Joint Emotional Wellbeing and Mental Health Needs Assessment for Children and Young People in Surrey

December 2017

SURREY

Contents

1 Executive summary 4
2 Introduction 5
3 Context 6
3.1 Cost driver 7
4 Methodology 7
5 Population Needs 8
5.1 Existing / known risk factors 9
5.1.1 Children vulnerable and children in contact with Social Care 9
5.1.2 Domestic Abuse 11
5.1.3 Children and young people living in poverty 11
5.1.4 Substance Misuse 12
5.1.5 CYP experienced Bereavement 12
5.1.6 Children and young people of military families 12
5.1.7 CAMHS Transition into Adult Mental Health Services 12
5.1.8 Young Carers 12
5.1.9 Young People in the Justice System 13
5.1.10 CYP who are not attending schools 13
5.1.11 Bullying 14
5.1.12 Children with Special Educational Needs and Disabilities (SEND) 14
5.1.13 Black and Minority Ethnic (BME) children and young people 16
5.1.14 Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) 17
5.1.15 Perinatal ill health 18
5.1.16 Other risk factors 18
5.2 Emerging areas of need 18
5.2.1 Social Media 19
5.2.2 Behaviour / Social Emotional Mental Health 19
5.2.3 Impact of multiple disadvantages 20
5.2.4 Gender specific differences in EWMH needs 21
5.2.5 Premature Babies 23
5.3 Future trends 24
5.3.1 Growing population 24
5.3.2 More vulnerable children 24
5.3.3 More complex needs 24
5.3.4 Impact of technology 24
5.4 EWMH conditions 25
6 Current Offer 28

6.1 Feedback from service users and professionals 29
6.1.1 General 29
6.1.2 Local service users 30
6.1.3 Local – professionals 34
7 Gap analysis 35
7.1 Accessing CAMHS 36
7.2 Targeted support 37
7.3 Specialist support 38
7.4 Acute support 39
7.5 Approach underlying all levels 39
8 Findings 40
8.1 Existing and known areas of need 40
8.2 New and emerging areas of need 41
9 Appendix – overview of EWMH services in relation to need 43
10 Glossary 45

1 Executive summary

Importance of good EWMH in children and young people

Good emotional wellbeing and mental health (EWMH) allows children and young people (CYP) 'to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.' If children and young people have good mental health this 'creates the foundations for healthy behaviours and educational attainment. It also helps prevent behavioural problems…and mental health problems.'[i] However if a CYP has unmet EWMH needs this can have a negative impact on them. Their needs could further develop and become more complex or even develop to crisis point; furthermore if EWMH needs are not met the CYP may require support when they are adults. [ii]

Promoting good EWMH and preventing issues from escalating not only improves the likelihood and speed of recovery it can also be financially more cost effective. Public Health England estimates that every £1 invested in emotional resilience programs in schools has a £5 benefit realised over 3 years.

Level of need in population

There are 287,600 children and young people, aged 0-19 living in Surrey. It is estimated that 1 in 10 children and young people (CYP) have poor mental health and 70% of CYP have not had appropriate interventions at a sufficiently early age.[iii] This need for better access to services is evident in Surrey. In addition, Surrey is expecting to see a 14% increase in children aged between 10-14 years over the next five years. With a projected growth of Surrey's CYP population and greater awareness of the need for good emotional wellbeing and mental health there could be an increase in demand on child and adolescent mental health services.

A person can develop poor mental health and lower levels of resilience at any stage of their life, however key factors can increase the likelihood of a child or young people from experiencing poor mental health. The risk factors include, amongst other things, being vulnerable and in contact with social care (Looked After Children, Children in Need, Post Order, Care Leavers). It is estimated that 60% of Looked After Children and Care Leavers experience some form of EWMH need.

Findings

By researching the need of the population and setting that against the current offer, this report identified areas of good practice that responds to children and young people's needs. However, the report also found some areas of unmet needs that are either because of the current system not fully delivering, or because of wider social and technological developments and emerging academic evidence. Key findings include:

Existing and known areas of need	New and emerging areas of need

• At risk cohorts (Looked After Children, Care Leavers, children Post Order, sexually abused CYP, children with learning disabilities, vulnerable young people) – services are in place but need **improvement** to meet their needs
    • Access and waiting times (**particularly BEN pathway**).
    • Quality of service / outcomes
    • Communication and information for parents, families and CYP
    • Communication and awareness of professionals.
    • Integrated support and seamless pathways
• Parents and families tend to have **low confidence** in EWMH services due to negative experiences.
• **Risk factors that are known but not well monitored / reported on** (e.g. BME, LGBTQ, disabilities, children in need, young carers).
• Gaps recognised and being worked on include **Inpatient beds** closer to Surrey and **perinatal pathway.**
	• **Social media**. Including cyber-bullying and issues around body image, but also opportunities to improve CYP's access to information, guidance and services.
	• **Children in Need / multiple disadvantages.** Evidence of how the interplay of disadvantages impact on children's EWMH (esp. poverty, parental ill-health, crime and neglect).
	• **Growing recognised need around ASD / behaviour support**. Demand is growing fast and the new BEN pathway is not adequately meeting that need.
	• **Gender specific EWMH needs.** Research shows that teenage girls tend to have lower emotional wellbeing and are more prone to cyber-bullying, body image and self-esteem issues. Behaviour problems are more common amongst boys. Gender-neutral approaches to promoting children and young people's EWMH miss important aspects of their needs and experiences.
	• **Premature babies.** There is emerging evidence that low birth weight increases the likelihood of developing EWMH needs later on.

These findings will be taken forward to develop a joint commissioning strategy for children and young people's EWMH, across SCC and the CCGs. The commissioning strategy will aim to design a service offer that continues to deliver positive outcomes while improving and refocussing to meet identified needs.

2 Introduction

It is Surrey's vision that CYP are happy, healthy, safe and confident in their future. CYP who have good mental health are more resilient, more likely to have positive relationships, are physically healthier, achieve more educationally and have better social outcomes. This Needs Assessment will focus on Surrey's CYP 0-18 years (up to 25 years for SEND) and the types of need and provision of services that supports wellbeing and resilience from universal to acute services. The Needs Assessment will:

- Analyse and understand CYP and their carers/family's needs for good EWMH, including their experiences of EWMH services.
- Review the current EWMH services in relation to need with a specific focus on high risk groups.
- Forecast future changes in Surrey's CYP demographics and how these might affect the need for future EWMH provision.

- Demonstrate learning from existing practice and commissions in Surrey and in other areas (regionally and nationally) highlight any identified gaps in provision.
- Identify what more can be done to provide the right support in the right way at the right time.

The findings will then form the basis of developing a joint commissioning strategy with the CCG partners to improve outcomes around children and young people's EWMH.

3 Context

The importance of good emotional wellbeing and mental health in children and young people has been recognised nationally and locally. Government initiatives such as 'Future in Mind' and the NHS's 'Five Year Forward View' recognise the need to improve the mental health of CYP and achieve parity between physical health and mental health. With the Government due to publish its Green Paper on CYP's mental health in autumn 2017 CYP's mental health will remain a high priority and focus.

Transforming children and young people's mental health provision: a green paper (December 2017) the green paper is currently out for consultation however the general focus is on earlier intervention and prevention, especially in and linked to schools and colleges.[iv]

The proposals include:

- creating a new mental health workforce of community-based mental health support teams
- every school and college will be encouraged to appoint a designated lead for mental health
- a new 4-week waiting time for NHS children and young people's mental health services to be piloted in some areas[v]

Key ambitions in the NHS '**Five year forward view**' (2016) include:

- 7 day NHS (right time, right care, right quality) – fewer out of area placements for acute care, more community-based care
- An integrated mental and physical health approach
- Promoting good mental health and preventing poor mental health
    - prevention at key moments in life – timely access to high-quality MH care
    - creating mentally healthy communities – support housing, criminal justice system and ending stigma
- building a better future – better data to provide transparency

Future in Mind (2015) states that "We want [children and young people] to grow up to be confident and resilient so [they] can develop and fulfil these goals and make a contribution to society." In order to achieve this vision, the report outlines the following priorities:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

However, while nationally, it has become clear that CAMHS needs to be transformed, the level of government investment in EWMH is not proportionate to the level of demand that is being experienced. Nationally the demand for CYP's mental health services is rising and so are waiting times. On average CYP are waiting 26 weeks for their first appointment and up to 42 weeks to receive treatment.[vi]

Locally, Surrey has made a commitment which reflects national guidance that CYP and their families receive the right support, at right time and place to preventing issues from escalating. **Surrey County Council's Commissioning Intentions for Children in Surrey 2017-22** (Child First) identifies key factors which contribute to better commissioning outcomes for children, young people and their families/carers:

a. Strengths based, restorative and asset based practice
b. Primary prevention and universal provision
c. Early and Targeted interventions (Easy access to CAMHS Services so that children, young people, parents, carers and professionals can get help and support)
d. Integrated delivery models – where multi-agency professionals work alongside each other sharing processes, resources and information, provides more holistic support for children and families, and prevents them from having to tell their story multiple times.
e. CAMHS services are commissioned and co-designed collaboratively with children, young people and communities.

3.1 Cost driver[vii]

The case for promoting good EWMH and preventing issues from escalating is also driven by financial drivers. The cost of providing mental health support is estimated as:

- £5.08 per student – the cost of delivering emotional resilience program in school
- £229 per child – the cost of delivering six counselling or group CBT sessions in a school
- £2,338 – the average cost of a referral to a community CAMHS service
- £61,000 - the average cost of an admission to an in-patient CAMHS unit

Not only is provision much cheaper if delivered earlier, it is also more (cost) effective: Public Health England estimates that every £1 invested in emotional resilience programs in schools has a £5 benefit realised over 3 years.

4 Methodology

This needs assessment was informed by a range of qualitative and quantitative data derived from secondary and primary research. The methodology was designed to utilise the wealth of existing intelligence, nationally and locally, thus avoiding duplication, while also refreshing the voices of professionals and parents and carers through primary research.

Following local research was used:

- Healthwatch – 26 case studies with service users / families in need 2017
- Family Voice Surrey - survey with 96 parents of service users 2017
- SCC 'Child's Perspective' – report on service user perspective, 2017
- CAMHS Youth Advisors' collated feedback from CAMHS service users, 2017
- Young People in Schools (primary and secondary), Schools Education Health Unit, 2016
- Feedback from sub-contractors of SABP (Eikon, Learning Space, Relate West Surrey, YMCA East Surrey)
- Online survey with professionals and parents / carers, November 2017

- Data on providers and SCC teams' performance and quality
- JSNA on EWMH of children and young people in Surrey (2017) and other relevant Needs Assessments (i.e. Early Help, SEMH) and other local data on demographics and prevalence

An online survey was conducted to expand on existing data. It included parents and carers of children, regardless of whether they had used any EWMH services or not. A further survey was carried out with professionals that work with children and young people in Surrey. In addition, a workshop with eight CAMHS practitioners took place in December 2017 which explored the professionals' perceived areas of need for CYP in Surrey.

Limitations

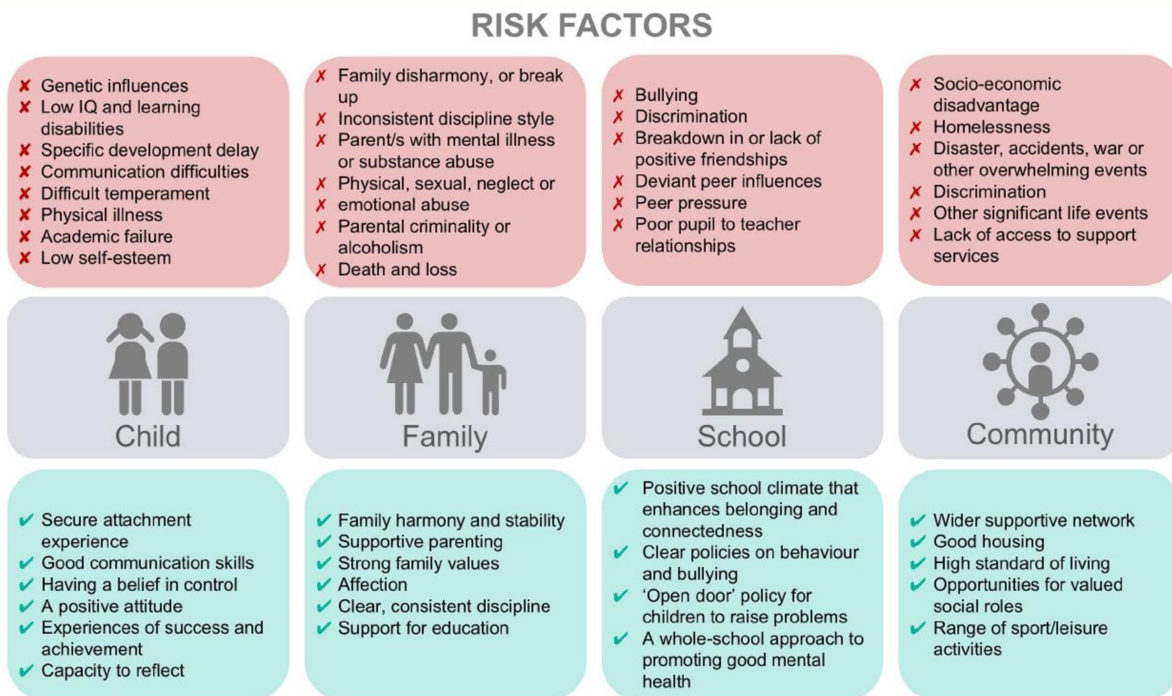
The Needs Assessment was mainly limited by:

- Time and resource constraints, particularly short online survey field time, which impacted on number of respondents. It was raised that GPs in particular were unable to complete the survey on time. Their views however are still being collected to contribute to the strategy development.
- Limited engagement with children and young people (given the short timeframe and existence of research findings on children's EWMH nationally and locally.
- The lack of performance data affected our understanding of take-up and waiting times.
- Uncertainty about methodology and quality of some secondary data. This report used research conducted by third parties and cannot be certain on, for example, what timeframe respondents were asked about.

5 Population Needs

This section will focus on key risk factors that can affect CYP's emotional wellbeing and mental health and will then look into the level of need in Surrey and nationally.

The below image highlights key factors that Public Health England have identified that can impact on a child and young person's resilience and emotional wellbeing.



Source: Public Health England (2016) The Mental Health of Children and Young People in England [viii]

The following cohorts have been identified through other Surrey JSNA chapters and research that suggest the following groups are more inclined to have poorer EWMH or who are at greater risk of developing issues:

5.1 Existing / known risk factors

5.1.1 Children vulnerable and children in contact with Social Care

Looked After Children:

- As of March 2017, there were 871 children living in the care of Surrey County Council ('Looked After Children').
- Of these children, 614 were placed in foster care. 394 of children were placed 'in house' with Surrey Foster Carers and 219 were placed with other providers, including Independent Fostering Agencies (IFAs) and other Local Authority Fostering Services.[ix]
- 35 lived in Surrey's in-house children's homes, and 60 children (excluding children with disabilities) were placed in independent residential children's homes.
- A significant proportion (25%) were placed 'out of county' and more than 20 miles away from were they used to live. [x]

Looked After Children are 4-5 times more likely to suffer mental health issues than their peers. There are a number of factors that can contribute to a Looked After Child having poor emotional wellbeing, for example, they could have experienced poverty, abuse, neglect and bereavement prior to being looked after as well as needing to manage the impact of separation from their birth family as they come into care. If a CYP is placed out of county this can also negatively impact their EWMH. Fostered CYP and their carers need to have timely access to emotional wellbeing and mental health services to prevent mental health issues

from escalating and placements breakdown. 67% of adolescents in residential child care system had a classifiable mental disorder. [xi]

Care Leavers

In March 2017, SCC had responsibility for 479 care leavers. Care Leavers are more likely to be at risk of poor mental health due to their experiences before they were taken into care, as well as the potential impact of living away from their family. Care Leavers can face a multiple of changes as they transition into adulthood for example, responsibility for their own finances, living arrangements and education, which can be daunting.

Unaccompanied Asylum Seeking Children (UASC)

The number of UASC in Surrey has risen sharply over the last 5 years, a 131% increase (60 in 2011/12 to 139 in 2016/17) and projections suggest this will continue.[xii] UASC are at a high risk of having poor emotional wellbeing due to the probability of them fleeing war/ conflict, being trafficked, tortured, sexually exploited and subjected to violence and trauma.

Children in Need

As at summer 2017, there were 6,227 Children in Need in Surrey.[xiii] Projections suggest that the number of Children in Need (CiN) could rise by almost 20% over the next 3 years, based on modelling conducted in 2016/17.[xiv]A child who is identified as 'in need' could also have additional physical or mental health needs. In Surrey the main reason for a child or young person to become CiN is due to abuse or neglect, CiN also includes CYP who have a physical or mental need therefore they might require support for their emotional wellbeing.[xv]

Special Guardianship Orders (SGO) and Adoption

For the year 2016/17 there were 43 adoptions and 46 SGOs.[xvi] CYP who are being cared for through a SGO or who have been adopted are more likely to have additional mental health needs compared to CYP who live with their birth families. They are twice as likely as birth family children to have ADHD / ADD, more likely to have Conduct Disorder and are 2.5 to 6 times more often seen in MH settings.[xvii] This could be due to the experiences these CYP had prior to coming into care when some of these young people may have experienced neglect, physical and mental abuse.

Missing children and young people

The inability to form healthy, positive relationships can place a child or young person at risk of exploitation and going missing. In 2016/17,196 children were missing from care at some point during the year and there were 972 episodes of a looked after child going missing. This is 12% of the Surrey looked after children population which is below other comparable areas such as Kent (15%) but above the south east average (10%) and national average (9%)..[xviii]

Sexual abuse, Harmful Sexual Behaviours and CSE:

It is difficult to estimate the true extent of sexual abuse of children and young people, because most sexual abuse is not reported, detected or prosecuted. It is estimated that 1 in 20 children have been sexually abused, and one in three recorded sexual offences recorded by the Police are against children and young people.[xix] There are 278,000 children and young people (0-19) in Surrey, this would mean that roughly 13,900 of those have been sexually abused – however, very few cases get reported. During 2016-17, 346 children were deemed to be at risk of CSE in Surrey. Local data indicates that most identified CSE victims in Surrey (86%) are females and 50% are between the ages of 12-15.[xx] CYP who have suffered from sexual abuse or CYP who are carrying out harmful sexual behaviour (HSB)

are more likely to have poor mental health. CYP who have been subjected to sexual abuse, CSE or display harmful sexual behaviour are more likely to be isolated from friends and family, regularly go missing, have low school attendance, have problems with addiction, partake in criminal behaviour and self-harm.

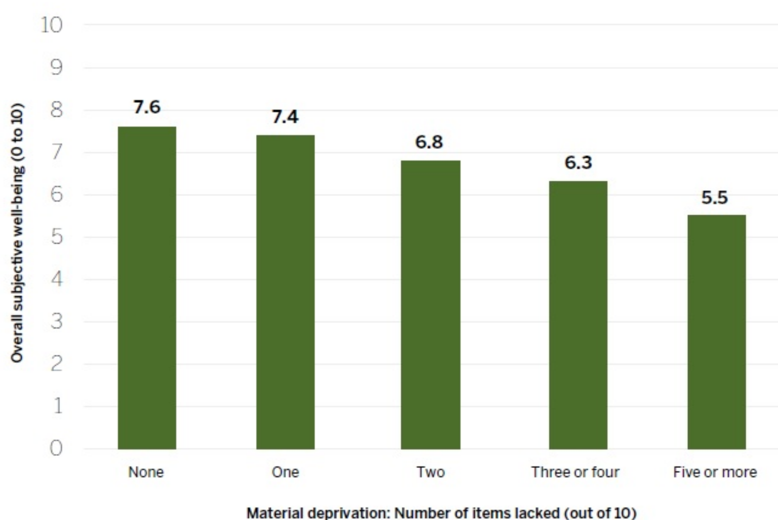
5.1.2 Domestic Abuse

There are approximately 3,300 children living in homes across Surrey, where there is domestic abuse (DA)[xxi]. Children and young people who experience DA are more likely to become aggressive, anxious, depressed, have poorer educational outcomes and display anti-social behaviour[xxii]. If a CYP has witnessed or been a victim of DA there is also the increased risk of child to parent abuse.

5.1.3 Children and young people living in poverty

There are 28,000 (10%) children and young people living in poverty in Surrey (this is against an average for England of 30%). [xxiii] [xxiv] Child poverty increases the likelihood of a CYP developing poor mental health. Deprived communities experience lower than average outcomes across education, health and social care.

The Children's Society report argued that linking children's EWMH to the index of multiple deprivation, a common indicator used by policy makers to define 'poverty', is not useful, as children's direct experiences are much more important for their wellbeing than factors that are more removed from them. Additionally that factors that are known to be related to adults' wellbeing are not necessarily linked to children's wellbeing. However, when using a deprivation index designed by children, the report showed there is a link between material deprivation (child-centred material deprivation index[1]) and subjective wellbeing, as outlined in the graph below.[xxv]



Source: The Children's Society, The Good Childhood Report (2017)

---

[1] index was devised in consultation with children and included items which they identified as important for them to have a 'normal kind of life'. The final index had 10 items, such as weekly pocket money and 'the right kind of clothes to fit in with other children your age'. (The Children's Society, The Good Childhood Report, 2016)

5.1.4 Substance Misuse

There has been an overall decrease in drug use reported by 11 to 15 year olds since 2001 which has been reflected in a reduction in the number of young people in specialist services. For example, in 2012, 17% of 11 to 15 year olds had tried drugs at least once in their lifetime, compared with 29% in 2001. The majority (94%) of young people in Surrey's services began using their main problem substance under the age of 15.[xxvi] There are a number of reasons why a CYP may misuse substances including a need to self-medicate to try and cope with traumatic events, relieve stress, or be trying to come to terms with their own gender identity or sexuality. If a young person engages with substance misuse this can affect their emotional, social and educational wellbeing.

5.1.5 CYP experienced Bereavement

Nationally by the age of 16 'around 1 in 20 CYP have experience the death of one of both of their parents'.[xxvii] When a young person experiences bereavement it can have a negative impact on their emotional wellbeing their social interactions and education achievements.

5.1.6 Children and young people of military families

While a military career can have a positive impact on the functioning and well-being of children of military personnel (i.e. less juvenile delinquency, less risky behaviour, better grades, greater self-control and higher median IQs than children of civilians), it is more common to observe a negative impact.[xxviii] Studies in the US estimate that 20% of CYP of military families will need mental health treatment within the first 15 to 16 years of their lives (compared to 10% of CYP overall).[xxix] Lack of data inhibits estimating the number of military families in Surrey, however most barracks and military camps are located in the north west of the county (Pirbright, Deepcut, Hampshire border).

Children of military or service families are exposed to unique experiences, which may include; separation from a parent, frequent moving of house, caring for a sibling or parent, taking responsibility for the household or sudden deployment from a combat zone – all of which may impact on the way children lead their lives both now and in the future. The challenges each child or Service family face are different, however Service children who face regular moves from home and school can suffer high levels of anxiety and stress, also their health and their ability to learn may be disrupted especially when their parents are deployed to armed conflicts overseas. In addition, children with additional or complex health needs may find continuity of care a problem due to regular moves and may feel isolated or find it difficult to cope without the support from the extended family or local community networks.[xxx]

5.1.7 CAMHS Transition into Adult Mental Health Services

Nationally it is estimated that 'more than 25,000 young people transition each year' into adult services.[xxxi] Numbers for Surrey are unavailable. When a young person turns 18 years old it is a key transition point in their lives, they could be planning to go onto further education, work, live independently and if they have mental health needs they might require transitioning into Adult Mental Health Services.

5.1.8 Young Carers

There are an estimated 14,000 young carers in Surrey, however, SCC is only working with a small proportion. Between April 2014 and February 2017, there were 1,518 Child and Family Assessments where 'Young Carer' was selected as a factor in the assessments. The majority of these young carers were aged 5 to 9 (30%) and 10 to 15 (43%).[xxxii]

Being a young carer can have a severe, significant and long-lasting impact on a young person's health and wellbeing. The impact of caring can result in physical and mental health impacts such as tiredness and exhaustion, poor diet, interrupted sleep; back injury, stress

and trauma. In addition depression, risk of bullying, potentially being disadvantaged at school and at risk behaviours such as self-harm and eating disorders may be a factor. [xxxiii]

There are new duties for local authorities to support young carers from 2015, including the right to an assessment of need for support extended to those under 18, regardless of who they care for. [xxxiv]

5.1.9 Young People in the Justice System

Surrey has comparatively low rates of youth offending, with 124 first time entrants to the Youth Justice System aged 10 - 17 (per 100,000) in 2015/16 (average for English county authorities was 305 per 100,000).[xxxv] About 60% of Young Offenders who are in a secure setting have an EWMH problem. [xxxvi] These CYP could have experienced poverty, abuse and trauma. Support whilst in the criminal justice system is important otherwise there is a high risk that they will continue to offend and experience poor mental health when they reach adulthood.

5.1.10 CYP who are not attending schools

The EWMH Partnership Community of Practice in Surrey has identified a loose grouping of CYP who are linked by the fact they are not in any formal education setting: this includes school-refusers, non-attenders, children waiting for placement, EHE, Children Missing Education and mobile children. It is known that children not attending formal education have lower levels of EWMH than their school-attending peers. A Task and Finish group has been set up to further explore and audit this group’s needs and to make recommendations.

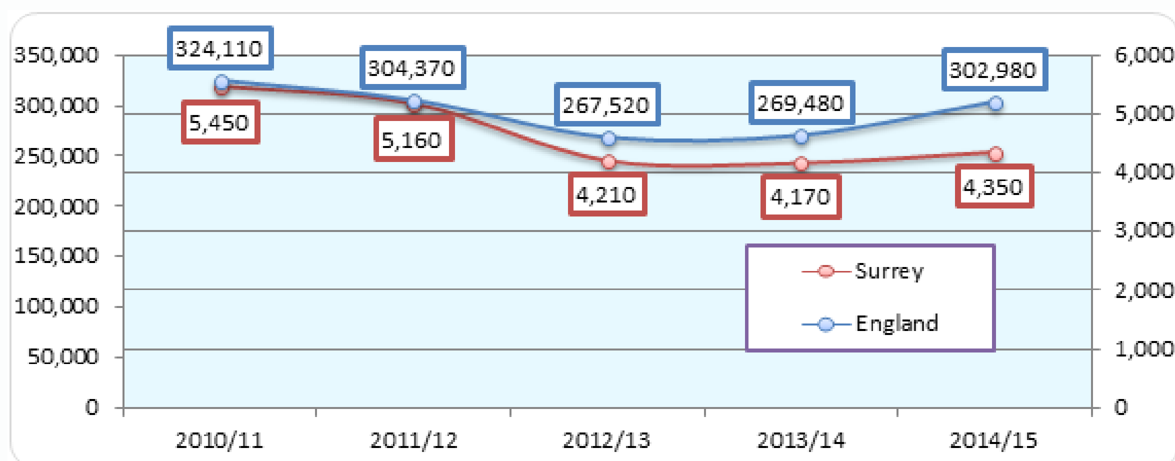
5.1.10.1 Elected Home Education (EHE)

In 2016/17 there was an end of year total of 912 EHE students in Surrey with the overall EHE cohort up by 19.5% from previous year, however over the year 1,147 children were electively home educated (often EHE is a short term measure for families).[xxxvii] Some families elect to home educate their children due to dissatisfaction with the traditional school curriculum or settings, personal choice, or remove them from school following incidents of bullying.

5.1.10.2 Children with fixed period exclusions

The impact of fixed period exclusions on emotional wellbeing and mental health of children and young people is that it can mask the underlying needs and issues. Barnardo’s (2010) states that for many, bad behaviour in school is a result of real difficulties outside school, such as bereavement, parental separation, drug misuse, stress of living in a deprived area and suggests that sending pupils home to chaotic families or risky neighbourhoods does nothing to improve their behaviour.[xxxviii] For some children, school provides routine, boundaries and stability that they do not have at home. Statutory guidance identifies a number of groups for whom the exclusion rate is consistently higher than average. This includes pupils with special educational needs (SEN), pupils eligible for free school meals, looked after children and pupils from certain ethnic groups. The groups with the highest national rates of exclusion are Gypsy Roma, Travellers (GRT) of Irish Heritage and Black Caribbeans.[xxxix]

Number of fixed period exclusions, 2010/11 - 2014/15[xl]



5.1.11 Bullying

NSPCC figures suggest nearly half of children and young people (46%) have been bullied at school at some point in their lives (2013).[xli] Surrey County Council's 2015-16 report into Prejudice-Related Incidents in Surrey Schools found that in Elmbridge nearly 20% of CYP had been bullied in that last three months. The same report highlighted that 83% of them were bullied at school and 21% were bullied online. CYP experienced higher levels of prejudice-related incidents in Reigate & Banstead followed by Spelthorne compared to other areas in Surrey. The year group with the highest percentage of both perpetrators and victims in the primary phase was Year 6 and in Secondary School was Year 9. However these findings could also indicate that Reigate and Banstead and Spelthorne have a higher level or reporting these incidents compared to the rest of Surrey. Children who are being bullied are twice as likely to start bullying others.[xlii]There is a stronger link between lower levels of overall wellbeing and bullying, with a greater chance of developing depression, anxiety, an eating disorder, self-harm or abuse substances. [xliii]

5.1.12 Children with Special Educational Needs and Disabilities (SEND)

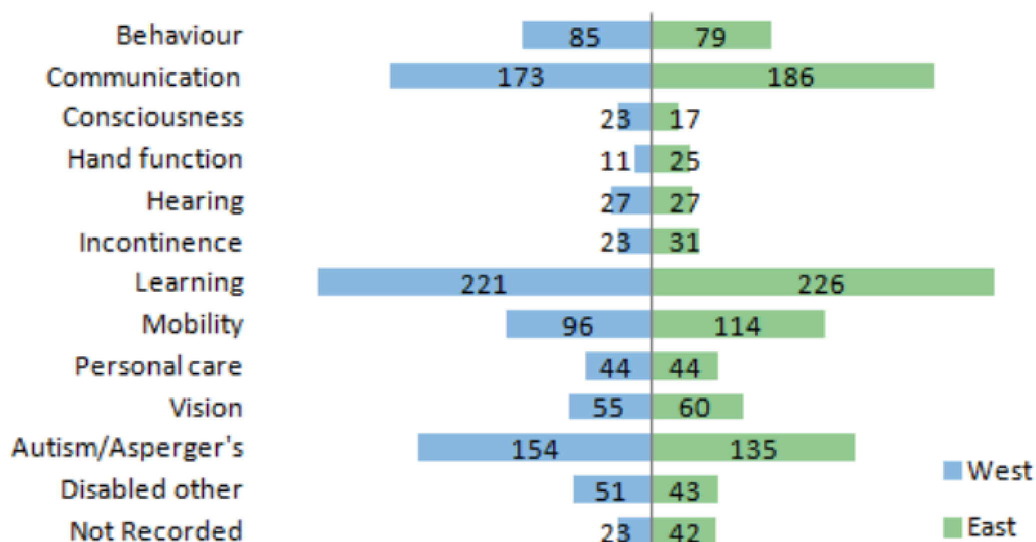
In January 2017, there were 188,012 children in Surrey schools of which 27,718 children with some form of SEND, including 5,955 with a statutory plan.[xliv]

Numbers of pupils with Moderate Learning Difficulties (MLD) have fallen from 1,101 in 2009 to 857 in 2016.[xlv]

The below diagram shows CYP who being supported by SCC's Social Care Teams. The information has been divided by East and West with a description of the disability.

Children with disabilities team (CwD)

Recorded Disabilities amongst CWD cases



Source: Surrey County Council, 'What do we know about the population of disabled children and young people in Surrey'?[xlvi]

Children with a long-lasting physical illness are twice as likely to suffer from emotional problems or disturbed behaviour. This is especially true of physical illnesses that involve the brain, such as epilepsy and cerebral palsy. Serious illness or disability can cause a lot of work and stress for everyone in the family, especially the parents. Children who are ill have many more stressful experiences than children without an illness. Most children will, at some time, get upset by this, and if unmanaged, these feelings might lead to EWMH issues.[xlvii]

Autistic Spectrum Disorder (ASD)

Research suggests that 71% of autistic children develop mental health problems in their childhood, despite autism not being a mental health condition.[xlviii] Anxiety disorders are very common amongst people on the autism spectrum. Roughly 40% have symptoms of at least one anxiety disorder at any time, compared with up to 15% in the general population. Understandably, this can lead to sadness or depression – one reason why a mixture of anxiety and depression is common. It is thought that a combination of factors, leading to vulnerability to stress, is likely to explain why anxiety disorders are so common in autistic people. Biological differences in brain structure and function, a history of social difficulties (leading to decreased self-esteem and a tendency to think of threats as greater than they are) and problems with finding flexible responses to apparent threats are all likely to contribute. Other EWMH issues that are more common in people with ASD are Obsessive Compulsive Disorder (OCD) and depression. [xlix]

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a neurobiological disorder which is thought to be caused by a chemical imbalance in the brain that affects attention, concentration and impulsivity. Around 3 to 7% of British children are believed to have ADHD. Approximately two out of five children with ADHD continue to have difficulties at age 18. The main symptoms of ADHD, such as attention difficulties, may improve as children get older, but behavioural problems such as

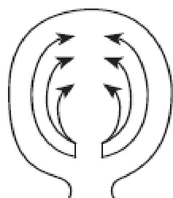
disobedience or aggression may become worse if a child does not receive help. In particular, boys who are hyperactive and aggressive tend to become unpopular with other children. It is therefore very important for children to receive help as early as possible, to prevent them from becoming socially isolated and from developing other emotional and behaviour problems that can persist into adult life.[l]

Foetal Alcohol Spectrum Disorder

Exposure to alcohol in utero can cause a number of disorders which can be 'physical, cognitive, communicatory and psychiatric functioning.' These disorders are often given the umbrella term of Foetal Alcohol Syndrome (FAS) or Foetal Alcohol Spectrum Disorder (FASD). The exact prevalence of FASD in the UK is not known. International prevalence studies in countries such as the United States, Canada, Australia, Finland, Japan and Italy statethat at least 1 in 100 children are affected.[li] This would equate to 134 babies born with FASD in Surrey in 2016.[lii]

FAS is marked by growth retardation, facial dysmorphia, abnormalities of the central nervous system (structural, neurological and functional) and rare birth defects (such as sensory and cardiac problems). The secondary disabilities of FAS arise after birth as a result of the neurological deficits and come at a high cost to the individual, their family and society. They include mental health disorders (depression, suicidal intention) and behaviour issues.[liii]

Understanding the effects of FASD on thought processes



Non-FASD thought process	FASD thought process
• Orderly, organised and sequential. • Many opportunities for links and interconnections.	• Inconsistent growth, undergrowth, disorganised, gaps and clusters. • Clusters can appear as areas of strength eg in art, music etc.

Source: NOFAS UK (2011) Foetal alcohol spectrum disorder (FASD), Information for parents, carers and professionals[liv]

5.1.13 Black and Minority Ethnic (BME) children and young people

90.4% of Surrey's population, reported their ethnic group as White in the 2011 Census. Within this ethnic group, White British was the largest, with 83.5%, followed by those categorised as "Any Other White" with 5.5%. Indian was the next largest single ethnic group with 1.8% followed by Pakistani (1.0%). However those categorised as "Other Asian" accounted for 1.7% of the population in total. Woking is the most diverse district in Surrey with 75.0% of its population identified as White British. Waverley is the least diverse with 90.6% White British.[lv]

The Education Policy Institute (EPI) analysed the demographics of an NHS-commissioned online counselling platform for children and young people which is provided free at the point of use and can be accessed anonymously at any time of day. It found that nearly one in five users were from an ethnic minority background compared with 13% of children referred to the traditional child and adolescent mental health service. The findings have prompted fears that coercion and bad experiences with authority can discourage black and ethnic minority (BME) backgrounds to access traditional mental health services.[lvi]

Some children and young people might also experience discrimination because of their BME status, which in turn might increase the likelihood of developing EWMH issues.

Gypsy Roma Traveller (GRT):[lvii]

There are approximately 10,000 – 12,000 GRT families in Surrey – the 4th largest GRT population in the country. The families include approximately 1,400 children and young people however due to high secondary school drop-out rates and lack of self-identification, the number of GRT in Surrey is likely to be much greater.[lviii] There are approximately 1,400 CYP on roll in Surrey schools from English Gypsy, Travellers of Irish Heritage and Fairground communities.[lix]

Despite notable achievements in some Surrey schools, educational outcomes for Surrey's GRT children and young people overall are significantly poorer than those of their non-GRT peers. School attendance tends to fall off, as children get older. Experiences of bullying and racial discrimination are commonly cited.

Social issues impacting on GRT communities include high levels of domestic abuse; cultural expectations for females to take on significant domestic and caring responsibilities at a young age, and experiences of discrimination and low trust in services

The physical and mental health of GRT CYP and adults is significantly poorer than in the population as a whole. GRT life expectancy is ten years lower than the national average and infant mortality is twenty times higher than in the rest of the population.

5.1.14 Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)

There are an estimated 5,700 young people in Surrey aged 11-16 that are LGBTQ, although at some point during adolescence many more young people will be exploring their sexuality.[lx] Many young people discover that they are lesbian, gay or bisexual (may have feelings of being different) from the age of 11. However, a number of young people do not 'come out' until the age of 16. The age range of 11 to 16 is a critical period for most young people who are LGBTQ[lxi]. Surrey's 2017 Health Related Questionnaire highlighted that out of the ten Secondary schools that completed the questionnaire 27 pupil(s) described themselves as transgender or described themselves in another way.[lxii]

If a young person identifies themselves to be LGBTQ they are more likely to suffer from poor emotional wellbeing and mental health.[lxiii] LGBTQ young people are likely to experience some degree of identity-related stigma, which contributes to in increased risk of: [lxiv]

- Bullying and social exclusion – 34% of LGBTQ young people are estimated to have experienced homophobia whilst in school. This is cited as a contributing factor in development of some of the other problems listed below. It should also be noted that homophobic bullying in school does not just affect those who are gay, but also other pupils who are perceived as being different.
- Domestic abuse – a third of LGBTQ young people are estimated to have experienced bullying at home by a family member.

- Poor mental health – bullying, domestic abuse and social exclusion can result in the development of mental health disorders such as stress and psychotic behaviour.
- Self-harm and suicide – young people who are not able to access appropriate support often develop their own strategy of coping with the stigma. This can involve self-harm and suicide is which are more common amongst LGBTQ young people compared to their peers.
- Smoking and substance abuse – these behaviours may also be adopted as part of a coping strategy.
- School absence – research has indicated that half of those who experience homophobic bullying have skipped school because of it.

5.1.15 Perinatal ill health[lxv]

Up to 20% of women will develop some mental health issues during the perinatal period. Perinatal mental health illness encompasses mental health problems in women that arise during pregnancy and in the one year after childbirth. It is also concerned with the emotional and social development of babies and toddlers who can experience poor long term outcomes due to a lack of sensitive and responsive care. Perinatal mental health illness is the leading cause of death for women during pregnancy and in the year after birth, and causes significant ill health from depressive illness and anxiety as well as post-traumatic stress disorder.

When considering social and emotional development in babies, toddlers or young children, it is useful to understand the importance of attachment and how it relates to other risk factors. NICE defines attachment as '"a secure relationship with a main caregiver, usually a parent, allowing a baby or child to grow and develop physically, emotionally and intellectually." Babies and children need to feel safe, protected and nurtured by caregivers who identify and respond appropriately to their needs. Unmet attachment needs may lead to social, behavioural or emotional difficulties, which can affect the child's physical and emotional development and learning."

5.1.16 Other risk factors

Engagement with professionals for the purpose of this report identified additional risk factors and vulnerable cohorts:

- Disenfranchised young men
- Children that have experienced parental separation /divorce
- Children that have parents/carers with drug or alcohol dependency
- Children with parents with critical illness or disabilities / long-term illness
- Children with overwhelming parental expectations / academic over-achievers
- Children with parents who prioritise careers or other areas above their children's needs
- Multi-generational poor parenting
- Children with siblings that have disabilities / long-term illness
- Children who do not access CAMHS support
- Young parents

Several professionals pointed out that mental health issues, while more prevalent in some groups can affect everyone, and needs of children that do not belong to an 'at risk cohort' should not be overlooked.

5.2 Emerging areas of need

This section focuses on at risk groups where evidence has emerged recently:

5.2.1 Social Media

Understanding of the impact of social media on children and young people's emotional wellbeing and mental health has started to deepen in the last few years. Social media and the Internet can have a positive impact on children and young people's wellbeing, as they have opportunity to connect to other people and access information and help more easily. However, social media and the internet can also negatively impact children's EWMH. Issues can manifest from excessive online time, over-sharing, cyberbullying, body image, and accessing harmful information.

In 2015, the Office for National Statistics found that there is a "clear association" between time spent on social media and mental health problems. While 12% of children who spend no time on social networking websites have symptoms of mental ill health, the figure rises to 27% for those who are on the sites for three or more hours a day. One in 10 girls was found to be in the top category for time spent on the websites, compared to just one in 20 boys.[lxvi] Many young people have been distressed by things they have seen online. 22% of year 6 males and 23% of year 6 females (aged 10 and 11) reported having seen pictures, videos or games online which were meant for adults; that figure increases to 57% of Year 10 males and 37% of Year 10 females.[lxvii]

5.2.2 Behaviour / Social Emotional Mental Health

While it was known that children with ASD, ADHD are more likely to suffer from poor emotional wellbeing and mental health, it has become clearer in the last few years that demand is growing rapidly.

In Surrey, there are 868 CYP with Social, Emotional and Mental Health (SEMH) as a primary need.[lxviii] Overall, the number of children diagnosed with ASD in Surrey schools has increased by 89% from 1,258 pupils in 2008 to 2,378 pupils in 2016, not limited to statutory plans (this is likely to be in part due to changes in diagnosis). This is something that has been reflected nationally and globally with a 25 fold increase in autism diagnosis in the last 30 years.'[lxix]

SEMH prevalence has increased by 22% over 3 years in Surrey. Much of this growth is disproportionately attributed to school years 12-15, where it has grown most in the South East of the county. The data also tells us that SEMH growth has been particularly prevalent at Years 3, Years 4 and Years 5, particularly in the North East of the county.

However, evidence also points at possible overdiagnosis of ADHD. Research found that the youngest children in class (born in the spring and summer months) are more likely to be diagnosed with ADHD compared to their autumn-born classmates. This might be down to younger children just still being immature compared to their older peers.[lxx]

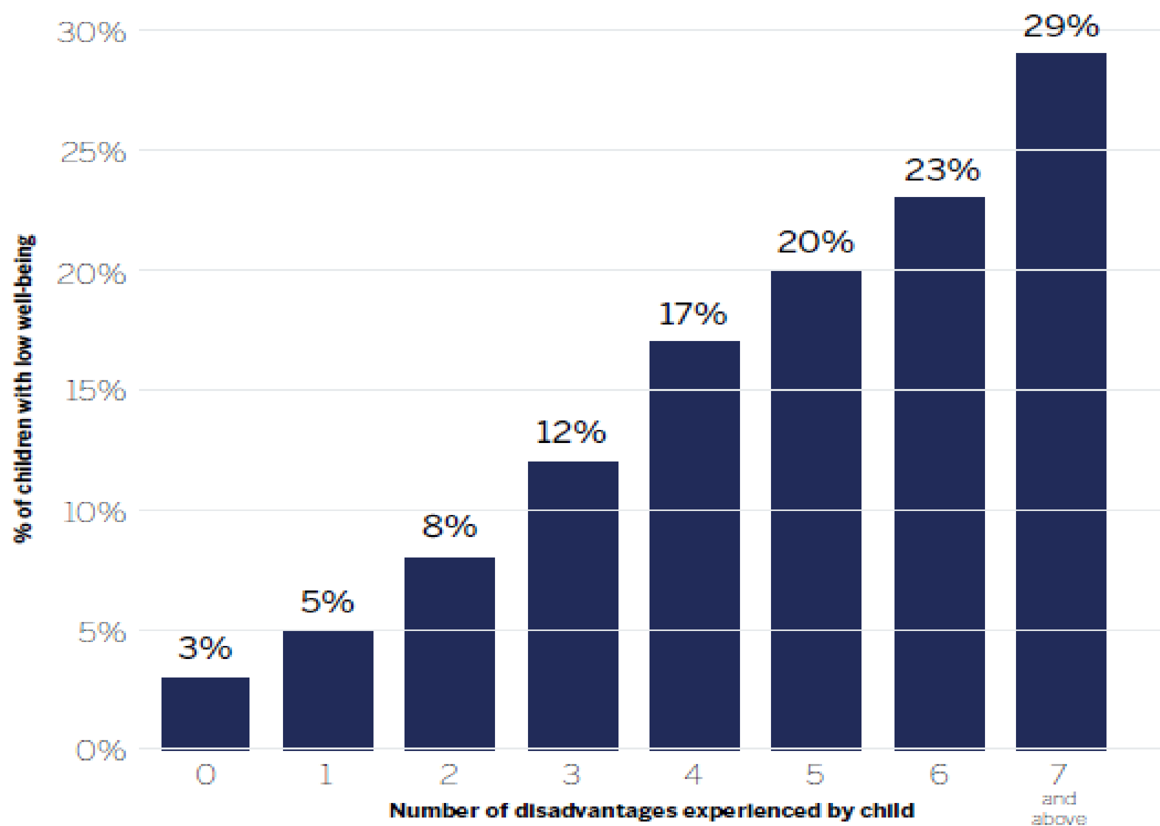
Feedback from schools and parents has shown that this cohort's needs are not being met, due to complex interplay of various agencies (schools, CAMHS, SEND, CWD teams, social care) and lack of available suitable provision.

Similarly, there seems to be scope to better meet parents' needs around parenting children with behaviour and SEMH issues. A report published in 2010, by Parentline, stated that child to parent violence (CPV) is a growing national trend, suggesting that there are many hidden cases in families.[lxxi] A recent parenting analysis in Surrey found that while parents wished for more of general support (59%), more specific support around ADHD/ASD/ODD (30%) was a key request.[lxxii]

5.2.3 Impact of multiple disadvantages

While each risk factor by itself can increase the likelihood of children developing EWMH issues, it is more likely that an aggregation of risk factors leads to poorer EWMH in children.

Successive Good Childhood Reports from the Children's Society have highlighted disadvantages that are associated with lower subjective well-being, including deprivation, feeling unsafe at home, being bullied, and feeling unsafe in neighbourhoods. Most recently, their Troubled Teens report on adolescent neglect has demonstrated that children experiencing emotional, supervisory, physical or educational neglect have markedly lower well-being than other children.[lxxiii]



Source: The Children's Society, The Good Childhood Report, 2017

The report also established which risk factors and disadvantages had the most severe impact on children's subjective wellbeing, as outlined in the table below. It must be noted that the concepts of subjective wellbeing and mental health are distinct; it is possible to have good mental health with low subjective wellbeing and vice versa. However, the majority of children that state to have high subjective wellbeing have also good mental health (80%) so monitoring children's subjective well-being may be a way of identifying those at risk of mental ill-health.[lxxiv]

Table 5: Disadvantages with strongest relationship to children's life satisfaction

Greatest explanatory power	Greatest differences in means
Struggling with bills	Emotional neglect
Child experienced crime	Child experienced crime
Debt	Child doesn't have own bed
Child worried about crime	Risk of homelessness
Parental depression	Struggling with bills
Emotional neglect	Supervisory neglect
Parental illness	Homelessness

Source: The Children's Society, The Good Childhood Report, 2017

5.2.4 Gender specific differences in EWMH needs

It is important to recognise that gender and age can impact on the types of mental health needs CYP experience.

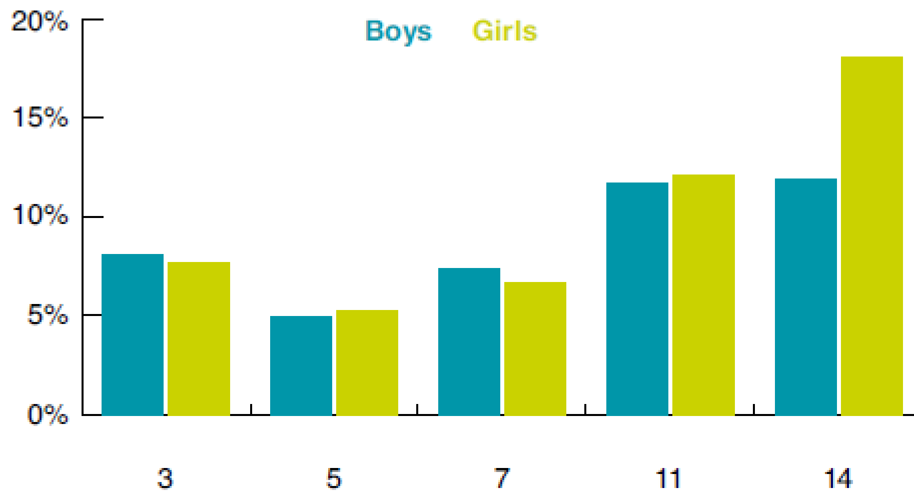
Gender / age

Research has shown that EWMH issues are 'more frequently identified in school-age boys than girls' however 'the gender gap in the prevalence of diagnosable mental health conditions begins to narrow in adolescence, as emotional problems become more common in girls. By early adulthood, women are more likely to be diagnosed with a mental health condition than men.'[lxxv]

- At age 7, about 7% of both boys and girls have a diagnosable mental health condition
- At age 14, about 12% of boys and 18% of girls have a diagnosable mental health condition
- 26% of females and 9% of males aged 16-24 had a common mental disorder[lxxvi]

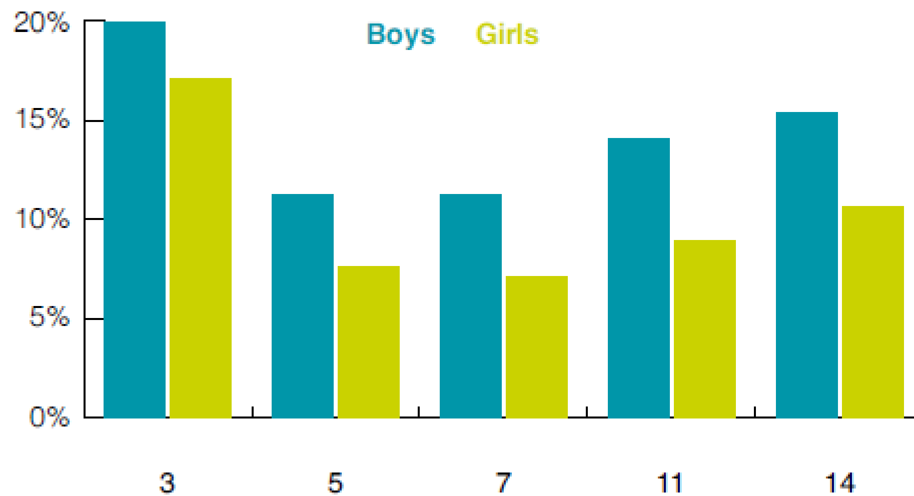
MCS also found that more girls tended to have emotional problems between 3-14 years old.

Prevalence of emotional problems



However, more boys than girls had behavioural problems between 3-14 years old.

Prevalence of behaviour problems



Source: Institute for Education (2017) Mental ill-health among children of the new century[lxxvii]

Gender / EWMH issues

As outlined above more girls tend to have emotional problems, while more boys tend to have behaviour problems or conduct disorders.[lxxviii]

ASD / ADHD	Boys and young men are much more likely to be diagnosed with ADHD and autism than girls and young women.'[lxxix] Various studies, together with anecdotal evidence have come up with men/women ratios with autism ranging from 2:1 to 16:1'[lxxx] This might be because the diagnostic criteria for Asperger syndrome are based on the behavioural characteristics of men and boys, who are often more noticeably 'different' or disruptive than women and girls with the same underlying deficits.'[lxxxi] Girls are more able to follow social actions by delayed imitation

	because they observe other children and copy them, perhaps masking the symptoms of Asperger syndrome[lxxxii]
Crisis / Suicide	The number of suicides at each age rose steadily in the late teens and early 20s. Most of those who died were male (76%), and the male to female difference was greater in those over 20.'[lxxxiii] *Source: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH).* This might be, because, in general, girls and young women seek help for emotional and mental health problems more readily than boys and young men; this is facilitated by awareness and understanding about mental health, and emotional competence.'[lxxxiv] This is in line with evidence that girls and young women appear more likely to access mental health services overall, but young men are over-represented in acute services.'[lxxxv]
Stigma	Stigma relating to mental health issues affects young people in general, but young males are among the groups most susceptible to stigma.'[lxxxvi]
Youth Justice	There are high levels of unrecognised and unmet emotional and mental health needs among young people at risk of offending or in contact with the youth justice system. Young males are massively over-represented, whilst young females are particularly vulnerable, within this system.'[lxxxvii]

5.2.5 Premature Babies

In Surrey, 1.3% if babies born have a very low birth weight (<1.5kg) (2013).[lxxxviii] While it was known that premature babies are more likely to develop health problems,[lxxxix] it was only recently that a piece of research confirmed that in terms of mental health, preterm babies have a greater likelihood of attention disorders, shyness and anxiety in childhood and then adulthood. Studies reveal greater likelihood of attention disorders, shyness and anxiety in childhood and then adulthood for survivors with very low birth weight of 1kg.[xc]

5.3 Future trends

5.3.1 Growing population

Whilst birth-rates are levelling off, the effects of substantial growth are still being experienced as children grow older, such as a forecast growth of 10,000 (+14%) 10 to 14 year olds by 2022, compared to 2017.[xci] The Mental Health Foundation state estimate that 1 in 10 CYP have a mental health problem furthermore '70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age'. With a projected growth of Surrey's CYP population and a greater awareness of the need for good emotional wellbeing and mental health there could be an increase in demand on child and adolescent mental health services.[xcii]

5.3.2 More vulnerable children

Children in Need

Current projections suggest that the number of Children in Need (CiN) could rise by almost 20% over the next 3 years, based on modelling conducted in 2016/17.[xciii]

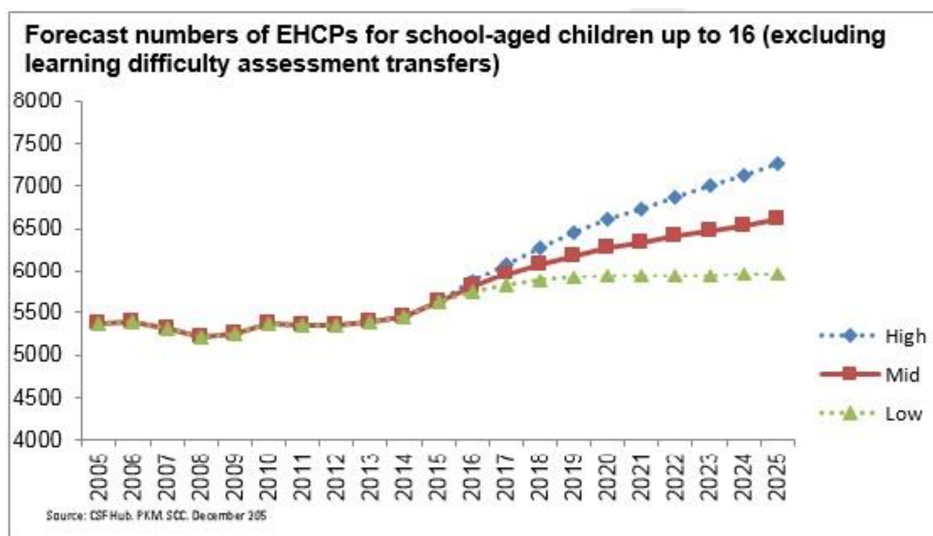
Care Leavers

The number of Care Leavers in Surrey is due to increase by 31% over the next three years due to the rising number of 16 and 17 year olds in care which is partly due to the increased numbers of Looked After UASC.[xciv]

5.3.3 More complex needs

SEND, ASD / behaviour

The chart below shows Surrey County Council's forecast of the projected number of children aged 0-16 with EHCPs based on six years of data to December 2015. The mid projection suggests that there may be approximately 6500 children aged 0-16 with an EHCP by 2025.[xcv]



5.3.4 Impact of technology

Social media exposure and access to the Internet has changed the nature of bullying. According to a DfE's study in 2015, there are 30,000 fewer children in England facing bullying than a decade previously, thanks to sharp falls in violent threats and physical attacks, while the proportion experiencing the most common forms of school-age bullying – name-calling and social exclusion – remained similar. The figures chart the rise of the new category of cyberbullying, via social media and mobile phones. While school-age children in

2005 were not asked about cyber-bullying, 11% of the latest cohort said they had experienced it, with the majority of cases taking place outside school.[xcvi]

This is supported by an NSPCC study (2016) that shows that the number of children and young people tormented by online trolls has increased by 88% in five years, The charity's helpline service, ChildLine, counselled 4,541 children about online bullying in 2015-16, compared with 2,410 in 2011-12.[xcvii]

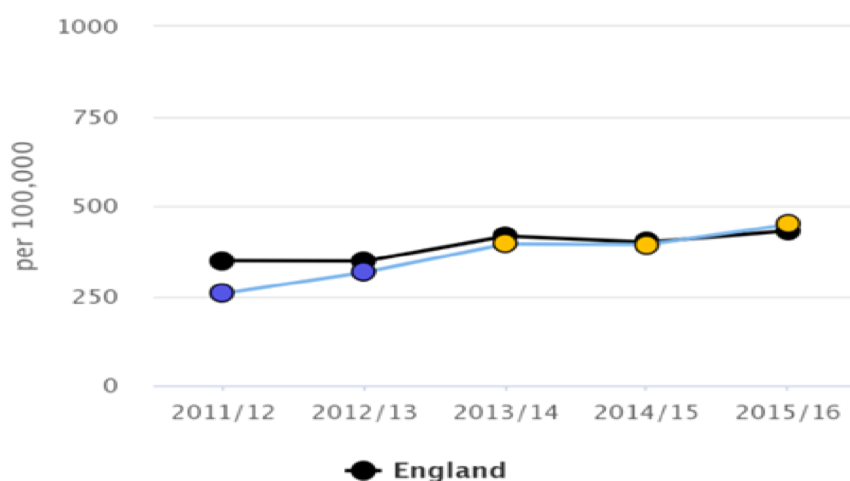
5.4 EWMH conditions

The latest available data on prevalence of mental health issues in children is from 2004. The need to update this data is widely recognised and while a new nation-wide survey is being planned, this report only has access to 2004 data. Applying prevalence rates from 2004 to the most recent population estimates of 5-19 year olds (2016) following results emerge:[xcviii]

	National percentage aged 5 – 16 years			Prevalence, based on Surrey 5-19 population estimate (2016)
	Boys	Girls	All	All
Emotional disorder	3.1	4.4	3.7	7,887
Anxiety disorders	2.9	3.8	3.3	7,035
Separation anxiety	0.3	0.5	0.4	853
Specific phobia	0.8	0.8	0.8	1,705
Social phobia	0.3	0.3	0.3	640
Panic	0.1	0.3	0.2	426
Agoraphobia	0.1	0.2	0.1	213
Post traumatic stress	0	0.6	0.2	426
Obsessive compulsive	0.2	0.2	0.2	426
Generalised anxiety	0.6	1	0.8	1,705
Other anxiety	0.8	1.1	0.9	1,919
Depression	0.6	1.1	0.9	1,919
Depressive episode (full ICD 10 criteria)	0.5	0.8	0.6	1,279
Other depressive episode	0.2	0.3	0.2	426
Conduct disorders	7.5	3.9	5.8	12,364
Oppositional defiant disorder	4	2	3	6,395
Unsocialised conduct disorder	1.1	0.5	0.8	1,705
Socialised conduct disorder	1.6	0.9	1.3	2,771
Other conduct disorder	0.8	0.4	0.6	1,279
Hyperkinetic disorder	2.6	0.4	1.5	3,198
Less common disorder	1.9	0.8	1.3	2,771
Autistic Spectrum disorder	1.4	0.3	0.9	1,919
Tick disorders	0	0.1	0	100
Eating disorders	0.5	0.1	0.3	640
Mutism	0	0.2	0.1	213
Any disorder	11.4	7.8	9.6	20,465

Below is a summary of EWMH issues that occur either quite commonly, or are on the rise, amongst children and young people. The list however is not exhaustive.

- **Anxiety** - There are four main types of anxiety as described by the NHS are panic disorder, phobias, post-traumatic stress disorder (PTSD) and social anxiety disorder (social phobia).[xcix] Anxiety in CYP tends to peak around exam periods and transitions form primary to secondary school and secondary to college/work. Surrey's Emotional Wellbeing and Mental Health Community Nurses consistently report anxiety as the primary reason for referrals into the service. During January – March 2016 Anxiety was the main reason for referrals (38%) followed by Behaviour (20%).[c]
- **Eating Disorders** - Females tend to suffer from eating disorders more than males however there has been an acknowledgement that eating disorders in males is increasing. Eating disorders usually develop during adolescence and can negatively affect a young person's physical health. There were 142 Eating Disorders Referrals in Surrey April 2015-16. Body image and weight worries can start at pre-school, '24% childcare professionals have seen body confidence issues in children aged 3-5 years olds' and 31% have heard a child label themselves fat.[ci]
- **Self-harm** - Self harm is usually a way of coping with or expressing overwhelming emotional distress.'[cii] About one in ten young people self-harm and girls are more likely to report self-harm than boys.[ciii] Hospital admissions in Surrey due to self-harm indicates that in 2015-16 self-harm hospital admissions between 10-24 years have increased in Surrey.[civ] Self-harm is an indicator of low social and emotional wellbeing and is more likely to lead to other risky behaviours, including binge eating, alcohol and or drug use and risky sexual behaviour. Admissions for self-harm in Surrey is continuing to rise and are primarily amongst girls and young women aged 15-24 years[cv]. 5% of secondary school pupils that participated in the Health Related questionnaire said that they usually/always cut and hurt themselves when they have a problem that worries them or makes them unhappy.[cvi]



Completed suicide rates for children and young people have continued to remain low in Surrey compared to the increase in suicides nationally. The risk of suicide increases with age in the late teens and early 20s with males being more at risk than females. [cvii]

6 Current Offer

Surrey's Children and Young People EWMH health services commissioning structure consist of 6 Clinical Commissioning Groups (CCGs), NHS England, Public Health and the Local Authority. Services are commissioned from universal to acute provision which have a key focus on early intervention and identification.

We also recognise the need to improve both capacity and capability of universal services to support prevention and early intervention. Providing help and support to CYP at an early stage through Health Visitors, School Nurses, education and youth workers, enables this early intervention and helps reduce the need for more specialist CAMHs.

Level	Service	Delivered by
Universal	• PSHE / ELSA • Pastoral care *Commissioned through Public Health / CCGs* • Health Visiting • School Nursing	Schools Children and Family Health Surrey
Targeted	*Commissioned through SCW / CCGs* • Parent Infant Mental Health Nurses • Community Nurses for Children's EWMH *Commissioned through SCW / CCGs* • Primary Mental Health • 3Cs Looked After Children • Post Order Children • CAMHS Care Leavers • STARS (Sexual Trauma and Recovery Support) • PIMHS (Parent and Infant MH Service) • Behaviour Pathway for children with Neurodevelopmental Disorders • CAMHS Social Work *Transformation Plan funded projects include:*[cviii] • Support for UASC • Support for CYP on edge of entering youth justice (in planning) • Support for Looked After Children out of county (in development)	Children and Family Health Surrey Surrey and Borders Partnership, including sub-contractors Surrey County Council Various providers
Specialist	*Commissioned through CCGs* • CAMHS Community Teams • Eating Disorders • Mindful Service (young people at risk of homelessness / substance misuse) • Community Learning Difficulty Service *Commissioned through SCW / CCGs* • Extended HOPE	Surrey and Borders Partnership SCC / SABP

	• Hope Service Intensive day and outreach service support for 11-18 year olds experiencing complex mental health and social care needs *Transformation Plan funded projects include:* • CYP's Haven in Guildford (soon Epsom and Staines) • Eating Disorder services • Paediatric Psychiatric Liaison in Surrey's acute hospitals for CYP with LD • Intensive Support Services (in development) • Perinatal services (in development)	Various providers
Acute	*Commissioned through NHS England* • In-patient provision	NHS England

Please see Appendix 9 for an overview of Emotional Wellbeing and Mental Health Services available for Children and Young People in Surrey.

There are numerous other providers outside of the commissioned offer available to residents in Surrey, including third sector and private providers. A full list of EWMH services for children and young people is available on the service directory from Mindsight Surrey.

- https://surrey.beaconhealthoptions.co.uk/en/directory
- www.surreylocaloffer.org.uk/helpandsupportweb

6.1 Feedback from service users and professionals

6.1.1 General

The Children's Commissioner Review (2017) contained feedback from children about their views and experiences with mental health. Key findings included:

- Children might need **more access to age appropriate and concise information** on how to get help and what mental health is. "*Children referred to CAMHS services are rarely properly informed*"
    - The use of 'mental' was seen as negative
    - Lack of accurate knowledge / understanding of mental health issues
    - Lack of knowing what is available as support
- Children need services to **communicate and engage with them from the off**, particularly when from a BME background. There is still stigma around seeing CAMHS (particularly first time). "*Young people's first experience of seeking help needs to be positive if they are to engage in services*"
- Children need to **feel acknowledged, respected and seen as an active agent** in their treatment. Medication seen as a quick fix "fobbed off with medication" rather than talking / counselling.
- Children need **continuity of care** and a meaningful relationship with professionals.
- Children might benefit from **peer support programmes**. CYP might have problematic relationships with professionals (teachers, MH professionals). "C*hildren emphasised that they would rather speak to their friends about their mental health issues*." This is supported by the national DfE pilot that invested £5m in peer support programmes in schools, as well as Mind who listed peer support programmes as good practice (Youth in Mind).[cix]

6.1.2 Local service users

6.1.2.1 SABP service user feedback (2016/17)

SABP service users complete a short questionnaire after their treatment ("Your Views Matter"). 280 children and young people completed SABP's Your Views Matter surveys over the last year in the CAMHS Community teams and feedback included:

- Overall satisfaction of the service was 84%
- 85% would recommend the service to their friend or family
- 92% felt they were treated with dignity and respect
- 85% knew who to contact if they had a problem
- 96% were given information in a way they could understand

> *"The help now being provided is excellent. But the length of time and continued delays and being fobbed off have delayed the very necessary treatment by almost a year"*
>
> *"2 years ago I would have rated CAMHS as 1. Over last 2 years, a huge improvement"*

Analysis of SABP's received compliments and complaints from April 2016 until October 2017 show that service users were mostly happy with the service, with only a few complaints centring around waiting times (particularly for the BEN pathway).

6.1.2.2 CYA feedback (2016/17)

The findings were supported and expanded on by evidence collected locally by CAMHS Youth Advisors Service: [cx]

- **Transitions** to adult services can be challenging and scary
- **Clinic hours and locations changes** can affect how easily young people can engage with services
- Young people should be able to complete questionnaires sent to them **online** as well as by hand
- Different GP's have very different views on mental health i.e some can hold unhelpful views on **mental health stigma**
- There is very little **out of hours mental health support** for young people – although this is changing
- The **different thresholds for adult services** vs CAMHS can cause issues and anxiety among young people turning 18
- **Good communication between CAMHS worker**s and other services can aid service transition when a young person turns 18.

6.1.2.3 CAMHS: Young People's Perspective (2017)

This report produced by the Rights and Participation team highlighted a number of key themes that service users felt were **working well** on the current EWMH offer.[cxi] These included:

- The multi-faceted nature of support e.g. medication and counselling
- Ongoing support from professionals
- Staff are easy to talk to
- 80% of parents said that staff were sympathetic and helpful.
- 89% of parents said that the location, appointment times and facilities were fit for purpose.
- Some parents praised the referral process as being straightforward.

"Without [CAMHS] I don't think I would have achieved half of what I have done in my adult life."[cxii]

6.1.2.4 CAMHS User Experience Snapshot Report (2017)

Another recent report produced by the Rights and Participation team examining the user experience and views of professionals in Surrey has found that:[cxiii]

- There is a **wide range of support available** to children, young people, families and professionals. This is appreciated and valued by children, young people, professionals, parents and carers.
- The staff used by CAMHS are easy to talk to and **built relationships well** with children and young people.
- Those who have a good knowledge of the services available and are able to access information about it tend to have a better outcome than those who do not.
- Parents and carers said that they **were not kept informed about potential treatments** and care plans for the duration of their child's time using CAMHS.
- Children and young people who do not engage with services are **left without support.** Combined with long waiting times, this means that young people are left at risk with no support for months at a time.
- There is a **lack of understanding and clarity around thresholds** which results in confusion for children and young people and for those referring them, in particular schools.
- Most parents and service users said that if the service had had an impact, then it had been a negative one. Several spoke of the **process making them feel stressed** and hopeless, while another said that CAMHS was "not fit for purpose."
- The **experience of the referral system into CAMHS is mixed**, with some experiencing a smooth and quick referral and others with long wait times and frustration.

6.1.2.5 Family Voice Surrey survey (2017)

Parents and carers whose children had used CAMHS took part in a FVS survey in 2017 and feedback identified areas for improvement:

Communication

Only 14% of parents were aware of Single point of Access support for families in waiting time (FVS survey)

- Clarify/ communicate/ train professionals so they are clear who can refer
- Make sure SPA support for families available and made known
- Improve information/ knowledge sharing from CAMHS staff
- Improve support/ advice/ training for parent carers
- Improve communication to children, young people and families and wider stakeholders

Accessing support

52% said waiting 3 months or longer for an assessment after referral; 23% longer than 6 months

- Consider move to self-referral, as in CAMHS plan for later in contract
- Reduce waiting times – assessment and treatment
- Offer support while waiting

- Make re-referral process straightforward and with timely response
- timely information and informed decision making at assessment and treatment stage

Effectiveness and quality of service
58% said treatment outcomes not achieved at all: 7% mostly achieved

- Make service 'child and family centred'
- Continue to improve locations/ facilities/ times / in consultation with users
- Involve children and families - in Care Plan, setting outcomes, agreeing progress, agreeing discharge
- Value and measure family and young person experience/ use to drive change
- Ensure Health & Wellbeing Plan in place and 'owned' by child and family
- Improve pathways for crisis – child and family awareness/ services prepared
- Use cases to identify how crises can be reduced, especially admissions

Integrated services
88% said transfer to other services not well managed: 2% well managed

- Improve transfers to other services on discharge

6.1.2.6 Healthwatch case studies (2016/17)

The findings of the FVS survey chimed with evidence collected from Healthwatch throughout 2016 and 2017 with case studies highlighting where children and young people's needs were not being met.[cxiv] Feedback included:

- Some referrals have been 'batted back' and the process needs to improve
- EWMH wait times are too long
- Young people who are transitioning from CAMHS to Adult Mental Health services can sometimes stop receiving care for their mental health

"*My son has ADD & ADHD (he is 6) and he had a referral from GP to CAMHS and it got lost for 2 months, he then was on a waiting list for 12 months so we had to go privately as he was in crisis at school. The school was so good but very frustrated.*" (Healthwatch 2017)

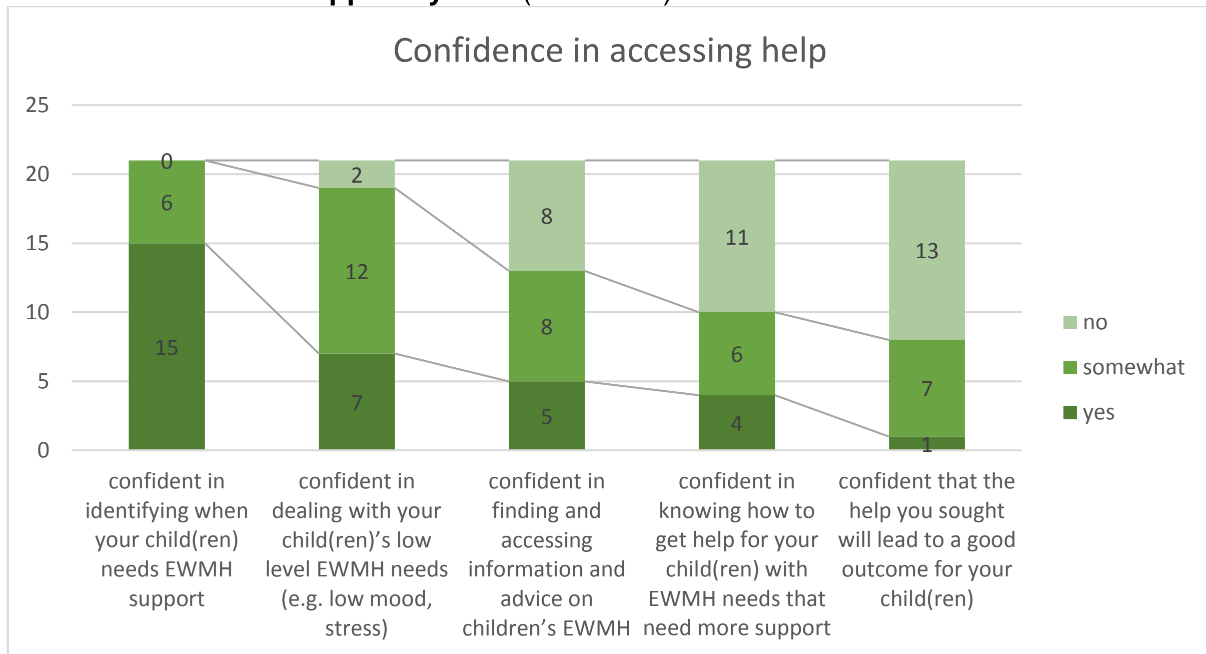
"*There are loads of problems with mental health referral times as they are too long and CAMHS are 'batting back' referrals deemed not serious enough. This is frustrating as they have no where else to turn*" *Health Visitor, July 2016* Healthwatch

6.1.2.7 Needs Assessment survey (2017)

The online survey specifically set up for this report collected feedback from 21 parents and carers. Most feedback came from parents/carers whose children had disabilities (90%) and were on the autistic spectrum. Feedback included:

- 67% thought children had not enough support in place to achieve positive outcomes for EWMH. Key blockers were identified as being **unable to access help in a timely manner**. "*Surrey Council will not provide an educational psychologist assessment nor an occupational therapist assessment in spite of us providing evidence that at least 1 year's OT therapy is required.*" Also, one parent said that younger children's needs are being overlooked.

- Parents identified that children might need **more support for bullying (especially for children with ASD)**, better **integration between agencies** and help with **developing life skills** and self-esteem.
- Parents felt fairly confident in their ability to help their child but were **not confident in the wider EWMH support system** (see below).



- Parents whose children had experience of the service, showed similar **frustration with access and quality of CAMHS** as was found in previous research (all of the 11 parents of service users stated that their child did not receive enough support throughout the referral process; 8 out of these 11 parents thought that the waiting times for a first appointment were too long).
- Eight parents were able to give their views on outcomes of CAMHS support. Most were negative and related to long waiting times and not receiving adequate support while waiting, but some were around the type of treatment not being right:

"*We couldn't see any improvement - it was a psychiatrist when I think another mental health practitioner may have been more appropriate and could have done some counselling work with my child who we think has Aspergers and at the time self-esteem issues. Work more* ***appropriate to her age*** *would have been of more benefit.*"

"*There was a* ***change in worker and we not informed****. My child needed longer time with the service* ***too quick to dismiss***."

"*We were not given any coping strategies to help my daughter. I explained very clearly the problems she had faced and what she was going through, anger at this time, and that she wouldn't want to talk.* ***They completely ignored what I said***."

- Parents reported a high re-referral rate (64% of service users were re-referred in the last 12 months).
- Parents when asked what would make the most difference to the wellbeing of their child(ren) stated:
    - Good parenting / support for parenting (esp. around ASD)
    - Better awareness of mental health issues
    - Access to beds for acute support closer to home
    - More support for schools to build resilience and signpost parents and children
    - Trusting relationships with CAMHS professionals (confidentiality)
    - Improved ECHP process

Those that receive CAMHS support tend to be satisfied, particularly with staff. However, there is evidence that users think their treatment was ineffective, supported by high re-referral rates to the service. Overall, feedback shows that targeted CAMHS needs to improve to meet parents and children's needs, in terms of access and quality. Parents feel particularly strongly about gaps in BEN provision.

6.1.3 Local – professionals

6.1.3.1 CAMHS User Experience Snapshot Report (2017)

As part of the CAMHS user experience report, schools were asked to give their views on CAMHS. Feedback included:

- Lack of clarity around referral process and thresholds
- Lack of awareness of services that support children and young people with low level EWMH issues or while waiting for referral.
- Schools in particular commented that the communication and information they received from CAMHS is poor and leaves them feeling uninformed and unable to properly support children and young people in the school setting.
- There is a general lack of awareness of other services available to support children and young people who have low level need or who do not meet thresholds. More information about these services would improve outcomes for this group.

6.1.3.2 Workshop with CAMHS practitioners (2017)

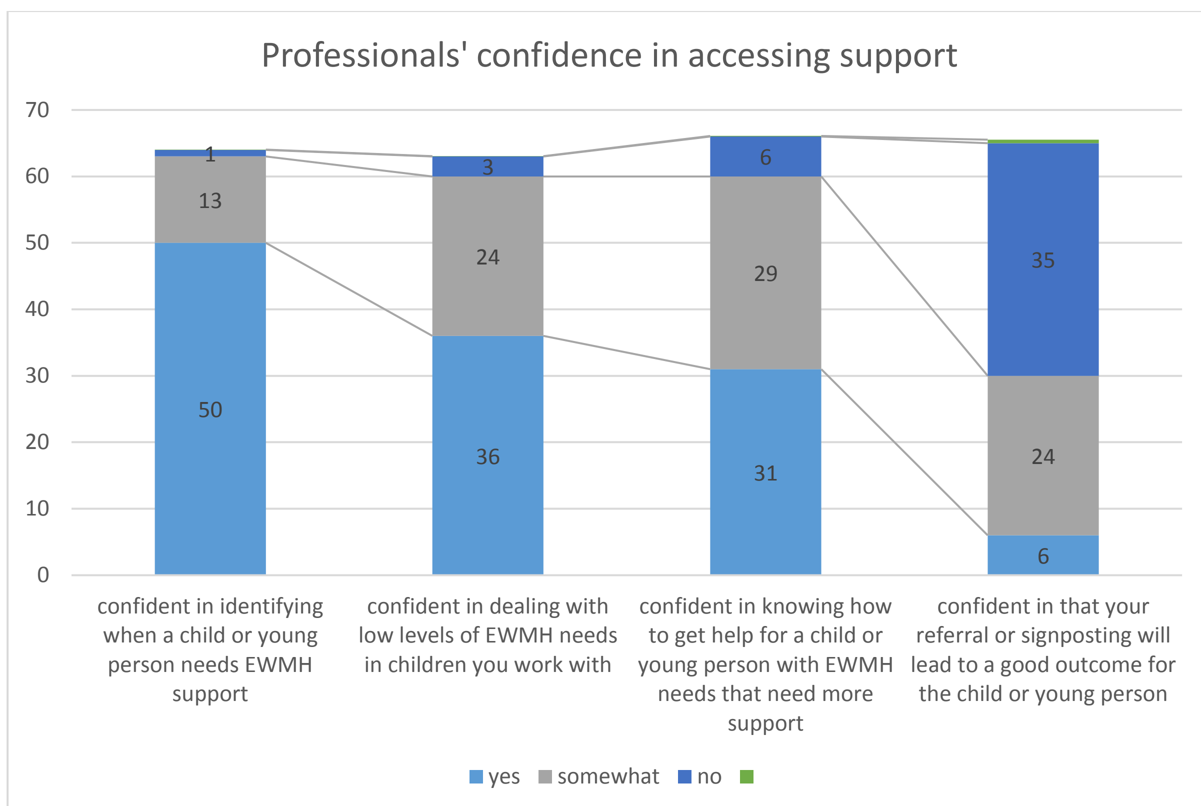
Practitioners fed back that the key areas of need in Surrey are:

- Bullying as a growing risk factor for EWMH issues
- Focusing on prevention and early intervention
- Suicide prevention for young men
- CAMHS for children under 5
- Holistic approach – better integration of agencies and organisations to optimise care pathways, training and awareness:
    - Improving understanding and management of ADHD / ADS in schools;
    - Supporting GPs to manage EWMH in primary care
- Pastoral care in schools
- Non-therapeutic support for families who are struggling

6.1.3.3 Needs Assessment survey (2017)

A survey conducted for this report asked professionals about their views on children's EWMH. 68 respondents gave their feedback which included:

- Majority of professionals (84%) still think our stated outcomes are relevant
- Professionals seem confident in identifying EWMH issues in children and dealing with low levels themselves. Most also feel confident in knowing how to make a referral. However 51% of respondents had no confidence that referring to EWMH services would lead to a good outcome. Some sectors had lower confidence levels than others, for example, 3 out of 4 Police respondents (75%), 4 out of 5 other health professionals (80%), 3 out of 4 school nurses (75%) and 2 out of 3 secondary schools (67%) expressed that they had no confidence in improved outcomes for CYP.



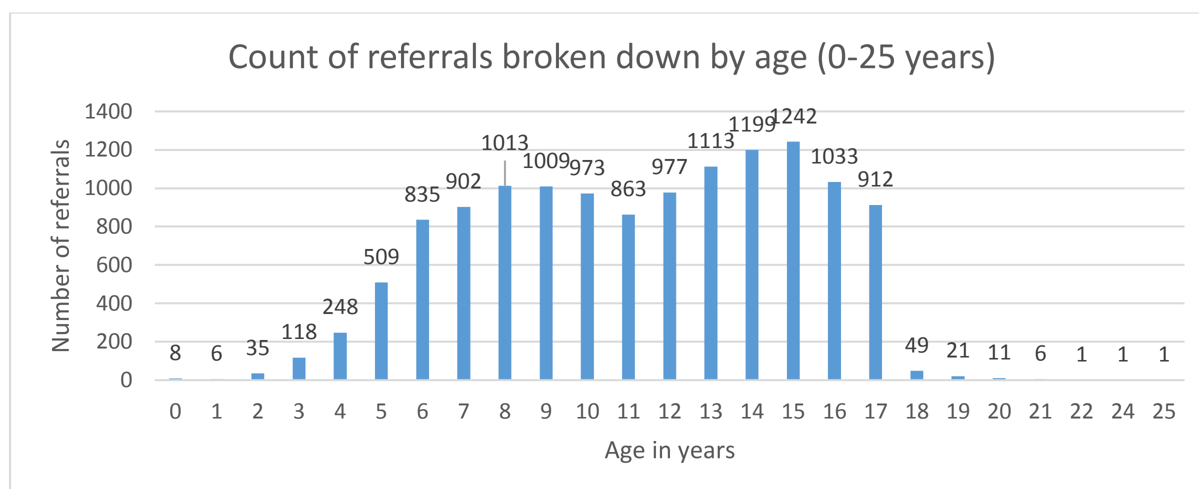
- Respondents had a mixed experience when making referrals (72% though it was easy to make a referral). The biggest area of improvement was being kept updated during referral (76% said they were not being kept informed). This was particularly pronounced amongst schools and GPs (all of secondary schools thought they did not receive a timely response after referral or were being kept informed throughout the process; 9 out of 10 GP respondents stated that they were not provided with information and guidance whilst waiting for a referral).
- The **waiting times** for EWMH services are too long (72%).
- Overall, 77% said that the EWMH offer in Surrey somewhat meets children's needs, whereas 14% thought it did not. This was particularly pronounced amongst secondary schools (67% of secondary schools thought the offer does not meet CYP's need) and GPs (30%).
- Professionals identify lack of funding as a key barrier to meet children's needs
- Slow development of technology and media are hampering engagement with CYP
- Recruiting staff to deliver services is an issue

7 Gap analysis

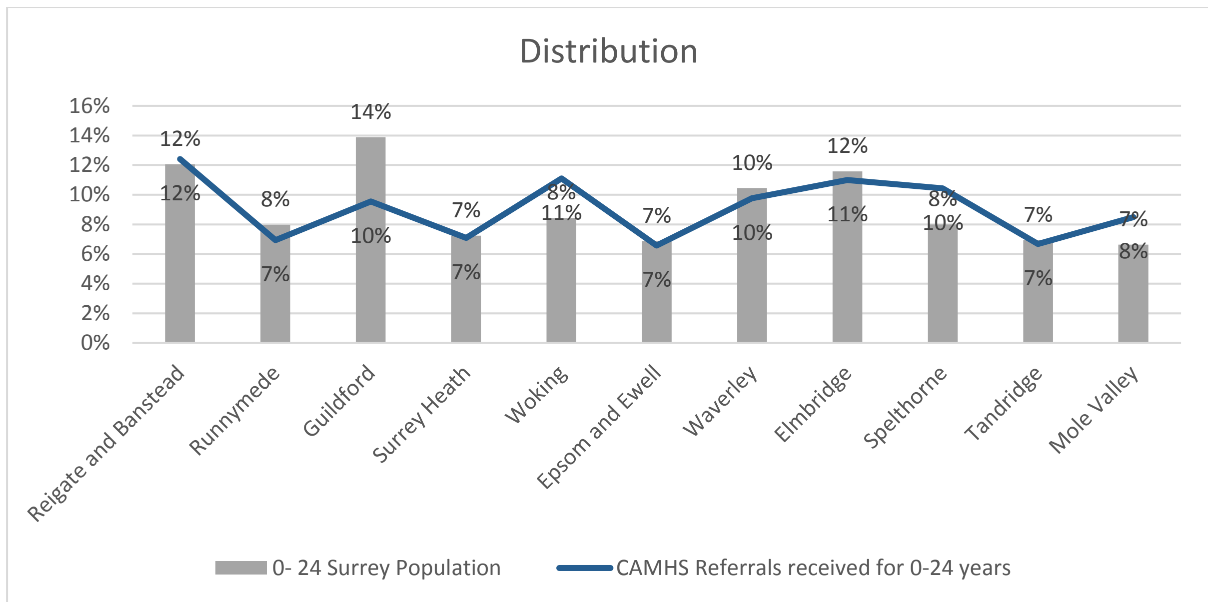
In order to understand how well the current offer meets the needs of children and young people, the report not only looked at feedback from service users and professionals, but also analysed performance data from various providers. It should be noted that due to IT system changes, key providers (CFHS, SABP) faced challenges around data collection and reporting, which affects this report's ability and scope of analysis.

7.1 Accessing CAMHS

An analysis of referrals into CAMHS from April 2016 to November 2017 shows that CAMHS received c13,000 referrals for targeted and specialist support, 80% of which were first time referrals, which equates to 4% of CYP in Surrey. Most referrals came from GPs (70%), followed by education (Local Authority Education and non LAE combined 13%).The gap between the general EWMH prevalence of 10% and the referral rate of 4% might be in part due to early and low level support being sufficiently delivered at below-CAMHS levels in schools and primary / community health care. It could also mean that the EWMH needs of some children and young people are not being recognised correctly and/or that these children are not being passed on (possibly for lack of confidence that CAMHS will be able to help the child – see professional feedback). The most prevalent dip in referrals occurs when children transition from primary into secondary school (possibly highlighting the need for more seamless and better integrated support systems).



Also, there seems to be a gap in Guildford, where 14% of Surrey's CYP live but where only 10% of all CAMHS referrals come from. This needs further exploration as to why fewer referrals are received in this area. Woking and Spelthorne on the other hand seem to be over-performing, 8% of CYP live in Woking but 11% of referrals came from that borough; the same applies to Spelthorne. This might be due to a higher prevalence of risk factors in these locations, such as pockets of high deprivation.



Interestingly, when looking at referrals for children aged 0-17 with low level EWMH needs received at Early Help Hubs from MASH (the children's services' front door) in the same period, most referrals are for children aged 10, 11 and 12, which is roughly when CAMHS referrals dip.

Sum of Number of Records	Column Labels																		
Row Labels	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Grand Total
Child Development Needs	1	4	4	10	10	13	18	19	21	16	25	21	21	18	20	15	14	9	259
Grand Total	**1**	**4**	**4**	**10**	**10**	**13**	**18**	**19**	**21**	**16**	**25**	**21**	**21**	**18**	**20**	**15**	**14**	**9**	**259**

Similarly, the proportion of referrals for low level EWMH needs for children in Guildford and Waverley are much higher than the general distribution of the CYP population in these areas (25% of EH referrals came from Waverley, 22% from Guildford), i.e. above proportionate referral numbers for these locations. It is to be explored why children of these age groups and locations do not seem to be directed to the CAMHS one stop but to a more generic children's services referral point.

7.2 Targeted support

To prevent low level mental health needs from escalating, the EWMH offer in SCC includes low level tier 2 intervention that gives specialist support beyond the universal offer of health visiting and school nursing. These services also develop the capacity and knowledge of universal services to identify EWMH issues in children early and access the right help, by delivering training to universal staff

Low level support services are provided by Children and Family Health Surrey and include:

- Parent Infant Mental Health - The service supports parents who may have difficult feelings during pregnancy and in the weeks after the baby has been born, through individual and group sessions (i.e. baby massage). In 2015/16, that service received 620 referrals and offered 531 families support.
- Community Nurses for Children's EWMH - The service offers added support to school-aged children with low to moderate level EWMH needs. This might involve signposting to services from different agencies according to the child's specific difficulty or short term therapeutic intervention. In 2015/16, the service offered 752 consultations. 330 cases were referred onto CAMHS for further support.

A service review in 2016 found high satisfaction levels amongst service users. However, some areas revolving around the needs of CYP in Surrey included:

Needs of BME groups and vulnerable children such as Looked After Children and Care Leavers should continue to be recognised and actively met.

Integration between agencies for early years and education is necessary to ensure seamless transition for 3-6 year olds.

Should universal and low level support services not be sufficient in meeting children's EWMH needs, the child is referred to CAMHS (provided by Surrey and Borders Partnership Trust). CAMHS includes Primary Mental Health which works across all children and young people. The current CAMHS offer also delivers services targeted at following risk groups:

- Looked After Children (CAMHS 3C)
- Care Leavers (CAMHS Care Leavers)
- Post Order (CAMHS Post Order)
- Sexually abused / Harmful sexual behaviour (CAMHS STARS)
- Mothers with perinatal MH needs (CAMHS PIMHS)
- Children with behaviour / neurodevelopmental issues (CAMHS BEN)

The most significant unmet need in terms of volume demand is for children with behaviour and emotional – neurodevelopmental needs, where waiting times on the BEN pathway are too long.

Other services with high wait times include:

- **Primary Mental Health team**. There is a long reported wait for the first appointment, this has been in part due to workforce challenges.
- **Post Order.** The service is new and staffing issues have prevented the team from fully meeting the needs of post order children. However, there is EWMH support available through the Adoption Support Fund which is being managed by the SCC adoption and SGO teams.

7.3 Specialist support

CYP sometimes require more specialist level of support with their complex emotional wellbeing and behavioural needs to prevent CYP from having an unnecessary admission to an adolescent psychiatric bed.

- The **Hope service** provides an intensive community support package and a therapeutic day programme for CYP whose needs cannot be met by one agency alone and require intensive support. The Hope service helps to prevent or shorten young people being admitted to an inpatient unit or being placed in an out of county placement.
- **Extended Hope** provides an out of hours intervention, assessment service and respite beds for CYP who are experiencing an emotional/mental health crisis. 80% of CYP who accessed the HOPE service between April-May 2017 said that they 'were either 'extremely likely' or 'likely' to recommend the Hope Service'.[cxv]

Other groups receiving specialist support include:

- All CYP with moderate / severe MH needs (Community CAMHS)
- Young people who are homeless, at risk of homelessness, and/or using drugs and alcohol (CAMHS Mindful)

- Children with learning difficulties (CAMHS Community Learning Disabilities Service)
- CYP with Eating Disorder (CAMHS Eating Disorder Service)

Some of these services are working well to meet the needs of CYP, for example Mindful and CAMHS ED have no wait times and high satisfaction rates of people that use it. Other specialist services, at the moment, have volume demand issues or staffing issues that mean CYP wait to access the service.

7.4 Acute support

The requirement for Surrey's CYP to access level 4 services has been on a downward trend since September 2016, which might be due to improved prevention and lower level intervention. Over recent years there has at times, been difficulties identifying and securing level 4 adolescent psychiatric beds in a timely manner and local to Surrey. This has occasionally resulted in young people being admitted to beds many miles from their family and community. On rare occasions it has been necessary for young people to be temporarily admitted to adult wards with CAMHS staff offering daily visits until an adolescent bed can be sourced. There is now work and planning in progress to commission and secure more local beds across Surrey, Kent and Sussex to alleviate some of the above issues. This will be in place from 1st April 2018.[cxvi]

The Hope and Extended Hope services (including the two beds provided by this service), has significantly reduced the need for level 4 beds. As there are currently no level 4 beds in Surrey, this has resulted in far fewer CYP being placed out of county; helping to reduce the impact this has on their families/carers. The HOPE and Extended HOPE services have also enabled quicker repatriation of CYP who need to be admitted to out of area level 4 beds, reducing their length of stays and getting them back into their local communities as quickly as possible.[cxvii]

Feedback from services also highlighted younger children (primary school age) who might need more intense support in crisis.

7.5 Approach underlying all levels

The national Children and Young People Improving Access to Psychological Therapies (CYP IAPT) programme is one of the enablers that supports the development and improvement of care delivered by the children and young people's mental health and wellbeing services. The evidence-based training programmes will up-skill staff enabling them to adopt and embed the key CYP IAPT principles, values and standards of participation, evidence-based practice, accessibility, accountability and awareness in every day practice.

The core principles include:

- Value and facilitate authentic **participation** of young people, parents, carers and communities at all levels of the service
- Provide **evidence-based practice** and are flexible and adaptive to changes in evidence
- Are committed to r**aising awareness** of mental health issues in children and young people, and are active in decreasing stigma around mental ill-health
- Demonstrate that they are accountable by adopting the **rigorous monitoring of the clinical outcomes** of the service, and
- Actively work to **improve access** and engagement with services

Staff from the key CAMHS providers are currently taking part in training and the principles are being embedded in everyday practice. This is expected to raise the quality and effectiveness of treatment.

8 Findings

The needs assessment reviewed strategic drivers, and used national and local evidence to explore needs of children and young people around their EWMH. By researching the need of the population and setting that against the current offer, this report identified unmet needs that are either because of the current system not fully functioning, or because of wider social and technological developments and emerging academic evidence.

While outlining needs below it is also important to recognise the fact, that CAMHS services are in place to support specific groups. Evidence shows that some of the services are working very well with low or no wait times and referrer and service user feedback is positive.

8.1 Existing and known areas of need

Certain risk factors are well researched and known. Cohorts such as Looked After Children, Care Leavers, Post Order children and young people, sexually abused CYP, UASC have dedicated support in place. Other services are being developed to meet recognised need, for example for perinatal mental health support, young people at the edge of entering the justice system or YP in crisis.

In order to better meet the known and established needs of all children and young people, including at risk groups, the system of accessing and receiving existing EWMH services needs to improve.

Gaps in the system:

- **Waiting times.** The most significant unmet need is access: the long waiting times experienced by children and their families, when they need help the most. CYP and their families need more timely access to some CAMHS, particularly BEN support. Investment in this area has so far not met identified need.
- **Quality of service received.** Children and young people, and their families said that their treatment is sometimes ineffective and that outcomes for them have not improved. There is little confidence that accessing support will have a positive impact on children's lives. This should be addressed with the on-going embedment of CYP IAPT which aims to improve access and quality of services.
- **Communication around support for parents.** Parents' key needs centre around better information and feeling that they are being supported with their child's EWMH issues. This includes knowledge / awareness of SPA and support throughout waiting period.
- **Communication around system for referrers**. Professionals, particularly schools need to be better informed of referral points and thresholds. Professionals often don't feel confident in referring children or accessing advice when they need it. A substantial investment into Surrey's EWMH provision has taken place and it is important that these services are clearly communicated between partners, such as schools, GP and the Police.
- **Communication and support for children and young people.** Children expressed their need for accessible and age appropriate information and services. Making accessing EWMH services as easy and convenient as possible is key in ensuring CYP engage, this might include support from peer groups. Those that do not meet

thresholds need to have access to support and information that will help them with their EWMH issues.
- **Integrated support**. Families feel that they are not sufficiently supported before or after treatment. Care and support for EWMH should be seamless and integrated across health, social care and education. This would allow agencies to better recognise and support children with key issues such as bullying or behavioural needs, or during transition from primary to secondary school stage.
- **Transitioning to adult MH services.** Surrey currently does not have a pathway to support young people at this particularly challenging time. This unmet need has been recognised and there is currently a pathway being developed as part of a two year National CQUIN however until this has been implemented there is a service gap.
- **Inpatient beds.** While the focus on prevention and early intervention has produced positive results in lowering need for level 4 beds, there will always be some need to acute EWMH support. The need for level 4 beds in Surrey, including for younger children, has been recognised and work is in place to address this through CCGs and NHS.

The issues experienced by parents mean that they tend to have low confidence in that EWMH services will produce good outcomes for children and young people in Surrey. While the report found some evidence of satisfaction with EWMH services (sub-contractors, community health providers, and some CAMHS service users) there was some frustration in the feedback directly collected by the report and other sources. This also applies to some degree to universal services, particularly schools, who feel the current offer is not available to those that need it or will not produce an improved outcome.

Generally, while the needs of at risk groups have been known for some while, there is evidence that some children with vulnerable characteristics fall under the radar. While there are dedicated services for some key at risk groups, service users with other protected characteristics might use all services, at all levels of need. Services delivering EWMH support need to ensure that they understand these cohorts and their needs, and how best to engage in order to best provide particularly for:

- BME and GRT
- LGBTQ
- Children in Need
- Children with disabilities
- Young carers
- Home-educated children

In order to monitor how well services are meeting needs of at risk groups, services need to improve their **data recording and reporting mechanisms**.

8.2 New and emerging areas of need

The above outlined needs and priorities of children and their families, and professionals have been known for some time and are partly unmet because of existing services not delivering fully on their designed purpose. This needs assessment has also explored new themes and priorities that emerged recently:

- **Social media**. There is emerging evidence on impact on CYP’s mental health. This includes children being exposed to cyber-bullying and issues around body image.

Social media however also presents opportunities to improve CYP’s access to information, guidance and services.

- **Children in Need / multiple disadvantages.** There is evidence of how the interplay of disadvantages leads to considerably poorer mental health in children and young people. Areas with greater impact on children’s EWMH include poverty, parental ill-health, crime, and neglect.
- **Growing recognition of need around ASD / ADHD / behaviour support**. Evidence suggests that the number of children and young people with statutory plans who have been identified as having Autistic Spectrum Disorder (ASD) has increased by around 50% since 2009. Demand is growing fast and the new BEN pathway is not yet adequately meeting that need.
- **Gender specific EWMH needs.** Research shows that girls are 50% more likely to develop some mental health conditions. Teenage girls have lower emotional wellbeing and are more prone to cyber-bullying, body image and self-esteem issues. Gender-neutral approaches to protecting and promoting children and young people's emotional and mental wellbeing miss important aspects of their needs and experiences.
- **Premature babies.** There is emerging evidence that low birth weight increases the likelihood of developing EWMH needs in later life.

9 Appendix – overview of EWMH services in relation to need

Vulnerable groups or specific need	Service in relation to need
Easy and accessible way to make a referral to the CAMHS Services	**OneStop**
Surrey-wide NHS community health service for children and young people from birth up to 19 years of age (up to 25 for young adults with additional needs) and their parents and carers	**Children and Family Health Surrey**
Parent infant Mental Health – Mothers who have mental health issues and poor attachment to child	**Parent Infant Mental Health Service (PIMHS)**
Online mental health support	**Xenzone - Kooth**
Help young people build their wellbeing, resilience	**Eikon**
Children and young people start to present with poor emotional wellbeing and low levels of resilience	**Primary Mental Health Team**
Support children and young people when they begin to feel unwell (For CYP over 10 years old)	**Youth Support Service**
Looked After Children & UASC	**Children in Care 3 C's Service**
Care Leavers	**Care Leavers Service**
Adoption or SGO	**Post Order Support Service**
Sexual Abused and Child Sexual Exploitation Children who display Harmful Sexual Behaviour	**STARS (Sexual Trauma and Recovery Support)** **A.C.T (Assessment, Consultation, Therapy)**
Intensive day service support for 11-18 year olds experiencing complex mental health and social care needs	**Hope Service**
Out of hours support for 11-18 year olds experiencing a crisis	**Extended Hope**
ASD, ADHD, Complex Needs Skills building programme for parents of CYP with ADHD	**Behaviour & Neurodevelopment Service (BEN)** **Brain In Hand** **National Autistic Society** **Barnardo's parenting programme**

CYP with moderate to complex or chronic problems mental health issues	**Specialist CAMHS (including Community CAMHS)**
CYP up to 18 years with severe Learning Disabilities	**Community Learning Disabilities Service**
Support for CYP and their families who have an Eating Disorder	**Eating Disorder Service**
16-25 year olds who require support with their mental health	**Mindful Service**
Substance Misuse	**Catch 22**

10 Glossary

Abbrevi-ation	Full term	Explanation
ADHD	**Attention Deficit Hyperactivity Disorder**	Is a neurobiological disorder, the typical symptoms include inattentiveness, hyperactivity and impulsiveness.
ASD	**Autism Spectrum Disorder**	Autism is a spectrum condition which includes Asperger syndrome and demand avoidant profiles (PDA) that affect a person's social interaction, communication, interests and behaviour.
BEN	**Behavioural, emotional and Neurodevelopmental**	Neurodevelopment refers to the brain's development of neurological pathways that influence performance or functioning (e.g. social skills, memory, attention or focus skills). BEN disorders include autistic spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and foetal alcohol syndrome, as well as broader behavioural difficulties
BME	**Black and minority ethnic**	Anyone who is not white British
CAMHS	**Child and Adolescent Mental Health services**	NHS provided services in the United Kingdom for children and young people's Mental Health issues. In Surrey also known as Mindsight CAMHS.
CCG	**Clinical Commissioning Group**	Clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area
CiN	**Children in Need**	Children that need appropriate provision and services to support them in having a reasonable standard of life. A child who is identified as 'in need' could also have additional physical or mental health needs.
CSE	**Child sexual exploitation**	Is a type of sexual abuse which involves exploitative situations, context and relationships where children receive something as a result of their performing, and/or others performing on them, sexual activities
CYA	**CAMHS Youth Advisors**	Is a network of around 250 young people who all access or have accessed mental health services in Surrey. CYA works to ensure that CYP who use CAMHS have a voice in what goes on in CAMHS through being involved in recruitment, staff training, service development and lots more.
CYP	**Children and Young People**	0-18 years (up to 25 years for SEND and Care Leavers)
CYP IAPT	**Children and Young People's Improving**	A change programme delivered by NHS England in partnership with Health Education England. This programme does not create

	Access to Psychological Therapies programme	standalone services, but works to embed these principles into existing services. The programme began in 2011 and by March 2017 it was working across services that cover 90% of the 0-19 population. We are working to achieve 100% coverage by 2018.
DA	**Domestic Abuse**	Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, emotional.
EHE	**Elected Home Education**	Is where parents or carers of a child decide to educate their child at home instead of sending them to a school
ELSA	**Emotional Literacy Support Assistants**	Support children and young people in school to understand and regulate their own emotions
EWMH	**Emotional Wellbeing and Mental Health**	A positive sense of wellbeing which enables an individual to be able to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune
FVS	**Family Voice Surrey**	Champions the needs and rights of SEND families in Surrey: families with children or young adults up to the age of 25 who have special educational needs, chronic illnesses, including mental health conditions, or disabilities
GRT	**Gypsy Roma Traveller Families**	Includes Gypsies, Roma and Traveller, English Gypsy, Travellers of Irish Heritage and Fairground communities
HSB	**Harmful Sexual Behaviours**	Children and young people who develop harmful sexual behaviour harm themselves and others
ISS	**Intensive Support Services**	A multi-disciplinary team that works with children and young people with a learning disability whose behaviour challenges
JSNA	**Joint Strategic Needs Assessment**	Is a process by which local authorities and Clinical Commissioning Groups assess the current and future health, care and wellbeing needs of the local community to inform local decision making
	Looked After Children	Child who is either provided with accommodation by a local authority social services department for a continuous period more than 24 hours, or someone who is subject to a relevant court order under part IV

		or V of the Children Act, 1989. Could refer to children subject to accommodation under an agreed series of short term placements like short breaks, family link placements or respite care. Most looked after children cease to be looked after, after reaching their 18th birthday. Some are looked after until their 21st birthday under Section 20 (5) of the Children Act
LGBTQ	**Lesbian Gay, Bisexual, Transgender and Queer**	
	Local Transformation Plan	The transformation of children and young people's mental health is led by local areas. This means professionals from across the NHS, public health, children's care, education and youth justice working together with children, young people and their families to design and provide the best possible services. Surrey NHS Clinical Commissioning Groups (CCG) and commissioning partners work collaboratively.
NICE	**National Institute for Health Care Excellence**	A body promoting clinical excellence and the effective use of resources within the health service
PIMHS	**Parent and Infant Mental Health**	Targeted service for mothers with perinatal MH need.
PSHE	**Personal, social, health and economic education**	**PSHE** education is defined by the schools inspectorate Ofsted as a planned programme to help children and young people develop fully as individuals and as members of families and social and economic communities.
SaBP	**Surrey and Borders Partnership Trust**	Key provider of CAMHS offer in Surrey (Mindsight CAMHS).
SCC	**Surrey County Council**	Local authority and key partner in commissioning EWMH offer in Surrey.
SEMH	**Social, emotional and mental health**	Social, emotional and mental health (SEMH) is one of the 4 broad categories of need for children and young people with Special Educational Needs and disabilities (SEND) as outlined in the SEND Code of Practice 2014. It is the overarching term used for children and young people who demonstrate difficulties with emotional regulation and/or social interaction and/or are experiencing mental health problems.
SEND	**Special Educational Needs and Disabilities**	SEN: A child or young person has Special Educational Needs if they have a learning difficulty or disability which calls for special educational provision to be made for them. Children and young people with SEN may need extra help because of difficulties with: communication and interaction; **cognition** and learning; social, emotional and mental health difficulties; **sensory** and/or physical needs.

		Disabilities: the Equality Act (2010) defines disability as when a person has a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.
SGO	**Special Guardianship Orders**	**Special Guardianship Order** is an **order** of the court under the Children Act 1989 which grants the holder(s) parental responsibility over a child until they reach the age of 18. This enables the **special** guardian(s) to make day-to-day decisions on behalf of the child, for example in relation to their education.
STARS	**Sexual Trauma and Recovery Support**	
	Specialist Services	A specialised multi-disciplinary service for more severe, complex or persistent disorders
	Targeted Services	Services provided by specialist individual professional relating to workers in community and primary care settings including paediatricians, community nurses and educational psychologists, as well as child and adolescent mental health professionals
UASC	**Unaccompanied Asylum Seeking Children**	A UASC is defined as an individual who is under 18, has arrived in the UK without a responsible adult, is not being cared for by an adult who by law or custom has responsibility to do so, is separated from both parents and has applied for asylum in the United Kingdom in his/her own right.
	Universal Services	Professionals working in universal services, providing a primary level of care, including primary and community health care (e.g. health visitors, GPs, school nurses), education (teachers, school, colleges) social care (local authority children's services, children's centres) and voluntary organisations

[i] NICE (2013) Social and emotional wellbeing for children and young people
https://www.nice.org.uk/advice/lgb12/chapter/Introduction accessed 27.11.17
[ii] Mental Health Foundation **https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people** accessed 27.11.17
[iii] Mental Health Foundation **https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people** accessed 27.11.17
[iv] **https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper** accessed 05.12.17
[v] **https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper** accessed 05.12.17
[vi] Frith, E. (2016) 'Centre Forum Commission on Children and Young People's Mental Health: State of the Nation'.
[vii] Children's Commissioner Briefing (2017) Briefing: Children's Mental Healthcare in England, p.4
[viii] Public Health England (2016) *The mental health of children and young people in England,* p.5
Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf accessed 23.08.17
[ix] Surrey County Council (2017) Draft - Fostering Recruitment & Retention Strategy 2017 – 2019, unpublished, p.1
[x] Surrey County Council (2017) Child First Commissioning Intentions for Children in Surrey 2017-22, p.15
[xi] McCann et all (1996) on http://www.careleavers.com/adult
[xii] Surrey County Council (2017) Child First Commissioning Intentions for Children in Surrey 2017-22,p.16
[xiii] Surrey County Council (2017) Child First Commissioning Intentions for Children in Surrey 2017-22, p.4
[xiv] Surrey County Council (2017) Child First Commissioning Intentions for Children in Surrey 2017-22, p.7
[xv] Surrey County Council (2017) *CSF Commissioning Plan 2017-22*, unpublished p.9
[xvi] Surrey County Council (June 2017) *Adoption Dashboard*
[xvii] Keyes M et al (2008), The Mental Health of US Adolescents Adopted in Infancy , JAMA Pediatrics, http://archpedi.jamanetwork.com/article.aspx?articleid=379446
[xviii] Surrey County Council (2017) Child First Commissioning Intentions for Children in Surrey 2017-22, p.17
[xix] NSPCC, http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-abuse/sexual-abuse-facts-statistics/
[xx] Surrey County Council (2017) Child First Commissioning Intentions for Children in Surrey 2017-22, p.17
[xxi] SafeLives (2017) Domestic abuse overview report: need and provision in Surrey
[xxii] NSPCC (2017) *Domestic Abuse Signs, indicators and effects*
https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/signs-symptoms-effects/ accessed 11.08.17
[xxiii] Surrey County Council (2017) Child First Commissioning Intentions for Children in Surrey 2017-22, p.4
[xxiv] Surrey County Council (2017) Child First Commissioning Intentions for Children in Surrey 2017-22, p.4
[xxv] The Children's Society, The Good Childhood Report, 2016;
https://www.childrenssociety.org.uk/what-we-do/research/the-good-childhood-report-16
[xxvi] Surrey County Council (2016) JSNA chapter: Substance misuse
https://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1734 accessed 17.11.17
[xxvii] National Children's Bureau (2017) Off the radar, shinning a light on children whose rights and welfare are at risk, p. 18
[xxviii] Rowe S.L. et al (2014), Perceptions of the impact a military career has on
Children, Occupational Medicine Advance Access published September 20, 2014
https://www.kcl.ac.uk/kcmhr/publications/assetfiles/2014/Rowe2014.pdf

xxix https://www.defensenews.com/digital-show-dailies/ausa/2016/10/05/20-percent-of-army-kids-will-need-mental-health-treatment/ 5 Oct 2016
xxx Children of military families - the challenges and opportunities - Wendy Nicholson, https://vivbennett.blog.gov.uk/2014/11/17/children-of-military-families-wendy-nicholson/
xxxi NHS England, Transitions out of Children and Young People's Mental Health Services (CYPMHS) http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&ved=0ahUKEwi2uJrs88XXAhVBqxoKHT6wATsQFgg5MAM&url=http%3A%2F%2Fwww.bsmhft.nhs.uk%2FEasysiteWeb%2Fgetresource.axd%3FAssetID%3D69324%26type%3Dfull%26servicetype%3DAttachment&usg=AOvVaw3152d8pdvB4DYy7wrqqjqi accessed 17.11.17
xxxii Surrey County Council (2017) JSNA Chapter: Young Carers and Young Adult Carers https://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1813 accessed 16.11.17
xxxiii Surrey Emotional Wellbeing and Mental Health Services for Children and Young People Needs Assessment Refresh (2014), http://www.surreyi.gov.uk/Resource.aspx?ResourceID=1350
xxxiv Surrey Emotional Wellbeing and Mental Health Services for Children and Young People Needs Assessment Refresh (2014), http://www.surreyi.gov.uk/Resource.aspx?ResourceID=1350
xxxv Local Government Association, First time entrants to the Youth Justice System http://lginform.local.gov.uk/reports/lgastandard?mod-metric=123&mod-period=1&mod-area=E10000030&mod-group=AllCountiesInCountry_England&mod-type=namedComparisonGroup accessed 17.11.17
xxxvi Surrey County Council (2013) JSNA Chapter: Young Offenders https://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1153&cookieCheck=true accessed 16.08.17
xxxvii SCC Amanda Hitchcock, Elective Home Education Team Manager (November 2017)

xxxviii Evans J. Not present and not correct: Understanding and preventing school exclusions. 2010 http://www.barnardos.org.uk/not_present_and_not_correct.pdf
xxxix SCC, CAMHS Re-fresh Needs Assessment (2014)
xl Surreyi https://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1731 accessed 30.11.17
xli https://www.nhs.uk/Livewell/Bullying/Pages/Bullyingfacts.aspx
xlii Draft Early Help Needs Assessment, SCC, 2017
xliii Young Minds (2017) *Bullying, How it can affect you* https://youngminds.org.uk/find-help/feelings-and-symptoms/bullying/#how-bullying-can-affect-you accessed 11.08.17
xliv Surrey County Council (2017) Child First Commissioning Intentions for Children in Surrey 2017-22,p.9
xlv Surrey County Council (2017) Child First Commissioning Intentions for Children in Surrey 2017-22, p.21
xlvi Surrey County Council (2017) What do we know about the population of disabled children and young people in Surrey? https://infogram.com/_/lEaw4tUh2rlTkKaplAlH accessed 27.11.17
xlvii Royal College of Psychiatrists http://www.rcpsych.ac.uk/healthadvice/parentsandyoungpeople/parentscarers/chronicphysicalillnesses.aspx accessed 24.11.17
xlviii More Than Half A Million Kids Have Been Referred To Mental Health Services, And This Is Just The Tip Of The Iceberg, http://www.huffingtonpost.co.uk/entry/child-mental-health-statistics-nhs-digital_uk_5a200285e4b0a8581e686afe, accessed 1.12.17
xlix http://www.autism.org.uk/about/health/mental-health.aspx, accessed 30.11.17
l https://www.mentalhealth.org.uk/a-to-z/a/attention-deficit-hyperactivity-disorder-adhd
li Surreyi JSNA Chapter: Maternity and infant feedinghttps://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1731 accessed 30.11.17
lii Birth statistics 2016: ONS; https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsbyareaofusualresidenceofmotheruk
liii https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2582751/, accessed 30.11.2017
liv NOFAS UK (2011) Foetal alcohol spectrum disorder (FASD), Information for parents, carers and professionals, http://www.nofas-uk.org/documents/2011.331%20NOFAS%20Factsheets%20Generic%20Final.pdf
lv Surrey I, https://www.surreyi.gov.uk/ViewPage1.aspx?C=Resource&ResourceID=1096# Ethnicity in Surrey

[lvi] **Prejudice discourages BAME children from seeking mental health support,**
https://www.localgov.co.uk/Prejudice-discourages-BAME-children-from-seeking-mental-health-support-/44306, accessed 1.12.17
[lvii] Early Help Draft Needs Assessment, SCC, 2017
[lviii] Early Help Draft Needs Assessment, SCC,
[lix] Surrey County Council (2014) Brighter Futures Surrey's strategy for Gypsy, Roma and Traveller children and young people 2014-2017 p.1
https://www.surreycc.gov.uk/__data/assets/pdf_file/0008/90980/GRT-strategy-2014-17-final.pdf accessed 17.11.17
[lx] Surrey JSNA Chapter: Lesbian, Gay, Bisexual and Transgender, Surreyi, 2011
[lxi] Surrey JSNA Chapter: Lesbian, Gay, Bisexual and Transgender, Surreyi, 2011
[lxii] Surrey Public Health in partnership with Children, Schools and Families (2017) Health Related Behaviour Questionnaire findings 2016/17, Powerpoint presentation slide, 9
[lxiii] Young Minds – Bush. M, (2016) The Voice of young people's mental health and wellbeing, Beyond Adversity Addressing the mental health needs of young people who face complexity and diversity in their lives, p.21
[lxiv] Surrey JSNA Chapter: Lesbian, Gay, Bisexual and Transgender, Surreyi, 2011
[lxv] Surrey JSNA Chapter: Perinatal Health, Surreyi, 2017
[lxvi] **https://epi.org.uk/wp-content/uploads/2017/06/Social-Media_Mental-Health_EPI-Report.pdf**
[lxvii] Current trends in health, wellbeing and risky behaviours amongst children and young people: a synthesis of recent evidence (2015) - Young People into 2015: The Health Related Behaviour Questionnaire results for 78,451 young people between the ages of 10 and 15 (School Health Education Unit, 2015)
[lxviii] SEN2 Census 2017 (Validated)
[lxix] Surrey County Council (2017) Child First Commissioning Intentions for Children in Surrey 2017-22, p.9
[lxx] ADHD is vastly overdiagnosed and many children are just immature, say scientists (March 2016),
http://www.telegraph.co.uk/news/science/science-news/12189369/ADHD-is-vastly-overdiagnosed-and-many-children-are-just-immature-say-scientists.html, accessed 30.11.17
[lxxi] **https://www.theguardian.com/society/2010/oct/31/child-attacks-on-parents-growing**, accessed 14.12.17
[lxxii] SCC (2017) Parenting Coordination plan re Parenting Support 2017-19
[lxxiii] The Children's Society, Good Childhood Report 2017; https://www.childrenssociety.org.uk/the-good-childhood-report-2017
[lxxiv] The Children's Society, Good Childhood Report 2016; https://www.childrenssociety.org.uk/what-we-do/research/the-good-childhood-report-16
[lxxv] Hamblin. E, National Children's Bureau (2016) Gender and children and young people's emotional and mental health: manifestations and responses, A rapid review of the evidence p.6
[lxxvi] Children's Commissioner Briefing (2017) Briefing: Children's Mental Healthcare in England, p.10
[lxxvii] Institute for Education (2017) Mental ill-health among children of the new century, Trends across childhood, with a focus on age 14 p.3
[lxxviii] **http://www.going4growth.com/downloads/NCB_evidence_review_-_gender_and_CYP_mental_health_-2.pdf accessed 28.11.17** p.6
[lxxix] **http://www.going4growth.com/downloads/NCB_evidence_review_-_gender_and_CYP_mental_health_-2.pdf accessed 28.11.17** p.6
[lxxx] **http://www.autism.org.uk/about/what-is/gender.aspx** accessed 28.11.17
[lxxxi] **http://www.autism.org.uk/about/what-is/gender.aspx** accessed 28.11.17
[lxxxii] **http://www.autism.org.uk/about/what-is/gender.aspx** accessed 30.11.17
[lxxxiii] Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2017. P,2
[lxxxiv] **http://www.going4growth.com/downloads/NCB_evidence_review_-_gender_and_CYP_mental_health_-2.pdf accessed 28.11.17** p.7
[lxxxv] **http://www.going4growth.com/downloads/NCB_evidence_review_-_gender_and_CYP_mental_health_-2.pdf accessed 28.11.17** p.8
[lxxxvi] **http://www.going4growth.com/downloads/NCB_evidence_review_-_gender_and_CYP_mental_health_-2.pdf accessed 28.11.17** p.7
[lxxxvii] **http://www.going4growth.com/downloads/NCB_evidence_review_-_gender_and_CYP_mental_health_-2.pdf accessed 28.11.17** p.8
[lxxxviii] Chimat, **http://atlas.chimat.org.uk/IAS/dataviews/tabular?viewId=65&geoId=4&subsetId** accessed 27.11.17

[lxxxix] JSNA Maternity and infant feeding, 2016
https://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1731&cookieCheck=true accessed 27.11.17
[xc] **https://www.theguardian.com/society/2017/feb/13/very-premature-babies-at-risk-of-mental-health-problems-research accessed 21.11.17**
[xci] Child First 2017-22, SCC
[xcii] JSNA EWMH in CYP, 2017
[xciii] Surrey County Council (2017) Child First Commissioning Intentions for Children in Surrey 2017-22, p.7
[xciv] CSF Commissioning Plan 2017-22, unpublished, p.20
[xcv] Source: SEND Commissioning Plan for Surrey 2017-2020, p.4[xcv]

[xcvi] Longitudinal study of young people in England: cohort 2, wave 2; https://www.gov.uk/government/publications/longitudinal-study-of-young-people-in-england-cohort-2-wave-2
[xcvii] What children are telling us about bullying The experiences of young people contacting Childline about bullying in 2015/16, NSPCC (2016) https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/what-children-are-telling-us-about-bullying
[xcviii] Mental Health of Children and Young people in Great Britain 2004, and Surrey population estimates from Surrey I (2016)
[xcix] NHS Choices (2016) *Generalised anxiety disorder in adults* **http://www.nhs.uk/conditions/Anxiety/Pages/Introduction.aspx** accessed 07.08.17
[c] Surrey Count Council (January –March 2016) based on data returned from Community Health Providers, Virgin Care, Central Surrey Health and Surrey and Boarders
[ci] Professional Association for Childcare and Early Years (2016) **https://www.pacey.org.uk/news-and-views/news/archive/2016-news/august-2016/children-as-young-as-3-unhappy-with-their-bodies/** accessed 20.11.17
[cii] NHS Choices (2015) *Self harm* **http://www.nhs.uk/conditions/Self-injury/Pages/Introduction.aspx** accessed 03.08.17
[ciii] Public Health England (2016) *The mental health of children and young people in England,* p.21 Available at: **https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf** accessed 23.08.17
[civ] Public Health England, Children and Young People's Health and Wellbeing, Fingertips tool **https://fingertips.phe.org.uk/search/self%20harm** accessed 03.08.17
[cv] SCC (2016) Annual Public Health Report
[cvi] Surrey Public Health in partnership with Children, Schools and Families (2017) Health Related Behaviour Questionnaire findings 2016/17, Powerpoint presentation slide, slide 9
[cvii]University of Manchester & Health Quality Improvement Partnership (2017) *Suicide by children and young people,* National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)., 2017 p.3 Available at: **http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/cyp_2017_report.pdf** accessed 23.08.17
[cviii] Surrey Child and Adolescent Mental Health Whole System Transformation Plan; v6 October 2017
[cix] https://www.kingsfund.org.uk/sites/default/files/media/Paul%20Farmer%20presentation.pdf
[cx] The CAMHS Youth Advisors Service Feedback Collected by CAMHS and SEND Rights and Participation Team 2016/2017
[cxi] CAMHS: Young People's Perspective, SCC (2017)
[cxii] Surrey County Council - Quality and Experience Team (2017) *CAMHS: Young People's Perspective* p.1
[cxiii] CAMHS user experience snapshot report, Children's Rights & Participation team (November 2017)
[cxiv] Healthwatch Surrey Information based on: 25 experiences from 13 individuals; Date of interaction: July 2016 – June 2017; Source of interaction: Engagement Events(16), CAB (1), Telephone (4)

[cxv] HOPE Service (2017) Hope Service your views matter report, unpublished p.1
[cxvi] Feedback from Laura Hoyles, CAMHS Manager (2017)
[cxvii] Surrey CAMHS Transformation Plan (2016)