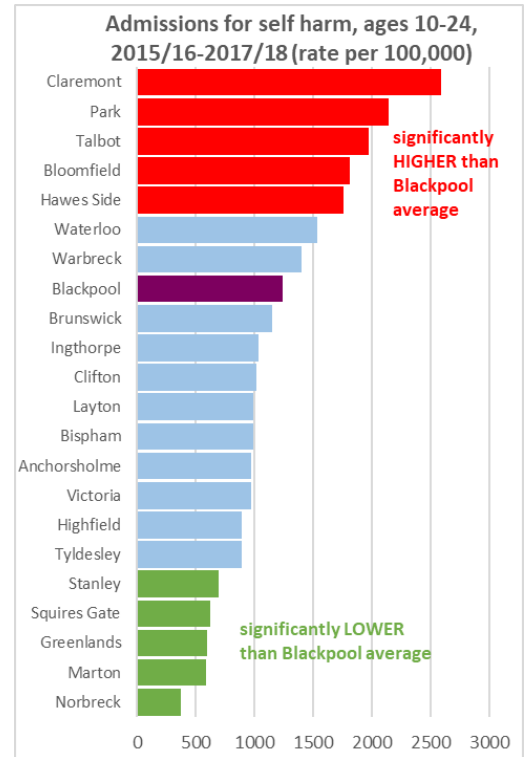
<sup>10</sup> PHE Profile, Children and Young People's Mental Health and Wellbeing, Identification of need <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/4/qid/1938133090/pat/6/par/E12000002/at/102/are/E06000009/iid/92796/age/5/sex/4>

## Admissions by ward

Local analysis of Hospital Episode Statistics shows the wide variation in admissions for self-harm across Blackpool. Admission rates are 7 times higher in Claremont (2,587.4 per 100,000) than in Norbreck (367.9 per 100,000). We already know that Blackpool has significantly higher admission rates than the national average; however even within Blackpool, the 5 wards of Bloomfield, Claremont, Hawes Side, Park and Talbot have significantly higher rates than the town average. Over the 3 year period, 2015/16-2017/18 there were 859 admissions for self-harm across Blackpool. Almost half (46%) came from these 5 wards. Conversely, the 5 wards with the lowest rates only account for 10% of admissions.

Apart from Park, the other 4 wards with the highest rates of admission are in the central area of town and are among the most disadvantaged in Blackpool.

Across Blackpool, rates of self-harm admissions are over three times higher in females than males (age 10-24). Of the 234 admissions in 2017/18, 76% were female.

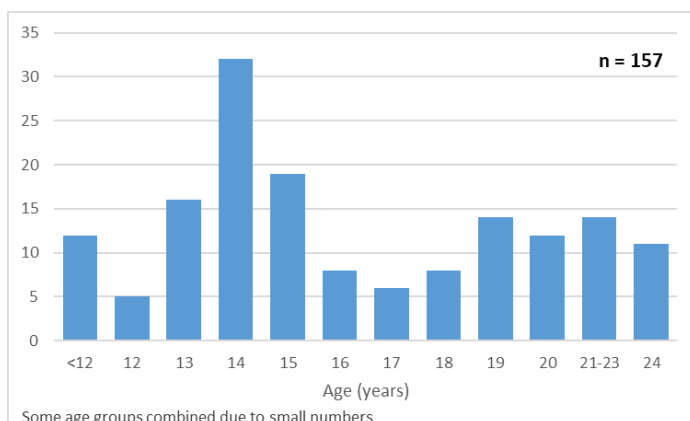


Data analysts from Blackpool Victoria Hospital were asked to search data for emergency department attendance due to self-harm. The limitations of this data are:

- Only one 'presenting complaint' is collected, which is the stated reason for attending i.e. the most immediately obvious complaint. There is a category for self-harm, which is the data provided below. It likely to underestimate service use due to self-harm as the presenting complaint is likely to be coded as the injury or overdose;
- The small numbers of patients extracted through this data mean that these finding must be interpreted with caution.

Data shows that 157 under-25 year olds presented at A&E with self-harm over a 12 month period finishing 7<sup>th</sup> December 2018.

**Figure 6:** Number of attendances by age



Age 13-15 was the peak age for self-harm attendances at Blackpool Victoria Hospital's emergency department. 67 (43%) of attendees under 25 were young teenagers and a fifth (32) were aged just 14 years. The audit information showed that younger children attended earlier in the day and older teenagers and adults were more likely to attend



overnight. Overall 40% (63) of attendees were admitted. Younger children were more likely to be admitted and 73% of the 13-15 age group were admitted. Only 2 of the 37 young adults ages 20+ were admitted.

The Blackpool Health Related Behaviour Survey (2017) was completed by 1248 children in years 8 and 10 and asked them how they coped when they had a problem that worried them or felt stressed.

In year 8, 4% (11) males and 4% (13) females responded that they 'cut or hurt myself' when feeling stressed. In year 10, these figures increased to 6% (18) males and 9% (21) females. In total 6% of children reported self-harm in response to stress.

In 2015, the same question was answered by 1165 children. Results showed that in year 8, 2% boys and 9% of girls responded that they 'cut or hurt myself'. In year 10, 2% of boys and 13% of girls reported that they 'cut or hurt themselves'. In total, 6% of children provided this response to the question.

### *Suicide*

The suicide rate for Blackpool for the period 2015-17 is 14.0 per 100,000 population (compared to 9.6 for England), which equates to 51 deaths, a decrease from the previous reporting period (15.9 per 100,000, 57 deaths). Eight of these deaths were in young people aged under 25, the majority of whom were over 19. Deaths from suicide are more prevalent in males - 22.2 per 100,000 compared to 5.9 per 100,000 for females.

The 2017 National Confidential Inquiry looked into suicide by children and young people aged under 25 – 922 suicides were examined. The main findings were:<sup>11</sup>

- The number of suicides increased steadily in the late teens and early 20s. 76% of those who died were male and the male to female difference was greater in those over 20;
- Academic pressures and bullying were more common before suicide in under 20s, while workplace, housing and financial problems occurred more often in 20-24 year olds;
- Bereavement was common in both age groups and suicide bereavement, i.e. the death of a family member or friend, was more common in the under 20s;
- 9% of under 20s who died had been looked after children. They had high rates of housing problems and suicidal ideas. Almost all had recent contact with at least one service but a third were not in recent contact with mental health care;
- 6% of under 20s and 3% of 20-24 year olds were reported to be lesbian, gay, bisexual, or transgender (LGB&T) or uncertain of their sexuality. A quarter of LGB&T under-20s had been bullied; most had previously self-harmed;
- Self-harm was reported in 52% of under 20s and 41% of 20-24 year olds who died, equivalent to around 200 deaths per year.

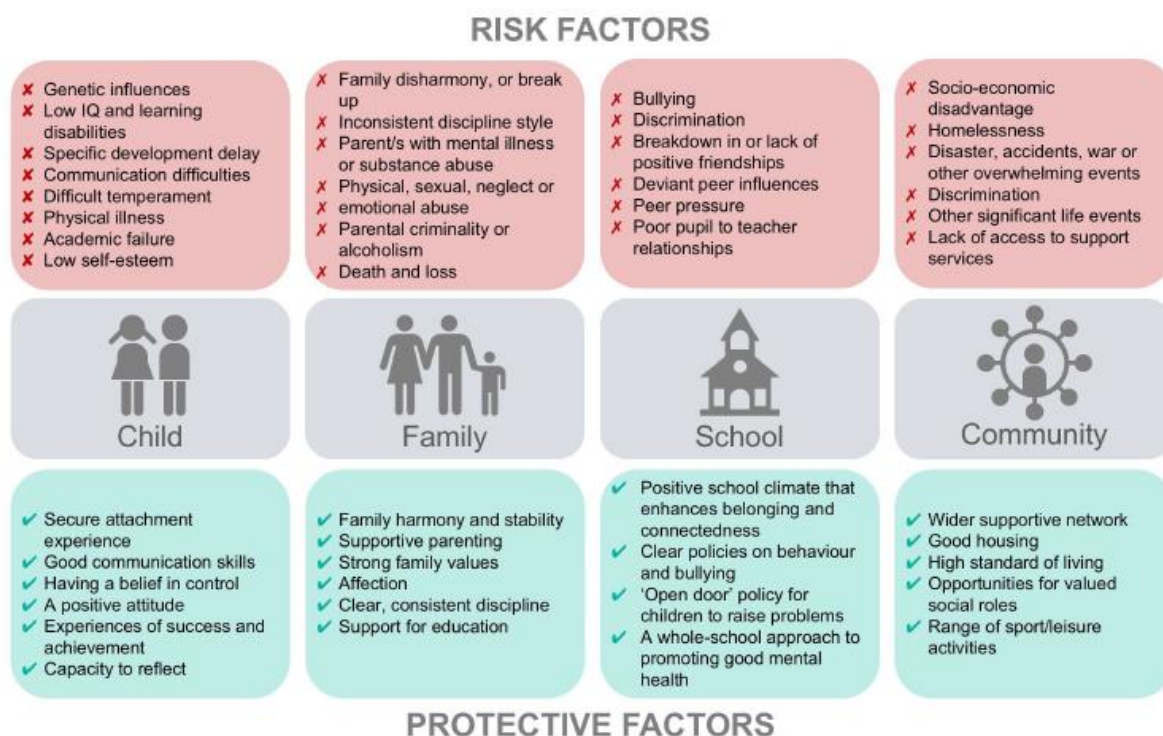
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<sup>11</sup> Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2017 <https://www.hqip.org.uk/wp-content/uploads/2018/02/8iQSVI.pdf>

## Risk Factors and Protective Factors

Figure 5 from Public Health England (PHE) shows some of the factors that can increase the likelihood of a child or young person experiencing a mental health condition, along with the protective factors associated with better outcomes that can help ameliorate risk. Risk factors have a cumulative and interactive effect. There is a large and growing body of research showing how adversity experienced in childhood can impact on future physical and mental health.

**Figure 5:** Risk and protective factors for children and young people’s mental health<sup>12</sup>



<sup>12</sup> Public Health England (2016) The mental health of children and young people [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575632/Mental\\_health\\_of\\_children\\_in\\_England.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf)

Tables 2-4 show how certain demographic, parental and wider factors can contribute to an increased risk of mental health conditions in children and young people.

**Table 2:** Demographic risk factors.<sup>13</sup> Children and young people that are treated unfairly and discriminated against because of who they are, are more likely to experience problems with their mental health, self-esteem and hopefulness about life.<sup>14</sup>

Factor	Degree of Risk	Blackpool Context
<b>Age</b>	<ul style="list-style-type: none"> <li>1 in 10 children aged 5-16 years has a diagnosable mental health problem</li> <li>50% of lifetime cases of diagnosable mental illness begin by age 14</li> </ul>	<p>Across Blackpool there are an estimated 1,902 children aged 5-16 years with a mental health disorder, 732 with an emotional disorder, 1,177 with a conduct disorder and 316 with a hyperkinetic disorder.</p> <p><i>Source: PHE Child and Young People's Mental Health and Wellbeing Profile</i></p>
<b>Gender<sup>15</sup></b>	<ul style="list-style-type: none"> <li>Girls and young women are more likely to have depressive disorders and anxiety disorders</li> <li>High levels of self-harm are evident among girls and young women in particular</li> <li>Gender-based violence severely impacts on the mental health of girls and women at individual and population levels</li> <li>The majority of young people with eating disorders are female; there is also evidence that eating disorders are a particular concern for transgender young people</li> <li>Males aged 15–24 are more likely to die by suicide</li> <li>Conduct disorders are significantly more prevalent in boys</li> <li>Patterns of drug and alcohol use by young people indicate higher levels of dependence among males;</li> <li>Boys and young men are much more likely to be diagnosed with ADHD and autism</li> <li>Overall, boys up to 18 are more likely to have a mental disorder than girls. 10% of 5-10 year old boys and 5% of girls have a mental disorder and 13% of 11-16 year old boys and 10% of girls.</li> </ul>	<p>Across Blackpool, rates of self-harm admissions are over three times higher in females than males (age 10-24). Of the 234 admissions in 2017/18, 76% were female.</p> <p>Suicide rates are 3.5 times higher in males than females across Blackpool (all ages). Of the 51 suicides in 2015-17, 78% (40) were male.</p> <p>Across Blackpool patterns of drinking at secondary school level are similar in males and females, though there were more males than females aged under 18 in treatment services in 2017/18 (72% compared to 28%)</p> <p><i>Source: PHE, Public Health Outcomes Framework, SHEU Health Related Behaviour Survey 201, PHE, Young people - substance misuse commissioning support pack 2019-20 key data</i></p>
<b>Gender Identity</b>	<ul style="list-style-type: none"> <li>Transgender young people are disproportionately affected by depression, anxiety, self-harm and suicidality; their</li> </ul>	

<sup>13</sup> All tables adapted from Champs JSNA protected characteristics 9: Levels of mental health need in children

<sup>14</sup> Heads Together – Mentally healthy schools <https://www.mentallyhealthyschools.org.uk/risks-and-protective-factors/vulnerable-children/discrimination/>

<sup>15</sup> National Children's Bureau (2016) Gender and children and young people's emotional and mental health: manifestations and responses <https://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20evidence%20review%20-%20gender%20and%20CYP%20mental%20health%20-%20Aug%202017.pdf>

	<p>mental health is significantly undermined by transphobic victimisation</p> <ul style="list-style-type: none"> <li>• Transgender people aged under 26 are twice as likely to attempt suicide</li> </ul>	
<b>Ethnicity</b>	<ul style="list-style-type: none"> <li>• Prevalence rates of mental health problems vary with ethnicity</li> <li>• Nationally, prevalence in Black children aged 11-16 years is 14%, compared to 11.5% for White children</li> <li>• Prevalence is lower amongst Indian adolescents, approximately 3%</li> </ul>	<p>Blackpool has a significantly smaller percentage of ethnic minority groups compared to England. 3.3% of Blackpool's residents are classed as ethnic minorities compared to 14% in England.</p> <p><i>Source: Blackpool JSNA</i></p>
<b>Religion</b>	<p>Children and young people can be at risk of developing mental health problems if they experience discrimination as a result of their religion.</p>	
<b>Sexual Orientation</b>	<p>Lesbian, gay and bisexual people are at higher risk than heterosexual people of mental health problems, substance misuse and dependence, suicide, suicidal ideation and self-harm</p>	
<b>Children with a Disability</b>	<ul style="list-style-type: none"> <li>• Children with a disability have a 2-fold increased risk of emotional/conduct disorders</li> <li>• Children with a learning disability have a 6.5-fold increased risk of mental health problems, an increased risk of developing psychological problems, 2-fold increased risk of experiencing anxiety disorders and 6-fold increased risk of experiencing conduct disorders</li> <li>• People with Autistic Spectrum Conditions have high levels of additional needs, with 70% having at least one other mental of behavioural disorder and 40% having at least two disorders – most commonly anxiety, ADHD and Oppositional Defiant Disorder (ODD)</li> <li>• 1 IN 10 children have Medically Unexplained Symptoms (MUPS). This overlaps with long term conditions and can contribute to depression and anxiety.</li> </ul>	<ul style="list-style-type: none"> <li>• Blackpool has 3,367 pupils with special educational needs (SEN) within its schools, this is 17.9% of all pupils and compares to 14.4% nationally</li> <li>• There are 957 children with a learning difficulty known to schools, the rate of 50.4 per 1,000 children is higher than the national average of 33.9 per 1,000</li> <li>• In 2018 there were 206 children with autism known to Blackpool schools</li> <li>• A learning disability or physical disability was identified in 683 (27%) of cases referred to children's social care in Blackpool</li> </ul> <p><i>Source: PHE, Child and Maternal Health Profile; DfE, Characteristics of Children in Need, 2017/18</i></p>

**Table 3: Parental risk factors**

Factor	Degree of Risk	Blackpool Context
<b>Perinatal Mental Health</b>	<ul style="list-style-type: none"> <li>• Poor maternal health in pregnancy and during the post-natal period can have serious consequences for the health and wellbeing of the baby, as well as the mother and family</li> <li>• The most common perinatal mental health problem is post-natal depression</li> <li>• An estimated 10-20% of women are affected by mental health problems at some point in pregnancy or the first year after childbirth</li> </ul>	<ul style="list-style-type: none"> <li>• There are approximately 1,700 births per year in Blackpool</li> <li>• Estimated figures suggest that of the new mothers across Blackpool, there will be:               <ul style="list-style-type: none"> <li>✓ 5 with postpartum psychosis</li> <li>✓ 5 with chronic serious mental illness</li> <li>✓ 55 with severe depression</li> <li>✓ 175-260 with mild to moderate depression and anxiety</li> <li>✓ 55 with PTSD</li> <li>✓ 260-515 with adjustment disorders and distress</li> </ul> </li> <li>• Blackpool also has high rates of lone parents, young mothers, mental illness prevalence, domestic abuse, looked after children and children in need – all risk factors for poor perinatal mental health.</li> </ul> <p><i>Source: PHE, Perinatal Mental Health Profile</i></p>
<b>Parental Mental Illness</b>	<ul style="list-style-type: none"> <li>• Up to 18% of children in the UK live with a parent who has mental health condition</li> <li>• 33% to 66% of children whose parents have mental health problems will develop problems as a child or adult</li> <li>• Children whose mothers had mental health problems are more than twice as likely to develop emotional disorders</li> <li>• Children of depressed parents have a 50% risk of developing depression by age 20</li> </ul>	<ul style="list-style-type: none"> <li>• There is no local available data on the parental status of those people in contact with mental health services. However, Blackpool has higher than average rates of diagnosed depression and mental illness across the whole town</li> <li>• Central East neighbourhood which is characterised as having a younger population and the highest proportion of families with dependent children also has the highest rate of diagnosed depression in Blackpool</li> <li>• Blackpool has the highest rates of children in need in the country and 47% of referrals have mental health identified as a factor of the assessment. This compares to 43% nationally (the assessment info published does not state whether it is the child or parent affected).</li> </ul> <p><i>Sources: PHE, National General Practice Profiles; Blackpool JSNA <a href="#">Central East Neighbourhood Profile</a>; DfE, Characteristics of Children in Need, 2017/18</i></p>
<b>Parental Substance Misuse</b>	<ul style="list-style-type: none"> <li>• Parental substance misuse can lead to inconsistent and unpredictable parenting and mental and physical health problems in children.</li> <li>• Living with a parent with a substance misuse problem can result in the child developing behavioural problems, problem drinking and is associated with risk-taking behaviours</li> <li>• Around 30% of children under 16 live with at least one adult binge drinker and 22% with a hazardous drinker</li> </ul>	<ul style="list-style-type: none"> <li>• There are an estimated 836 adults with an alcohol dependency in Blackpool who live with children, 105 are in treatment (2014/15-16/17)</li> <li>• Met need is 13% in Blackpool compared to 21% nationally</li> <li>• Of the 1,594 children who live with adults who are dependent on alcohol, 186 (12%) are with adults in treatment</li> <li>• There are an estimated 706 drug users in Blackpool who live with dependent children, of whom 355 are in treatment (2014/15-16/17).</li> <li>• Met need in Blackpool is 50% compared to 52% nationally.</li> </ul>

	<ul style="list-style-type: none"> <li>It is not clear at what level of drinking parenting is impaired.<sup>16</sup></li> </ul>	<ul style="list-style-type: none"> <li>Of the 1,357 children estimated to live with a drug misusing adult, 747 (55%) are with adults in treatment.</li> </ul> <p><i>Source: PHE, Problem parental alcohol and drug use, a toolkit for local authorities</i></p>
<b>Domestic violence</b>	<ul style="list-style-type: none"> <li>Conflict in families and relationship breakdown can have detrimental effects on children and young people<sup>17</sup></li> <li>The NSPCC estimates that around 1 in 5 children have been exposed to domestic abuse and that children exposed to domestic violence are more likely to have behavioural and emotional problems<sup>18</sup></li> <li>National self-reported survey data shows that 17.5% of 11 to 17 year olds said they had been exposed to domestic violence<sup>19</sup></li> <li>Violence witnessed or experienced in the home can normalise violence in future relationships for both boys and girls</li> </ul>	<ul style="list-style-type: none"> <li>Domestic violence was identified as a factor in 64% (1,647) of children in need assessments in Blackpool. This compares to 51% nationally</li> <li>Across Blackpool there is a strong correlation between wards with high rates of alcohol related violence and high domestic violence incidence</li> <li>Domestic abuse rates in the town are over 2 times higher than the Lancashire average. There were 3,824 domestic abuse calls to police in 2016/17, a rate of 33.5 per 1,000 pop. compared to 14.6 per 1,000 in Lancashire</li> <li>Domestic violence is the most common factor identified at assessments of children in need</li> </ul> <p><i>Source: Lancashire Insight, MADE database, Oct 2018</i></p>
<b>Abuse and Neglect</b>	<p>Abuse and neglect in childhood are causally linked to mental and physical health outcomes, including the increased likelihood of mental illness, substance misuse and suicide.<sup>20</sup></p>	<ul style="list-style-type: none"> <li>There were 1,167 children in need in Blackpool due to abuse or neglect in 2018. The rate of 405.8 per 10,000 is significantly higher than the national average of 181.4</li> <li>Emotional, physical and/or sexual abuse was identified as a factor of a child's social care assessment 1,126 times during 2017/18</li> <li>Neglect was identified 424 times (an assessment may have more than 1 factor recorded)</li> <li>85 children were subject to a Child Protection Plan in 2018 due to neglect and 83 due to abuse</li> <li>174 children became 'looked after' by Blackpool Council due to abuse or neglect in 2018</li> </ul> <p><i>Source: PHE, Public Health Profiles; DfE, Children looked after in England including adoption: 2017 to 2018</i></p>

<sup>16</sup> Recovery Plus Journal (2018) Parental alcohol misuse and children <https://www.recoveryplusjournal.com/wp-content/uploads/2018/03/Recovery-Plus-Parental-alcohol-misuse-children.pdf>

<sup>17</sup> The Relationships Alliance Relationships, the missing link in public health <http://tavistockrelationships.ac.uk/images/uploads/Relationships-the-missing-link-in-public-health-report-from-the-Relationships-Alliance.pdf>

<sup>18</sup> NSPCC <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/domestic-abuse-facts-statistics/>

<sup>19</sup> NSPCC (2018) How safe are our children? Self-reported prevalence of abuse and neglect <https://learning.nspcc.org.uk/media/1067/how-safe-are-our-children-2018.pdf>

<sup>20</sup> Norman RE, Byambaa M, De R, Butchart A, Scott J, et al. (2012) The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis. <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001349>

<b>Child Sexual Exploitation (CSE)</b>	<p>Children who have been the victims of CSE had a 15.5-fold increased risk of minor depression as a child, 8.9-fold increased risk of suicidal ideation, 8.1-fold increased risk of anxiety, 5.5-fold increased risk of substance misuse, a 7.8-fold increased risk of recurrent depression as an adult and a 9.9-fold increased risk of adult PTSD</p>	<ul style="list-style-type: none"> <li>• During the year there were 318 Protecting Vulnerable Person (PVP) plans submitted in which CSE was recorded to be a factor. Throughout the year there were typically between five and seven children graded as being at a high risk of harm and therefore discussed in Multi-Agency CSE meetings</li> <li>• The nature of CSE in Blackpool is that there is no evidence of organised or group exploitation, grooming, trafficking or offending. The only established links are between victims and their mutual associations. Victims continue to primarily be aged between 13 and 15, with a greater number of girls than boys</li> </ul> <p>Source: <a href="#">Blackpool Safeguarding Children Board Annual Report 2017/18</a></p>
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**Table 4:** Wider risk factors

Factor	Degree of Risk	Blackpool Context
<b>Homelessness</b>	<ul style="list-style-type: none"> <li>• Young homeless people have twice the risk of depression</li> <li>• 27% have a diagnosed mental health condition, compared to 7% of non-homeless people</li> <li>• Young homeless people are at increased risk of suicide and substance misuse</li> </ul>	<ul style="list-style-type: none"> <li>• There were 19 households headed by an applicant aged 16-24 years accepted as eligible for assistance in 2017/18</li> <li>• Data from Blackpool Housing Options shows that in 2015/16, 313 families with children presented to Blackpool Council housing options as homeless or at risk of homelessness - of those families, 101 were actually homeless at time of presentation to services, only 35 families met the criteria for full support from the council; i.e. families with a connection to the local area, for whom homelessness has not been prevented and who do not have alternative sources of support or accommodation (e.g. family)</li> <li>• In addition to those above, 212 families presented at risk of homelessness (within 28 days), all of whom were supported to prevent homelessness.</li> <li>• The number of rough sleepers in Blackpool varies between 10 and 15, although numbers are higher in the summer months. Of the 12 people recorded as sleeping rough on the streets of Blackpool in 2018, 2 were aged 18-25 years</li> <li>• The top reasons for homelessness in Blackpool reflect the sofa surfing in the town, with a higher proportion of exclusions by family and friends than the national average</li> <li>• Blackpool's housing stock is a critical driver of poor health: the large concentration of HMOs compounds already poor health</li> </ul> <p><i>PHE, Public Health Profiles; Min of Housing, community and Local Govt, Rough Sleeping in England, 2018; Blackpool Council <a href="#">Housing Strategy 2018 Building a Better Blackpool</a></i></p>

<b>Children in Care</b>	<ul style="list-style-type: none"> <li>Nationally, an estimated 45% of Children in Care have a mental health disorder</li> <li>Children in Care are nearly 5 times more likely to have a mental health disorder than all children</li> <li>They have a 6 to 7-fold increased risk of conduct disorder and 4 to 5-fold increased risk of suicide attempt as an adult</li> </ul>	<ul style="list-style-type: none"> <li>As at March 2018 there were 533 children being looked after by Blackpool local authority</li> <li>The Looked After Children rate of 185 per 10,000 children is the highest in the country, is almost 3 times higher than the national average of 64 per 10,000 and is 1.5 times higher than similar local authorities</li> <li>There is an increasing trend in the numbers of looked after children in Blackpool compared to a relatively static trend nationally</li> </ul> <p><i>Source: DfE, Children looked after in England including adoption: 2017 to 2018</i></p>
<b>Fostered and Adopted Children</b>	<p>Children adopted or fostered from care are likely to have experienced trauma or loss and have additional needs resulting from physical, emotional or mental health difficulties or disabilities.</p>	<ul style="list-style-type: none"> <li>36 formerly looked after children were adopted in the year ending 31/03/2018</li> <li>Of the children being looked after by Blackpool Council, 370 are in foster placements and 18 are placed for adoption. 56 are with family/friends</li> <li>247 (46%) of placements are outside the local authority boundary</li> </ul> <p><i>Source: DfE, Children looked after in England including adoption: 2017 to 2018 and underlying data table, CLA 2018</i></p>
<b>Young Offenders</b>	<ul style="list-style-type: none"> <li>Young offenders have a 3-fold increased risk of mental health disorders</li> <li>Approximately 95% of young people in detention have a mental health problem and 80% have more than one</li> </ul>	<ul style="list-style-type: none"> <li>There were 133 children (age &lt;18) in the youth justice system in Blackpool in 2017/18. 76% were male, 26% were aged under 15 years</li> <li>The youth offending rate of 11.0 per 1,000 pop. is double the national average of 5.4 per 1,000</li> <li>Youth offending rates are almost 5 times higher for young people aged 15-17 years (21.9 per 1,000) than in the under 15's (4.5 per 1,000). This is also the picture nationally</li> <li>While youth offending rates are falling nationally, in Blackpool the rates have remained static over the last 4 years</li> </ul> <p><i>Source: Ministry of Justice, <a href="#">Youth Justice Statistics 2017-2018</a></i></p>
<b>Not in Employment, Education or Training (NEET)</b>	<ul style="list-style-type: none"> <li>Being unemployed or not in training or education between the ages of 16---18 is a major predictor of later unemployment, low income, teenage motherhood, depression and poor physical health</li> <li>A Princes Trust study found that young people not in work aged 16-25 are less likely to be happy</li> </ul>	<ul style="list-style-type: none"> <li>In 2017 there were an estimated 580 (18%) 16-17 year olds in Blackpool not in education, employment or training (NEET) or whose activity is not known. This compares to 6% nationally</li> <li>Approximately half (49%) of care leavers aged 19-21 in Blackpool are NEET, compared to 39% nationally</li> </ul> <p><i>Source: PHE, Public Health Outcomes Framework; DfE, Children looked after in England including adoption: 2017 to 2018</i></p>
<b>Pupils with Special Educational Needs</b>	<p>Pupils with statements of Special Educational Needs have a 3-fold increased risk of conduct disorder</p>	<ul style="list-style-type: none"> <li>There were 3,592 pupils with SEN support or a statement/EHC Plan in schools in Blackpool as at January 2018</li> <li>This is 18.9% of the school population and compares to 14.6% nationally</li> <li>There are significantly more SEND pupils across Blackpool than the national average</li> </ul>



		<ul style="list-style-type: none"> <li>• Across Blackpool, speech, language and communication needs was the most common type of need overall at 27.1% in January 2018.=</li> <li>• 19.5% had social, emotional and mental health identified as the primary type of need across compared to 17.4% nationally</li> </ul> <p><i>Source: Blackpool JSNA, <a href="#">Special Educational Needs</a></i></p>
<b>Bullying</b>	<ul style="list-style-type: none"> <li>• Bullying is detrimental to physical and mental health and can pose a suicide risk</li> <li>• Generally, children who are bullied have one or more of the following risk factors: are LGB&amp;T, have a disability, are socially isolated, are perceived as being different to peers, or seen as weak, or are depressed, anxious, have low self-esteem, or have few friends</li> <li>• Children who are bullies tend to be either well-connected to peers and like to dominate or are isolated from others, anxious and depressed and do not have empathy with the emotions of others</li> </ul>	<ul style="list-style-type: none"> <li>• 23% of primary school pupils in Blackpool reported having been bullied in the previous 12 months. This is an increase from 21% in 2015</li> <li>• During the same period 22% of secondary school pupils also reported being bullied in the previous 12 months, a decrease from 25%</li> <li>• More girls (31%) reported being afraid to go to school because of bullying than boys (18%)</li> <li>• Appearance is perceived to be the most common reason for bullying<sup>21</sup></li> <li>• An estimated 56.5% of 15 year olds in Blackpool said they had been bullied in the past couple of months, 11.5% said they had bullied others. This compares with 55% and 10.1% respectively</li> </ul> <p><i>Source: SHEU Health Related Behaviour Survey 2017</i></p>
<b>Substance Misuse</b>	<ul style="list-style-type: none"> <li>• Alcohol misuse has links to depression, anxiety, personality disorders and psychosis. People may self-medicate with alcohol when they feel anxious or depressed</li> <li>• Drug misuse can increase the risks of developing psychosis, depression or anxiety. It can exacerbate symptoms of an existing mental disorder and can also trigger mental illness where there is an inherited family risk factor</li> </ul>	<ul style="list-style-type: none"> <li>• 5% of Year 6 pupils and 21% of Year 10 pupils in Blackpool have drunk alcohol in the previous week</li> <li>• The main reasons for drinking was to 'socialise and have fun'</li> <li>• 11% of secondary school pupils have ever used drugs, 5% in the previous month. 5% report taking drugs and alcohol on the same occasion</li> <li>• In the 3 year period 2015/16-17/18 there were 58 children (age &lt;18 years) admitted to hospital for alcohol misuse</li> <li>• The admission rate of 67.3 per 100,000 is 2 times higher than the national average of 32.9</li> <li>• Young women make up over two thirds of the admissions</li> <li>• 66 young people (aged &lt;25 years) in Blackpool were in contact with specialist drug and alcohol treatment services in 2017/18</li> <li>• Alcohol was cited by 30 young people as a problematic substance, drug misuse was mentioned by 55 young people. Cannabis is the main drug mentioned.</li> </ul> <p><i>Sources: PHE, Local Alcohol Profile; PHE, Young people - substance misuse commissioning support pack 2019-20 key data; SHEU Health Related Behaviour Survey 2017</i></p>

<sup>21</sup> YMCA, In Your Face, A report investigating young people's experiences of appearance-based bullying. February 2018

<b>Death and Loss</b>	Stressful events in childhood, such as separation from or loss of a parent through death, separation or divorce and incarceration can increase the likelihood of subsequent physical and mental health problems. <sup>22</sup>	National data estimates that around 39,000 children under-18 were bereaved of a parent in 2016, 5% or 1 in 20 16 year olds. <sup>23</sup> It is reasonable to assume that rates are higher in Blackpool as death rates locally are higher than average and have not been falling as quickly as elsewhere. <sup>24</sup>
<b>Socio-economic disadvantage</b>	<ul style="list-style-type: none"> <li>• Living in poverty can increase the risk of mental health problems<sup>25</sup></li> <li>• Having severe mental health problems is strongly related to parental education, parental occupation and family income</li> <li>• The income-related gradient in prevalence appears to have become steeper and is much steeper in children than among adults</li> <li>• The impact of poverty is felt throughout the life course. For children and young people this can mean basic needs are not being met, e.g. not having enough to eat, living in cold, damp housing, not having appropriate clothing</li> <li>• Children with poorer mental health are more likely to have lower educational attainment and there is some evidence to suggest that the highest level of educational qualifications is a significant predictor of wellbeing in adult life; educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources.<sup>26</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Blackpool is the 9th most deprived local authority in the country when ranked by income deprivation affecting children</li> <li>• There are approximately 6,855 children aged under 16 living in low-income families; 26.2% compared to 17% for England. These are children living in families in receipt of out of work benefits or tax credits where reported income is less than 60% of the median income for the UK (i.e. less than £17k per year)</li> <li>• Within Blackpool, there is some variation in levels of child poverty as measured by low-income families, however 30% of the LSOAs within Blackpool fall into the most deprived decile as measured by the Income Deprivation Affecting Children Index (2012 data). At ward level, the percentage of children (0-15 years) living in low-income families varies from 11.4% in Norbreck to 65.1% in Bloomfield<sup>27</sup></li> <li>• The average attainment 8 score describes attainment for young people at the end of key stage 4 (aged 15-16). The average score for Blackpool for 2017/18 was 39.8, the lowest in the country. For children in care (looked after continuously for at least 12 months to the end of 31<sup>st</sup> March), this score is 14.3</li> <li>• In 2017, 18% of 16-17 year olds were not in education, employment or training (NEET), compared to 6% for England, the 4<sup>th</sup> highest in the country.</li> </ul>
<b>Physical Health</b>	<ul style="list-style-type: none"> <li>• Poor health in childhood and adolescence can have a significant impact on overall life chances, with certain</li> </ul>	<ul style="list-style-type: none"> <li>• The rate of asthma-related admissions for under 19s is 418.3 per 100,000, the third highest in the country and significantly higher than the England average (186.4)</li> </ul>

<sup>22</sup> NHS Health Scotland Adverse Childhood Experiences <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces>

<sup>23</sup> Child Bereavement Network UK death and bereavement statistics (2016) <http://www.childhoodbereavementnetwork.org.uk/media/53767/Key-statistics-on-Childhood-Bereavement-Nov-2016.pdf>

<sup>24</sup> JSNA Blackpool Mortality <http://www.blackpooljsna.org.uk/Blackpool-profile/mortality.aspx>

<sup>25</sup> Elliott, I. (2016) Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy. London: Mental Health Foundation <https://www.mentalhealth.org.uk/sites/default/files/Poverty%20and%20Mental%20Health.pdf>

<sup>26</sup> PHOF Child Health Profiles Indicator definitions and supporting info <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/6/gid/1938133228/pat/6/par/E12000002/ati/102/are/E06000009/iid/93378/age/175/sex/4>

<sup>27</sup> Blackpool JSNA Child Poverty <http://www.blackpooljsna.org.uk/Developing-Well/Children-and-young-peoples-wellbeing/Child-Poverty.aspx>

	<p>unhealthy behaviours having medium to long-term impacts on health, for example, smoking<sup>28</sup></p> <ul style="list-style-type: none"> <li>• Children with long-term conditions are twice as likely to experience emotional problems or disturbed behaviour<sup>29</sup></li> <li>• There is strong evidence to suggest an association between obesity and poor mental health in teenagers and adults. Weight stigma increases vulnerability to depression, low self-esteem, poor body image, maladaptive eating behaviours and exercise avoidance. One systematic review showed that obese persons had a 55% increased risk of developing depression over time, whereas depressed persons had a 58% increased risk of becoming obese<sup>30</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Admissions for diabetes in the same age group is 79.1 per 100,000, compared to 55.1 for the England average</li> <li>• Admissions for epilepsy for under 19s is slightly higher than England (79.1 per 100,000 compared to 72.1)</li> <li>• 6.5% of children in need episodes involved identification of ‘child disability or illness’ as the primary need at assessment<sup>31</sup></li> <li>• Blackpool has the 4th highest proportion (13.4%) of 15 year olds who smoke in the country. At age 15, estimates of smoking prevalence at ward level range from 7.7% in Park to 19% in Bloomfield. At ages 16-17, almost a third (30.6%) of Bloomfield young people are smokers compared to 12.4% in Park.<sup>32</sup> Those who start smoking in their teens are much more likely to continue smoking as adults and become heavy smokers<sup>33</sup></li> <li>• In 2017/18, 327 children in year 6 were obese, a prevalence rate of 22.6%, higher than the previous year (21.1%). This is significantly higher than the national average of 20.1%. 548 (37.8%) of the children measured were either overweight or obese. This is higher than the previous year's figure of 34.3% and significantly higher than the national average<sup>34</sup></li> </ul>
<p><b>Low self-esteem</b></p>	<p>Low self-esteem can play a role in the development of a number of mental health conditions such as depression and anxiety.<sup>35</sup> Self-esteem and parenting styles or parental behaviours are closely related.<sup>36</sup></p>	<p>The Blackpool Health Related Behaviour Survey (2017) showed that:</p> <ul style="list-style-type: none"> <li>• 30% of boys and 26% of girls had high self-esteem scores</li> <li>• 7% of pupils had low self-esteem scores</li> </ul> <p>Results for the most recent survey will be available in July 2019.</p>

<sup>28</sup> PHOF <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/6/gid/1938133231/pat/6/par/E12000002/ati/102/are/E06000009/iid/91816/age/44/sex/4>

<sup>29</sup> Royal College of Nursing (2014) Mental health in children and young people

<sup>30</sup> National Obesity Observatory (2011) Obesity and Mental Health

<sup>31</sup> Department for Education (2018) Official Statistics: Characteristics of children in need: 2016 to 2017 <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2016-to-2017>

<sup>32</sup> JSNA Blackpool (2017) Tobacco use in children and young people: <http://www.blackpooljsna.org.uk/Developing-Well/Children-and-young-peoples-health/Tobacco-use-in-children-and-young-people.aspx>

<sup>33</sup> Public Health Matters (2016) Smoking in young people with mental health conditions – what do we know and what can we do? <https://publichealthmatters.blog.gov.uk/2016/12/12/smoking-in-young-people-with-mental-health-conditions-what-do-we-know-and-what-can-we-do/>

<sup>34</sup> JSNA Blackpool (2018) Childhood Obesity <http://www.blackpooljsna.org.uk/Developing-Well/Children-and-young-peoples-health/Childhood-obesity.aspx>

<sup>35</sup> Ontario Centre of Excellence for Child and Youth Mental Health (2011) The relationship between self-esteem and mental health outcomes in children and youth

[http://www.excellenceforchildand youth.ca/sites/default/files/resource/EIS\\_Self\\_Esteem\\_MH.pdf](http://www.excellenceforchildand youth.ca/sites/default/files/resource/EIS_Self_Esteem_MH.pdf)

<sup>36</sup> Zakeri, H. & Karimpour, M. (2011) Parenting styles and self-esteem

## What does this data tell us about the mental health of children and young people in Blackpool?

- Children and young people in Blackpool face particular challenges, especially those that are living in or have lived in difficult circumstances e.g. poverty, parental substance misuse
- Self-harm is a key issue – the high admission rates are an indication that a significant number of children and young people in Blackpool are experiencing distress and/or do not have the psychological coping skills they need. Self-harm data will be an underrepresentation, as there will be young people that do not present anywhere.
- There are clear differences in presentation between males and females and different age groups
- High rates of 'looked after children', 'children in need' and high admissions for self-harm may mean that statutory services may struggle to provide effective interventions to address the needs of these vulnerable young people

## What does this data not tell us?

- Figure 5 shows what factors are needed to protect children and young people from developing a mental health condition. Some of the assets in the town are outlined below but it is difficult to know whether those in need or at-risk are benefiting from them. Some children will have multiple risks e.g. they live in poor housing, have asthma and live with a parent with depression but they may have a significant number of protective factors to mediate their risk
- Hospital admission rates do not tell the whole story – issues with coding can mean that the picture is not clear or accurate and there may be many young people that do not present. 'Self-harm' in its broadest sense may also include risky behaviour, such as getting into fights, punching walls or running into traffic and this manifestation may be more likely in boys and young men, but this is not represented here
- There is a lack of local data on young people that are LGB&T and/or from ethnic minority groups

## Mental Health and Related Service Provision for Children and Young People

As part of the mental health services transformation work happening across Lancashire, services for children and young people's emotional health and wellbeing have been mapped against the THRIVE framework.<sup>37 38</sup> From this document, local statutory services have been identified in the three tables below.

Other provision includes support and activities for families with young children through nine children's centres and support and activities available through individual schools and colleges e.g. pastoral care, activities/programmes to build resilience, access to counsellors. There is also activity being delivered through two lottery funded programmes, [Better Start](#) and [HeadStart](#):

*Better Start*: The Better Start partnership is responsible for implementing services which families need for their children to be healthy, happy and ready to learn. Projects include:

- Dads engagement work e.g. FRED (Fathers Reading Every Day)

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<sup>37</sup> Wolpert, M. et al (2015) THRIVE elaborated Press CAMHS

<sup>38</sup> <https://www.healthyyoungminds.sc.co.uk/news-events/latest-cyp-new/thrive-model-lancashire-and-south-cumbrian-camhs>

- Parenting courses and programmes e.g. VIG (Video Interaction Guidance), Survivor Mums Companion and Mellow Dads
- Workforce development e.g. trauma informed care

*HeadStart:* Through HeadStart, Blackpool is initiating a Resilience Revolution. The Resilience Revolution aims for a sustainable, whole-system change to the town transforming systems to give people the right support at the right time and in the right place. Projects include:

- Friend for Life - matches Our Children with an adult friend
- Saddle up - equine and communication therapies
- Back on Track - keeps Our Children at risk of exclusion in mainstream school
- Moving on up 121 - individual wrap around support for moving from primary to secondary school
- Moving on up groups - group based support and co-production activities for transition from primary to secondary school
- Self-harm support - individual support for young people at risk of self-harm.
- VIG - video interactive guidance to support resilient therapies
- Walk and Talk - youth therapies outside of the traditional office environment
- Bounce forward - Year 5 wellbeing and resilience programme delivered in schools (delivery partner is Lancashire Mind)
- Academic resilience approach- pupil and staff resilience-focused audits and action plans including pupil resilience committees
- Resilient therapy training for council staff, local businesses staff and community groups.
- A range of youth engagement and co-production activities – digital group, research group, young executive group, junior park rangers Talbot and Brunswick group and campaign groups.

**Table 5: Self-referral statutory support for mental health**

<b>Service</b>	<b>CYP Age Group</b>	<b>Description</b>	<b>Types of presenting problems</b>	<b>Provider</b>
Health Visiting	0-5	Work with children and families to promote health and wellbeing from the antenatal period up to 5.	Perinatal mental health, sign-posting and self-management advice for parents. Some Health Visitors provide Behavioural Activation for parents with depression as part of a Better Start pilot.	Blackpool Teaching Hospitals NHS Foundation Trust
School Nursing	5-19	Public health nurses who specialise in child and adolescent health and cover all Blackpool primary and secondary schools and further education settings. Can work with families to provide support.	Self-harm, sign-posting and self-management for CYP and families.	Blackpool Teaching Hospitals NHS Foundation Trust

Youtherapy	11-25	Providing counselling, CBT (cognitive behavioural therapy), and EMDR (eye movement desensitisation reprocessing) plus drop in emergency support	Feeling anxious, unhappy, confused or angry. Thoughts of self-harm.	Blackpool Teaching Hospitals NHS Foundation Trust
Supporting Minds Improving Access to Psychological Therapies	16-25	Brief psychological interventions for mild – moderate conditions.  Therapy provided by a range of therapists including psychological wellbeing practitioners (PWWs), CBT therapists, Counsellors	Mild to moderate anxiety disorders and depression.	Blackpool Teaching Hospitals NHS Foundation Trust
Blackpool Young People's Service (BYPS)	10-25	Helps young people into employment, education or training. Help to reduce dependence on alcohol and/or drugs. Group and individual support for reducing sexual health risk.	Risky sexual behaviour, substance misuse.	Blackpool Council

**Table 6: Referral - Primary Intermediate Mental Health Services**

Service	CYP Age Group	Description	Types of Presenting Problems	Provider
Early Intervention Service (EIS)	14-25	Professional referral. EIS is based on the early detection of psychosis and evidence based interventions aimed at ameliorating the onset of significant mental illness. EIS comprises of two functions: First Episode Psychosis (FEP) and those at risk of developing psychosis.	The NICE Quality Standard [80] 'Psychosis and schizophrenia in adults' is that all suspected FEP's will be assessed and if accepted will receive a NICE recommended package of care within 14 days of referral.	Lancashire Care NHS Foundation Trust
Eating Disorder Service	16-25	Provide an outpatient service to the population of Blackpool and North Lancashire for complex presentations of eating disorders, supporting eating disorder interventions across other services.  Interventions provided include; Assessment and Care Planning and Therapy	Complex presentations of eating disorders.	Lancashire Care NHS Foundation Trust

Primary Intermediate Mental Health Team  (Provides the referral pathway to Single Point of Access)	16-25	Professional referral. Telephone triage assessment of more complex mental health presentations. Signposting to other mental health services, interface meetings undertaken, link working in neighbourhoods and access to psychological therapy and consultant psychiatrist. Outreach team offers specialist intervention in perinatal, families in need, autism and ADHD.	Assessment, treatment and support for patients with moderate mental health problems leading to more complex issues.  Advice support and signposting re: social inclusion.	Blackpool Teaching Hospitals NHS Foundation Trust and Blackpool Council
Child and Adolescent Mental Health Service (CAMHS)	0-16 (plans to extend to 19)	Professional referral. Specialist multi-disciplinary team providing assessment and a range of therapeutic interventions. Providing advice and consultation to other professionals.	Assessment and treatment for CYP with moderate to severe mental health problems. Offers a range of assessments and therapeutic interventions including 1-1 work, family therapy and group work.	Blackpool Teaching Hospitals NHS Foundation Trust
Children's Psychological Services Fylde Coast	0-16 (plans to extend to 19)	Professional referral to SPA following universal-level intervention. Presenting difficulties should be present across a range of settings.  Specialist uni-disciplinary Clinical Psychology Service providing assessment, formulation and a range of therapeutic interventions to CYP and/or their carers.  Providing advice, training and consultation to other professionals.	Emotional difficulties (e.g. anxiety, low mood, OCD, Panic), Behavioural difficulties associated with emotional distress, Complex relationship difficulties (e.g. Attachment, Separation difficulties), Trauma including PTSD, Psychological adjustment to chronic physical health difficulties, Psychological adjustment to developmental / neurodevelopmental difficulties	Lancashire Care NHS Foundation Trust
Children's Psychological Services - Children Looked After by Blackpool Council		Professional referral. Offer Psychological Consultation to Social Workers and other Staff working with children and young people who are Looked After by Blackpool Council  Provide Psychological advice and support to Foster Carers and Residential Staff regarding children and young people in the care of Blackpool Council. Provide Training sessions, alongside partner agencies, to Blackpool Foster Carers.	Types of referral considered: Request for psychological consultation to the social worker and/or professional network regarding the psychological and emotional well-being needs of a looked after child  Request for consultation regarding Assessment and Therapeutic support for a Child or Young Person (and their Carers), this would usually relate to complex and <i>persistent</i> problems with:	Lancashire Care NHS Foundation Trust

		Following initial Consultations, carry out specialist Assessment work and Therapeutic interventions for children and young people in the care of Blackpool Council	<ul style="list-style-type: none"> <li>• Interpersonal relationships in placement, community and school (not arising from a developmental concern, such as ADHD, generalised Learning Disability or Autism)</li> <li>• Problematic or distressing experiences from the past impacting on everyday life as evidenced by the child's behavioural and/or emotional presentation</li> </ul>	
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**Table 7: Urgent care/secondary mental health service**

Service	CYP Age Group	Description	Types of Presenting Problems	Provider
Child and Adolescent Self Harm Enhanced Response (CASHER)	0-25	Out of hours support in A&E. Shift times 5pm-10pm mon-fri, 10am-3pm sat and sun weekend clinic from 2pm-3pm every Saturday and Sunday Run a group for 10-16 yr olds every Tuesday from Talbot & Brunswick Family Centre, Gorton St, Blackpool from 6pm till 8pm	Thoughts of self-harm. Needs assessment following self-harm attempt	Blackpool Teaching Hospitals NHS Foundation Trust
Community Mental Health Team (CMHT) & Adult Mental Health Social Care	16-25	Assessment and support of patients with confirmed diagnosis, relapse of known mental health issues, significant social care statutory requirements, relapse of personality disorder leading to high risk behaviours.	Serious Mental Health problems, such as Bipolar illness and Psychosis. Clozapine & Depot treatments. After care for those that have been sectioned (section 117) and commissioned services including residential care. Focus on improving physical health and wellbeing, promoting social inclusion and vocational needs. Access community resources.	Lancashire Care NHS Foundation Trust and Blackpool Council



Crisis Home Treatment Team	16-25	Crisis assessment and treatment to prevent admission to inpatient services.	Adults whose coping mechanisms and resources have become overwhelmed by onset or relapse of a severe mental illness or through experiencing significant situational change. The crisis renders the individual / carer unable to safely manage the changed circumstances, presenting a significant risk to themselves or others, requiring an urgent specialist assessment of MH needs.	Lancashire Care NHS Foundation Trust
Mental Health A&E Liaison Team (Adult)	16-25 years	Specialist Adult Mental Health Services covering Blackpool, Fylde & Wyre providing an assessment and liaison service, 24 hours, 365 days a year.		Lancashire Care NHS Foundation Trust
Mental Health Decision Unit (MHDU) joint (LCFT & Richmond Fellowship)	18-25 years (16-17 year olds after discussion with senior management 1:1 support has to be provided)	The MHDU is available 24 hours, 365 days a year. Admission process is only via attendance at BVH A&E department and following triage by MH Liaison Triage Nurse. Admission to the MHDU is for a maximum stay of 23 hours and the 4 chairs are occupied by patients with mental health capacity and are agreeable to the stay. The MHDU allows time to reflect and carry out further assessment by providing a safe place for people to wait for an in-patient bed.	Access to MHDU is determined by the level of risk that the person has and if this can be managed within the facility. Provides an alternative for assessment for those who have attended the A&E department and supports people in emotional crisis with brief support planning, de-escalation, self- management and coping strategies.	Lancashire Care Foundation Trust/Richmond Fellowship
Criminal Justice Liaison and Diversion service	10-25	All age, all vulnerability service based in custody suites and magistrates courts throughout Lancashire providing a liaison and diversion service. Service operates 7 days per week, 365 days a year between the hours of 8am and 8pm (Blackpool only).	Those in contact with the youth or criminal justice systems as a result of being suspected of having committed a criminal offence are assessed and where appropriate, referred to appropriate treatment and intervention services.	Lancashire Care NHS Foundation Trust
Emergency Duty Team	0-25	Out of hours service 7 days per week providing support, advice for those in emergency situations.	Professionals and public can contact the team for support during emergency circumstances.	Blackpool Council
CAMHS Tier 4 in-patient provision - The Cove	13-18	18 bedded specialist inpatient unit for young people who are experiencing a variety of	The young people who access The Cove are often struggling with difficulties:	Lancashire Care NHS Foundation Trust

		mental health problems. These problems are usually complex.	<ul style="list-style-type: none"> <li>• in relationships with friends and family (past and present),</li> <li>• about their identities, their feelings about themselves and their hopes for the future,</li> <li>• coping with their experiences safely, in ways that leave those around them worried, they might come to harm (for example; self-harm, eating disorders and hearing voices).</li> </ul>	
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### Third Sector Provision for Children and Young People

The Blackpool Children and Young People's Mental Health Group has been formed as part of an effort to understand how third sector provision in Blackpool contributes to the mental health and wellbeing of children and young people and how this can be developed and link in more closely with statutory services. The services below are available free at the point of access.

Organisation	CYP Age Group	Description
Blackpool Carers Centre	5-18	Provides emotional and practical support for young carers.
Empowerment Charity – The Den		Children's Independent Domestic Violence Advisor (IDVA) service offers specialised emotional and practical support to children and young people affected by domestic abuse – one to one support, group/peer support, positive activities, support for schools.
Home-Start Blackpool, Fylde & Wyre	0-5 (in some areas up to 13)	One-to-one support for parents provided by volunteers, run family groups and social events
Streetlife	16-25	For vulnerable young people who may be homeless. Provides an emergency night shelter and day centre. Drop-in sessions, skills building, counsellor, volunteer mental health nurse. 'Be kind to your mind' programme – 12 week rolling programme.
Blackpool Football Club Community Trust	0-25	Run a number of programmes for children and young people of all ages, focusing on physical activity, but also summer camps, National Citizen Service programme, traineeship programme for 18-25 NEET and Reading the Game, a programme for disengaged pupils to help with literacy.
Blackpool Boys and Girls Club	8-25	Run a number of youth club sessions across the week, run some sessions in partnership with CASHER. Bowness Avenue, Mereside site: 1,876 young people aged 8-11, 1,210 aged 11-18

The Boathouse Youth	5-18	Have a presence in Bloomfield and Grange Park. Range of opportunities on-site throughout the year, also active in organising camping trips and canal residentials, accredited skills training for life/work.
UR potential	10-25	One to one work with LGB&T young people and also commissioned by the CCG to work with parents. Runs an art group and a girls group, which receives referrals from CAMHS, along with the 'breaking the cycle' mental health group.
Effective Pedagogy Solutions (EPS)	7-18	Various sites across the town, work with CYP key stages 2-5. Delivers informal education to a core curriculum. Commissioned by the constabulary to work with PCSOs, buy houses for apprenticeships, support schools in behaviour management and run youth clubs across the town.
Aspired Futures	?	For vulnerable children and young people in Blackpool. Delivers tailored services to support each child or young person in overcoming their personal challenges, offers various activities for children facing specific challenges.
Lancashire Mind	9-25	Deliver school's programmes – Bounce Forward, resilience programme for children aged 9-11 years. Delivered in the classroom as a 12-week programme or on an individual basis. Wellbeing Challenge works with young people to help them identify the health and wellbeing needs of their school and wider community and supplies them with the training, skills and support they need to build and deliver initiatives delivered by young people for young people. Wellbeing Coaches can work with people aged over 10 and Together Workshops to support families of children and young people who have accessed (or who are at risk of accessing) acute mental health services.
Fylde Counselling Service (YMCA Fylde Coast)	16-25	Person-centred face to face counselling by trained and trainee counsellors for mild to moderate mental health problems - stress, anxiety, relationship difficulties, bereavement, loss, depression, anger.
CASCADE (Trinity Hospice)	4-16	For CYP who are bereaved due to any cause of death, or who are living with, or helping to care for someone with a progressive, terminal illness. One-to-one counselling sessions are available and there is also a therapeutic bereavement group which runs three times a year for eight weeks. This group provides peer support and friendship alongside the therapeutic work.
Cruse Bereavement Care	17-25	Offers telephone and face to face support with bereavement-support volunteers
Aiming Higher		For disabled children and their families, set up to improve the children and families' lives and offer them support. Provide a five session stay and play programme, family support, short breaks and counselling services.
The Ashley Foundation	18-25	Provide accommodation for those that are homeless (3 local hostels), support services and basic skills training.
Barnardo's Blackpool and North Lancashire Project		Child Safety Service -Targeting families with young children who are identified as more likely to experience accidents in the home. Blackpool Floating Support - The service enables people of all ages and from any background who live within the Council boundaries to access and sustain independent accommodation. <a href="https://www.fydirectory.co.uk/kb5/blackpool/directory/service.page?id=5txcCONpUWk">https://www.fydirectory.co.uk/kb5/blackpool/directory/service.page?id=5txcCONpUWk</a>

Redeeming Our Communities (ROC) Blackpool		Provide volunteering opportunities and training in conjunction with Blackpool Coastal Housing
Groundwork/ Grow Blackpool	15-25	Run @the Grange, a community hub (all ages). Delivery partner for Invest in Youth programme for young people aged 15-24 – 1 to 1 support for young people who are unemployed or economically inactive.

### What does this information on services tell us?

- There are a significant number of statutory services that provide care for young people with mental health conditions
- There are a significant number of third sector organisations that provide activities for children and young people that may contribute to their mental health and wellbeing
- There are only a small number of examples where statutory mental health services are providing services in partnership with the third sector

### What does this information not tell us?

- It is not clear who is accessing what. There is access data for some services but some children and young people may be accessing multiple services. It is not clear whether children and young people that are at risk are accessing appropriate services or any preventative activities e.g. sport, youth work
- It is not clear how effective services are e.g. national IAPT (Improving Access to Psychological Therapies) data shows that recovery rates are lower for young people and people living in deprived areas – they are less likely than average to recover from their condition after psychological therapy<sup>39</sup>
- Children in care are a key group for intervention as they can be some of the most vulnerable in society. Blackpool Council has a leaving care service that work with a young person aged up to 21 and 25 if they stay in education or training. It is not clear how young people aged 21-25 who are no longer in education are supported
- It is not clear if/how the needs of males and females and different age groups are met – e.g. are there any specific gendered interventions being offered
- Young people may access services from school and other educational settings but we do not have this data

<sup>39</sup> House of Commons Briefing paper (2018) Mental health statistics for England <https://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf>