

PREVALENCE

Conception and early years



There were **850** women aged 16+ in the perinatal period with a mental health referral open April 2018 to March 2019, and **320** in contact with specialist perinatal mental health services during that year.

4 years and above



In 2018, **2.2%** of school children had social, emotional or mental health needs. In a 2019 survey of **secondary school** pupils in Northamptonshire⁺ 32% said they worry about their mental health.

4,855 children and young people accessed community mental health services in 2018/19.

According to 2015 estimates, **9,768** young people aged 5-16 have a mental health disorder.

Social care

Research carried out in the UK and abroad shows that the mental health of looked after children is poorer than that of the general population.⁺



There were **1,090** children in care in 2018.

RISK FACTORS



In 2017, the rate of reported domestic abuse incidents was **26.8 per 1,000** population.



The rate of stillbirths in the period 2015-17 was **4.7 per 1,000**.



72.2% of children achieved a good level of development at the end of reception in 2017/18.



In 2018 there were **734** children subject to a Child Protection Plan.



There were **1,014** families with dependent children classed as homeless in 2017/18.



In 2016 there were **19,605** children under 16 living in low income families.



The rate of under 18 conceptions was **19.1 per 1,000** population in 2017.



920 16-17 year olds were not in education, employment or training in 2017.



In 2016/17, **34.2%** of Year 6 pupils were overweight or obese.

COSTS

Early intervention is much cheaper to deliver at £5 per student for emotional resilience program in school and £229 per child for six counselling or group cognitive behavior therapy in school compared to an average of £2k for a referral to community CAMHS and £61k for an inpatient admission to a CAMHS unit.

84% of NHS spend on children's mental health goes on providing in-patient care or community CAMHS with only 16% on universal services.*



Local mental health spend (including learning disability and dementia) in 2018-19 was **£12.7m** in Corby CCG and **£113.8m** in Nene CCG.** Spend on children and young people's (CYP) mental health (excluding learning disability and eating disorder) in was **£0.8m** in Corby CCG (£43 per CYP) and **£8m** (£54 per CYP) in Nene CCG in 2017-18[^].

HEALTH IMPACT



There were **956** hospital admissions for violence in the period 2015/16-2017/18.



The rate of hospital admissions for alcohol specific conditions in under 18s was **35.3 per 100,000** population in the period 2015/16-2017/18.



There were **467** hospital admissions as a result of self harm in people aged 15-19 years in 2017/18.



In 2018, there were **150** first time entrants to youth justice system.

Data sourced from Public Health England unless stated otherwise: * Children's commissioner (2017) Briefing; ** NHS England (2019) Mental Health Five Year Forward View Dashboard; ^ NHS England (2018) Children's Mental Health Briefing Table. + NICE; + + Children and Young People's Health and Wellbeing Survey 2019, SHEU. Icons by Freepik from flaticon.com. Produced by Public Health Intelligence, Northamptonshire County Council

Vision: Children and young people in Northamptonshire have the best use of resources to ensure a collaborative, responsive, equitable and inclusive approach to mental health and wellbeing. The call to action highlights the importance of prevention and early intervention, as well as service redesign to enable targeted input in community settings, and an integrated model of mental health service delivery. By working together we aim to ensure children and young people are happy, safe, resilient enabling a better transition into adulthood.

Our Priorities/Objectives

<p>Whole system approach Work with our partners, to ensure that all children and young people in Northamptonshire can access the mental health and wellbeing support they need, at the right time and in the right way.</p> <p>Achieved through:</p> <ul style="list-style-type: none"> Realising the Mental Health Prevention Concordat and Mental Health Transformation Board strategies. Contributing to the Implementation of the Northamptonshire’s Future in Mind Plan. Promoting evidence based interventions directly with C&YP with CFN. Developing the I-Thrive approach across service pathways. 	<p>Focus on early help and prevention Develop our public health universal offer to children, young people and their families to improve emotional health and wellbeing outcomes and to reduce the impact of childhood adversity.</p> <p>Achieved through:</p> <ul style="list-style-type: none"> Early Years Health and Wellbeing programmes, including maternal mental health. Universal 0-19 Healthy Child Programme. Community youth counselling provision. Youth participation programme. Online information and support. Mental health training for front line workers. Healthy lifestyles PHSE programme in schools. Peer Mentor programmes in schools to reduce violence. 	<p>Commission for better outcomes Work with partners to align and, where possible, to integrate commissioning activity across 0-19 service pathways for children, young people and their families. Prioritise children and young people at greatest risk, specifically care leavers and those vulnerable to risky behaviours, to receive timely and effective support.</p> <p>Achieved through:</p> <ul style="list-style-type: none"> Effective information sharing agreements. Aligned commissioning priorities. Robust contract management and quality controls Integrated governance arrangements. 	<p>Evidence based approach Champion and use effective techniques and engagement with partners and researched interventions, implement universal and targeted approaches to promote mental wellbeing, and support mental health recovery.</p> <p>Achieved through:</p> <ul style="list-style-type: none"> Ensuring Joint Strategic Needs Assessment (JSNA) is updated regularly. Health Needs Assessments (HNA) are carried out specifically for Mental Health Prevention. Using Return on Investment (ROI) tools to ensure value for money. Health Care professionals have awareness of and access to up-to-date information and guidance. Care of all C&YP with depression are provided with good information, informed consent and support. (NICE, June 2019).
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Our Commitment / Enablers

<p>Reducing inequalities through taking a “proportionate universalist” approach - by location, and risk population.</p>	<p>System partnerships - engaging and co producing with partners e.g. NHS, Public Health, Children’s Services, VCSE partners, schools, workplaces.</p>	<p>Using interventions which focus on service user participation and collaboration.</p>	<p>Using evidenced based approaches and interventions. Evaluation to monitor and assure effectiveness of preventative activity.</p>	<p>Taking a settings based approach to public mental health promotion - creating places which support and generate mental wellbeing.</p>
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Measures of Success

- Pathways clearly documented and accessible to the public.
- A countywide action plan reflecting the priorities within the Futures in Mind Strategy and Suicide Prevention strategy.
- 100% of women will be screened for mental health problems at antenatal, new birth and 6 week contacts.
- Reduce number of C&YP in A&E presenting with self harm.
- Strengthened links between mental health and substance misuse services.
- Reduction in school exclusions.
- Early intervention of parental mental health problems and intervention in the antenatal and early postnatal period.
- Adverse Childhood Experiences are addressed early to stop escalation to tier 3 and 4 services.