



Children's and Young People's Mental Health in the South West



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Key points

- Roughly 20% of children at age 5 appear to fall short of good emotional wellbeing in the South West.
- However, the average emotional wellbeing of younger children in the South West appears to be the same or better than England, although there are differences of over 15% between the highest and lowest Local Authority scores.
- Over 4 in 10 older children (aged 10–14 years) are not positive about their emotional wellbeing in the South West. There is a wide range of responses between Local Authorities, which may not be completely explained by collection and methodological issues.
- Reported experience of bullying is higher in the South West than any other region of England.
- There appears to be a wide disparity between estimated need and provision in Tier 2 and 3 services.
- Local Authorities should be aware of what Children's Services Mapping data may imply about children's access to specialist services in their area. In particular, they should look at numbers of cases accepted for treatment compared to the numbers of referrals and estimated numbers in need.

- Improvements in local workforce planning are essential to maximise accessibility, make the best use of resources in the future, and provide appropriate and accessible services. Local Authorities may wish to consider the use of workforce planning tools to support this improvement.
- The number of bed days in inpatient care has shown a downward trend from late 2008 to the present time. Reasons for this could be a combination of policy changes, improved commissioning and altered clinical practice.

1. Introduction

This document has been produced by the South West Public Health Observatory at the request of South West Children’s Health Board.

National policy has increasingly engaged with children’s mental health and emotional wellbeing. The National Service Framework for Children and Maternity Services (Department of Health, 2004), the Child and Adolescent Mental Health Services (CAMHS) Review (Department of Health, 2008), the more recent Marmot (2010) and Kennedy (2010) reviews and the new cross-government mental health outcomes strategy, *No Health without Mental Health* (Department of Health, 2011), have all focused on the particular importance of intervening both early in childhood and when mental health problems arise.

Mental health is a difficult concept to measure. We selected the best available data drawn from data sets considered by the national mapping and information expert reference group for the CAMHS Review (Department of Health, 2008) and a wide range of performance data. Criteria for selection were: area of geographical coverage, public availability, relevance and the robustness of each data set.

The aim is to present these data to enable Local Authorities and CAMHS Partnerships to understand potential issues for their areas and ask questions about the data’s implications for planning and delivery of services.

The terms ‘mental health’ and ‘emotional wellbeing’ are used interchangeably to mean the broad state of wellbeing defined by the Mental Health Foundation (Royal College of Psychiatrists, 2006).

Although there are some acknowledged data quality issues, this report presents the best picture of children and young people’s mental health in the South West that we have at the current time. Many of the data sets used in the report have been discontinued. It will therefore be an important resource for some time to come.

2. Epidemiology

In his recent report, *Getting it Right for Children and Young People*, Sir Ian Kennedy stated: “There is in my view a barely detected epidemic of mental health problems in young people.” (Department of Health, 2010). Quality trend data on the incidence and prevalence of emotional health and wellbeing in children is limited. Around 7% of three-year-olds can be expected to show moderate to severe behaviour problems, and a further 15% to present with milder difficulties (Richman et al, 1982). Kurtz, Thornes & Wolkind (1996) found an incidence of 5.5% ‘pre-school problems’ in children under the age of four.

The most recent survey by the Office for National Statistics (ONS) on the mental health of children and young people in Britain (ONS, 2005) found that 10% of children aged 5–16 had a clinically diagnosed mental disorder and the incidence of mental disorder was higher in areas of socioeconomic disadvantage. There are different types of disorder:

Emotional disorders – include separation anxiety;

Conduct disorders – include unsocialised conduct;

Hyperkinetic disorders – children may be hyperactive, inattentive and impulsive;

Less common disorders – include eating disorders, tics, autistic spectrum disorders and selective mutism.

The latest ONS survey showed wide variations by age and sex, as summarised in Table 1. Among children aged 5–10 years, boys were twice as likely as girls to suffer from a mental disorder. The incidence of mental disorder increased in both sexes among older children aged 11–16 years. The increase was greater in girls, although they were still less likely to have a disorder than boys. The occurrence of the various types of disorder changed in both sexes with age. Note that in Tables 1 and 2, the percentage for ‘any disorder’ is lower than the total percentage for all types of disorder, as some children had more than one disorder.

Table 1: Percentage of children with mental disorders by age and sex in Great Britain, 2004

Type of disorder	5–10 yr olds		11–16 yr olds	
	Boys	Girls	Boys	Girls
	%	%	%	%
Emotional disorders	2.2	2.5	4.0	6.1
Conduct disorders	6.9	2.8	8.1	5.1
Hyperkinetic disorders	2.7	0.4	2.4	0.4
Less common disorders	2.2	0.4	1.6	1.1
Any disorder	10.2	5.1	12.6	10.3

Source: Office for National Statistics 2005

The results from this survey have been used to estimate the numbers of children and young people with mental disorders in the South West using the 2009 ONS population estimates. These details are shown in Table 2. There were approximately 68,710 children and young people aged 5–16 years estimated to have a diagnosable mental disorder in the South West in 2009.

2.1 Estimated numbers of children and young people accessing services at different levels of need

Table 3 shows the estimated numbers of children and young people under 18 years who may experience mental

health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4 (levels of response), by Local Authority. These estimates are based on Kurtz (1996).

The estimates have been widely used, although there are some technical issues with their application, the paper's age, and its sources. Note that these estimates are for all children under the age of 18 years rather than just those between 5 and 17 years as in Table 2.

Definitions of Tiers: Problems and services in child and adolescent mental health are categorised as:

Tier 1: universally encountered and can be addressed in everyday settings

Tier 2: require consultation, targeted or individual support

Tier 3: require the involvement of specialist support

Tier 4: highly specialist/inpatient

Table 2: Estimates of the number of children (aged 5–16 years) with mental disorders in the South West, 2009

Mental disorder	5–10 yr olds		11–16 yr olds		All children (5–16 yr olds)	
	Boys	Girls	Boys	Girls	Boys	Girls
Emotional disorders	3,740	4,060	7,690	11,170	11,430	15,240
Conduct disorders	11,720	4,550	15,580	9,340	27,290	13,900
Hyperkinetic disorders	4,580	650	4,620	730	9,200	1,380
Less common disorders	3,740	650	3,080	2,020	6,810	2,670
Any disorder	17,320	8,290	24,230	18,870	41,550	27,160

Source: Office for National Statistics (2004); Population: Office for National Statistics 2009 estimates

Table 3: Estimate of numbers of children and young people under 18 years who may experience mental health problems appropriate to a response at each Tier, by Local Authority in the South West, 2009

	Total population under 18 years	Tier 1	Tier 2	Tier 3	Tier 4
		Prevalence estimates Kurtz (1996)			
		15%	7.00%	1.85%	0.075 %
Local Authority		Children and young people who may experience mental health problems appropriate to a response from CAMHS*			
Bath & North East Somerset	35,700	5,400	2,500	700	30
Bournemouth	30,400	4,600	2,100	600	20
Bristol	83,400	12,500	5,800	1,500	70
Cornwall	103,700	15,600	7,300	1,900	80
Devon	144,500	21,700	10,100	2,700	120
Dorset	79,100	11,900	5,500	1,500	60
Gloucestershire	123,600	18,500	8,700	2,300	100
Isles of Scilly	400	50	30	10	0
North Somerset	42,600	6,400	3,000	800	30
Plymouth	51,700	7,800	3,600	1,000	40
Poole	28,300	4,200	2,000	500	20
Somerset	109,300	16,400	7,700	2,000	90
South Gloucestershire	56,200	8,400	3,900	1,000	40
Swindon	43,700	6,600	3,100	800	30
Torbay	25,500	3,800	1,800	500	20
Wiltshire	101,000	15,200	7,100	1,900	80
South West	1,059,100	159,050	74,230	19,710	830

Note: *Calculated by applying Kurtz (1996) estimates to population numbers.

Source: Population Estimates: ChiMat; Prevalence estimates Kurtz (1996)

Key message: The importance of intervening early in mental health problems in children is stressed by National Institute for Health and Clinical Excellence guidance (NICE, 2008, 2009) and Layard (2004). It is important that members of Children’s Partnerships and Health and Wellbeing Boards understand the local range and scale at each Tier (level of need), and plan appropriate capacity in the local system to address it.

3. Emotional health and wellbeing in the South West

3.1 Younger children

There is no published large scale survey of the prevalence of mental disorders in children under the age of 5. The Early Years Foundation Stage Profile collected data on the emotional development of children at age 5 based on teacher assessments of individual children (Department for Children, Schools and Families, May 2007). Under the Statutory Framework for the Early Years Foundation Stage (Department for Children, Schools and Families, 2008) a profile must be completed for every child during the academic year in which they reach their fifth birthday. This is a useful alternative data set, based on actual assessments of the majority of children at this age, and has been used to reflect levels of emotional wellbeing.

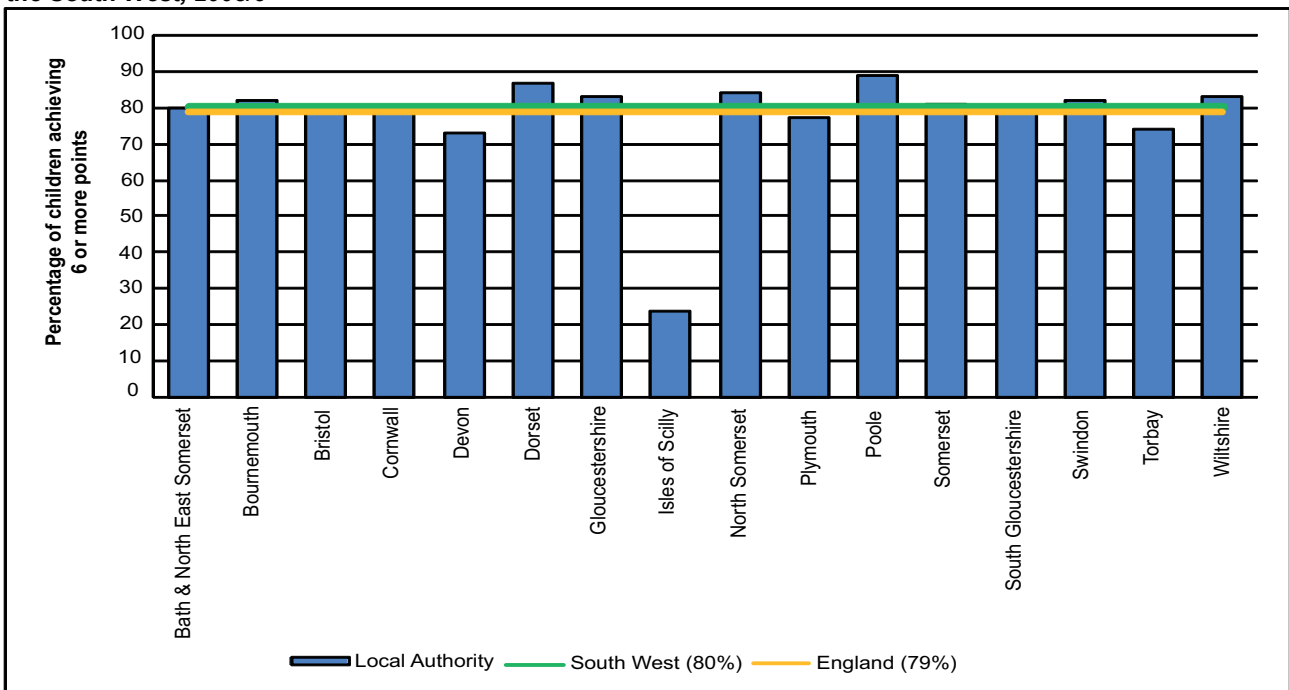
The profile shows the percentage of children whose emotional health and wellbeing scored above 6 on a scale of 1–9. A score of 6 to 9 reflects a child working securely within the early learning goals. The component questions all reflect important aspects of emotional wellbeing and are to be found in the Statutory Framework Appendix and Profile Handbooks (Department for Children, Schools and Families, August 2008).

Figure 1 shows the picture for the South West. The South West average for emotional development is 80%, compared to 79% for England. It shows that there is some variation in Local Authority results (a range of 15 percentage points) which local areas might wish to reflect upon, and compare to statistical neighbours.

Four of the five South West Peninsula Local Authorities had scores below the average for the South West, excluding the Isles of Scilly where low numbers of children and teachers doing assessments make comparisons with other areas difficult.

Note that variations may be partially a result of variation in assessment practice as well as differences in population needs.

Figure 1: Emotional development Early Years Foundation Stage (age 5) Profile results, by Local Authorities in the South West, 2008/9



Note: A Scale score of 6 or more indicates 'working securely within the early learning goals at age 5'.

Source: Department for Education <http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000879/index.shtml>

3.2 Children aged 10 and over

Tellus4 was a national survey which gathered the views of children and young people in school Years 6, 8 and 10, on their life, their school and their local area.

The survey provided the source of data to inform five National Indicators including NI50: 'Emotional health and well-being' and NI69: 'Percentage of children who have experienced bullying'. Figure 2 shows the results for these two indicators for 2009/10.

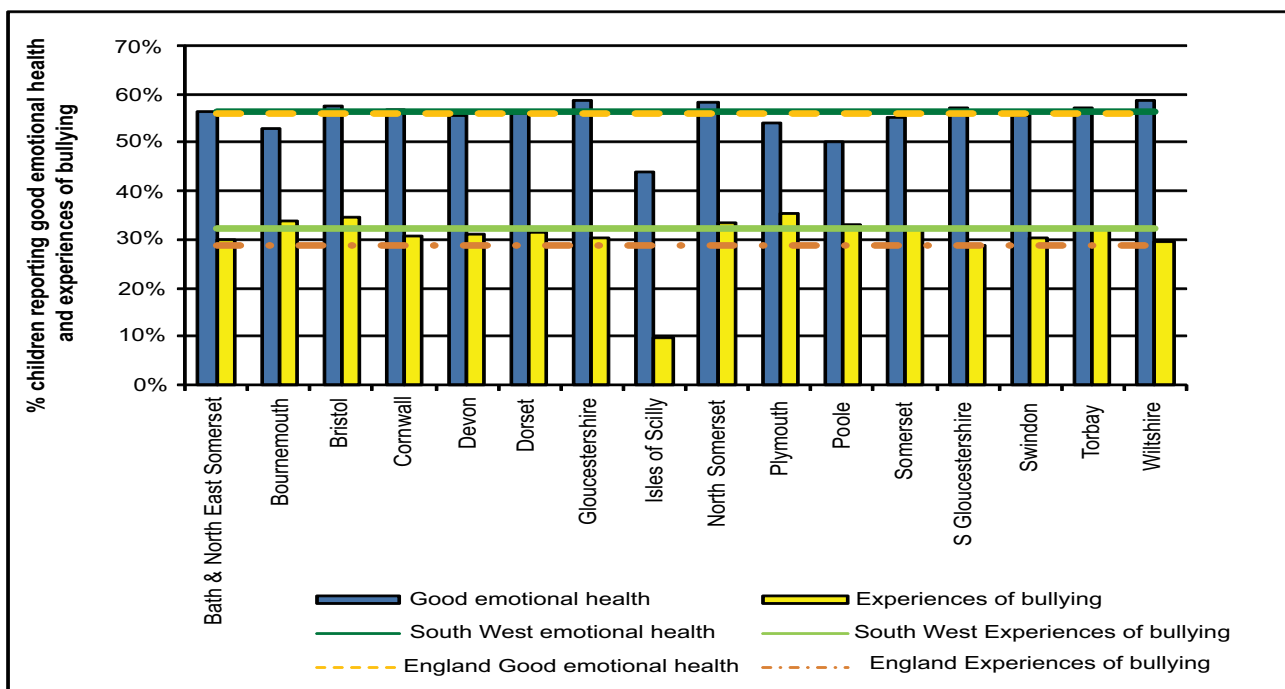
In both the South West and England, 56% of children reported good emotional health. This means that over 40% of children did not answer questions about their emotional health positively. The difference between highest (most positive) and lowest (least positive) emotional health scores of South West Local Authorities is over 6% (excepting the Isles of Scilly). Only London boroughs have a greater within-region variation (data not shown). The reason for this level of variation is unknown, but should be of interest to Local Authorities, particularly those where there are lower levels of reported good emotional health.

Bullying can be a cause of mental disorders such as anxiety and depression and, in extreme cases, can lead to self-harm. The proportion of children who reported

experiencing bullying was higher in the South West than the average for England and was highest of all the regions.

The confidence each Local Authority can have in its results should be influenced by the actual number and age-range of the children taking part in their area. Each Local Authority will also have their own data, to which they can refer, but, unfortunately, this is not in the public domain.

Figure 2: Good emotional health (NI50) and experiences of bullying (NI69) of children at 10, 12 and 14 years, derived from the Tellus4 survey, 2009,10



Notes: SW = South West, Eng = England

Devon and Dorset returned too few responses in Tellus4 for robust estimates to be made, so they have been assigned a value using the method of Nearest Statistical Neighbours. See Tellus4 details of questions and methodology

http://www.dcsf.gov.uk/rsgateway/DB/STR/d000908/OSF04_2010.pdf

4. Responsive provision by specialist CAMHS services in the South West

4.1 Estimated need and actual referrals to specialist services

Children and Young People in Mind, the final report of the National CAMHS Review (Department of Health, 2008) reported that: “*Children and young people say that services are not as well known, accessible, responsive or child-centred as they should be.*” Table 4 shows levels of estimated need, against numbers of actual referrals to specialist CAMHS in the South West in 2009. It indicates that about a quarter of the predicted number of children who may need a response from CAMHS at Tiers 2/3 are actually being referred to specialist services. In contrast, referral to Tier 4 is about 70% higher than predicted. This raises questions about how adequate access and provision of services is for the earlier and less intense levels of need/illness.

Note that some Tier 2–4 services are provided by non-CAMHS. Here are some examples:

- high support education services such as special schools, and pupil referral units (PRUs);
- special individual services provided by educational psychologist, social worker or parent support worker;
- private or independent health or social care for

children with a range of psychological/physical/behavioural problems;

- services from social work, drug and alcohol treatment agencies;
- criminal justice support for children subject to child protection plans.

It is important to understand that estimation of need does not bear a direct relationship to new referrals. Mental disorders will be identified in different settings (home/school/neighbourhood/peer group) at varying levels of severity and impact. A disorder which is well managed by parents, the education system or the innate resilience of the child, will have less impact on the (CAMHS) system at large, and probably the child’s long-term wellbeing, than where positive factors are not as strong. Some families are also reluctant or fearful to access services.

This distinction between estimated need and take-up of help should be borne in mind, as should the fact that figures for referred cases do not include longer term cases already in treatment.

4.2 Referrals to specialist services and acceptances of referrals

Table 5 shows the number of cases referred to and accepted by Tier 2/3 and 4 CAMHS in 2009 in the South West and England.

Table 4: Estimated need for CAMHS response and referrals to CAMHS in the South West, 2009

	Tier 2/3	Tier 4
Numbers of children in the South West who may experience mental health problems appropriate to a response from CAMHS at Tiers 2, 3, and 4 (from Table 3)	93,940	830
CAMHS referrals received	26,458	1,174

Source: *Children’s Services Mapping*

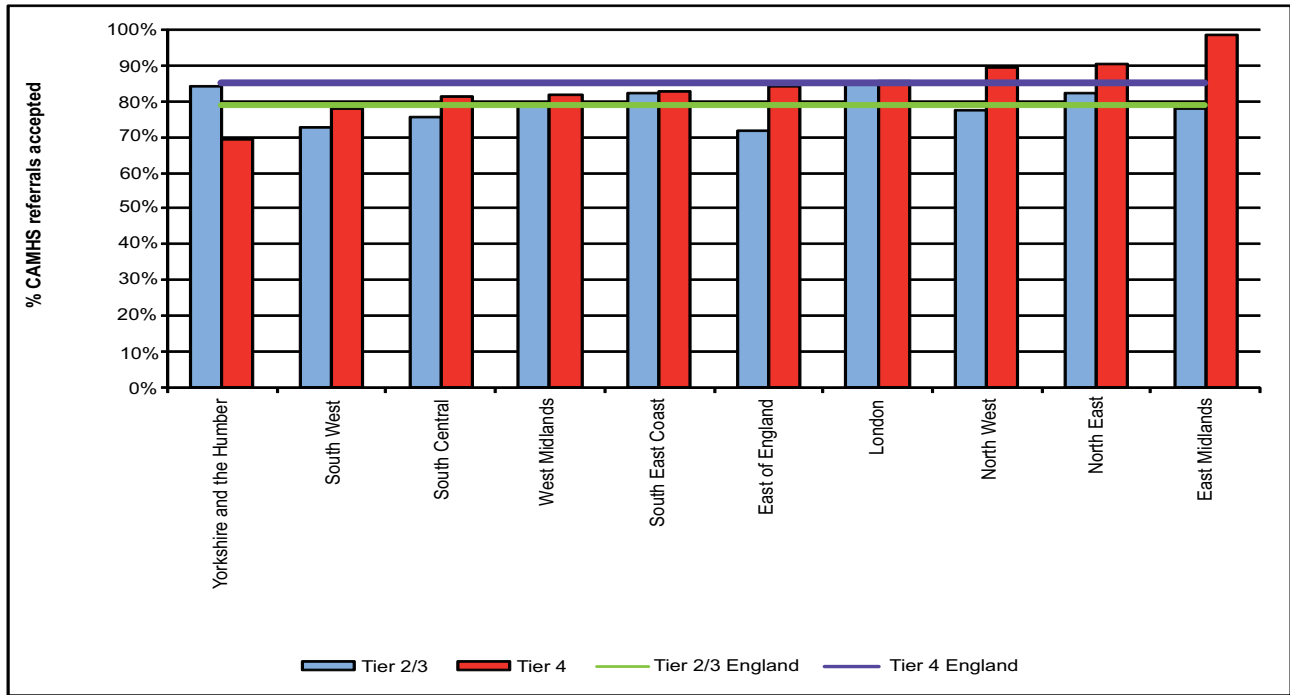
Table 5: Percentage of referrals to Tier 2/3 and 4 CAMHS accepted in the South West and England, 2009

Area	Tier 2/3			Tier 4		
	Number of referrals		% Accepted	Number of referrals		% Accepted
	Received	Accepted		Received	Accepted	
South West	26,458	19,219	72.6%	1,174	916	78.0%
England	286,506	226,719	79.1%	8,786	7,483	85.2%

Note: The period refers to the full year (1st January to 31st December) of the mapping year 2009. It is not possible to disaggregate this data to Local Authorities because mapping data are collected by providers who are not coterminous with Local Authorities. Performance of local providers can be viewed at: <http://www.childrensmapping.org.uk/>

Source: *Children’s Services Mapping*

Figure 3: Percentage of accepted referrals to Tier 2/3 and 4 CAMHS in the South West, 2009



Source: Children's Services Mapping

In the South West, the proportion of cases referred to specialist Tiers 2/3 CAMHS, and accepted by them, was lower than in any other region except the East of England (Figure 3). Likewise, for in-patients (Tier 4), the proportion of referrals accepted was lower in the South West than elsewhere, except Yorkshire and the Humber.

In any given area, it is likely that a variety of factors affect the proportion of referrals accepted. South West provider returns to Children's Services Mapping in 2009 indicated that some Local Authorities accepted almost all referrals, whilst others accepted fewer than 40%.

The reasons for this variation in acceptance could include:

- refusals were appropriate in the light of unjustified referrals;
- care pathways were working well in some places at Tiers 1 and 2 and were reducing the need for escalation through the tiers; there was not necessarily an issue about capacity;
- in other places, the care pathways at Tiers 1 and 2 were hampered due to insufficient capacity or lack of understanding and ownership by wider stakeholders at these levels;
- some services at Tiers 3 and 4 were less efficient than services elsewhere;
- some services at Tiers 3 and 4 had insufficient capacity to address need adequately.

The consequences of a refused referral can be

challenging for those referring, and for children and families. This is why avoidance of failed referrals is important (as is ensuring that the right type of help is given). It may be helpful for Local Authorities to investigate access to services with reference to data about epidemiology, referral/acceptance numbers, and workforce composition.

Clarity of communication between practitioners and good relationships across services will aid mutual understanding about service outcomes and reduce inappropriate referrals.

4.3 How partnerships assess the appropriateness and accessibility of their provision

The CAMHS Self Assessment Matrix (SAM) is a tool on ChiMat (Child and Maternal Health Observatory), which most Emotional Wellbeing and Mental Health/CAMHS partnerships in the South West and England have been completing since it was introduced in 2004. It is used to review and plan priorities, investment and services.

CAMHS partnerships voluntarily assess themselves against a range of 74 questions in 10 sections, which seek to identify whether a comprehensive CAMHS is in place, as defined in Standard 9 of the National Service Framework for Children, Young People and Maternity Services (Department of Health, Department for Education and Skills 2004). The detailed results are confidential, but averaged results have been reported. The tool is not a performance measure but is used by

partnerships to identify issues which require further work. Completion is not moderated, so there may be differences of interpretation of questions and in the numbers of stakeholders engaged in its completion across Local Authority areas.

In the South West, 14 out of 16 Local Authorities completed the exercise within the last two years. The South West scores are below the average for England in all 10 sections (Table 6). The low scores reported in the South West compared to most other regions may be due to a real difference in performance, or it may be due to commissioners and partnerships in the South West adopting a more robust approach to self-assessment than has been the case elsewhere. In Section 10, relating to appropriateness and accessibility of services, scores are particularly low.

South West partnerships also score low in relation to workforce which seems to have some correlation with acceptance of referrals (see Table 6). Much work has been done nationally to support the development of improved training, role development and skills training within the whole children's workforce. Planning for this at Local Authority level can be carried out using the new national workforce planning tool found on the ChiMat website. The National CAMH Support Service (NCSS) Workforce Programme has worked with ChiMat to develop this tool. See <http://www.chimat.org.uk/resource/view.aspx?QN=CAMHSTOOL>.

Likewise, a set of e-training modules on mental health of children and young people for Tier 1 and Tier 2 professionals can be found at http://www.chimat.org.uk/default.aspx?QN=MENT_TIER1.

CAMHS mapping data does show some correlation between the levels of referral acceptance by specialist services and types of professional working in specialist teams in each region. These data have not been shown because there are likely to be other relevant factors, such as the way services are provided, the degree of interagency working, etc., which are of equal or greater relevance.

5. Age-appropriate provision of inpatient care in the South West

Age-appropriate accommodation in psychiatric inpatient settings for children and young people is a significant policy objective, supported by the revision of the Mental Health Act in 2007. It has been a performance issue for the NHS since then (NHS South West 2008). Patients under 18 years should normally be admitted to CAMHS wards. The Mental Health Act supports patient choice and allows for admission to adult wards where appropriate.

Figure 4 shows the number of 16–17 year olds in CAMHS wards and adult mental health inpatient bed days used. There has been a noticeable reduction in the number of bed days used by under 18 year-olds in adult inpatient wards over the last three years. There has also been a downward trend in the number of bed days used in adolescent units. This downward trend may be due to:

- the increasing number and effectiveness of outreach CAMHS teams, a number of which were more recently commissioned to support acutely ill young people in the community to avoid inpatient admission, and enable earlier referral back to Tier 2/3 from Tier 4 units;
- changing clinical practice in existing units, for example in relation to eating disorders;
- the provision of early community-based intervention in psychosis teams.

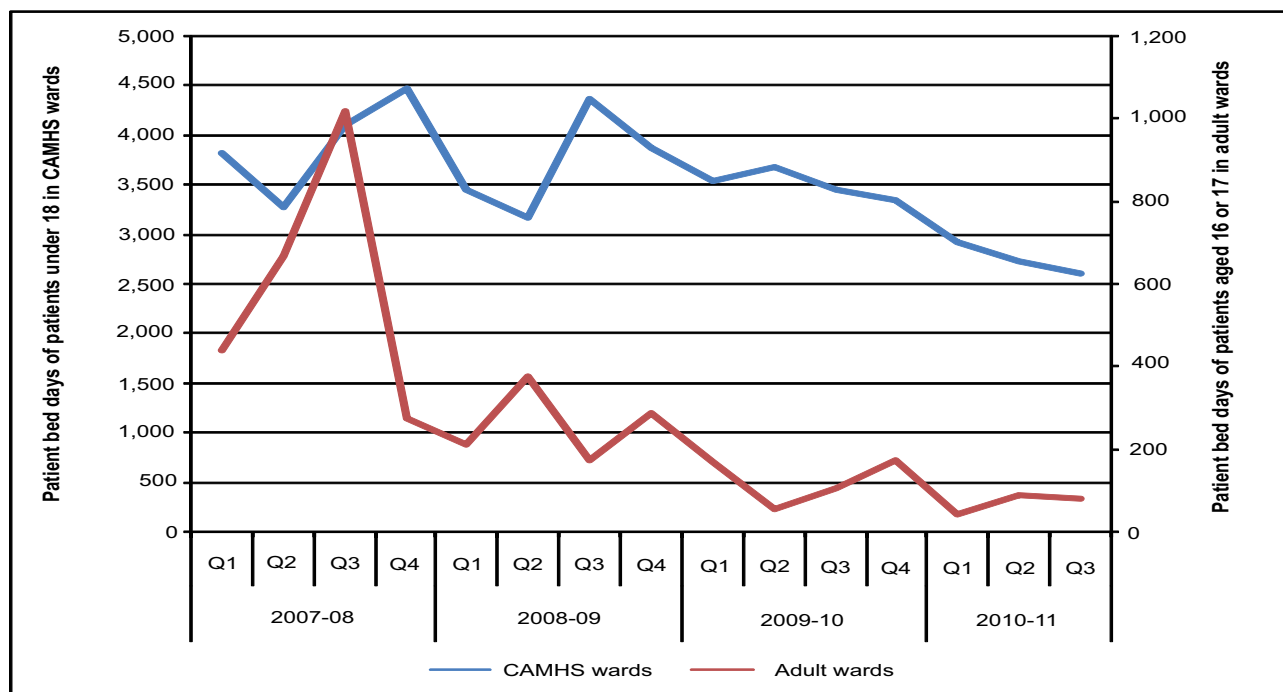
There are no data collected on out of area (i.e. out of the South West, or in the South West from outside the region) placements for psychiatric care, and so it is not possible to judge how effective these changes have been in meeting the needs of the most vulnerable of those needing inpatient treatment. In addition, mapping information is not collected on the independent sector. This is of particular relevance to the provision of Tier 4 services.

Table 6: CAMHS Self-assessment Matrix - Summary of England and regional average scores, 2010

Area	1	2	3	4	5	6	7	8	9	10
	Partnership working	Strategy	Effective commissioning	Multiagency provision of			Workforce	Specialist CAMHS infrastructure	Accessibility	Appropriateness and acceptability
				Universal services	Targeted services	Specialist services				
	(max 21)	(max 36)	(max 21)	(max 15)	(max 21)	(max 42)	(max 12)	(max 21)	(max 18)	(max 12)
East Midlands	18.9	29.1	17.4	12.7	15.0	32.7	9.7	17.9	14.3	8.4
East of England	17.4	26.0	14.6	10.9	13.2	32.3	8.4	18.4	13.3	7.2
London	18.7	30.5	18.3	12.7	17.0	37.0	10.0	19.1	15.7	8.8
North East	15.8	25.6	14.5	10.6	12.6	32.4	7.0	16.5	12.7	7.1
North West	18.0	27.6	17.5	11.1	14.5	29.8	9.3	17.5	13.7	7.7
South East	18.5	29.1	17.1	11.6	14.4	33.9	9.1	18.0	14.1	8.3
South West	16.5	25.5	15.6	10.6	12.4	30.4	8.1	16.0	13.5	6.0
West Midlands	18.4	28.7	16.3	12.4	15.7	34.5	9.8	18.3	14.6	8.6
Yorkshire & Humber	17.9	25.2	15.2	10.7	14.1	31.4	8.1	16.4	12.9	6.9
England	17.8	27.5	16.3	11.5	14.3	32.7	8.6	17.6	13.9	7.7

Source: Child and Maternal Health Observatory (ChiMat)

Figure 4: Number of hospital occupied bed days of children and young people under the care of a psychiatric specialist in CAMHS wards and adults' wards in the South West, first quarter (Q1) 2007/8 to third quarter (Q3) 2010/11



Source: Department of Health, Vital Signs

6. Conclusions and recommendation

- Regional to national comparisons generally show that the South West is comparable to the England average in terms of mental health outcomes for children and young people and in terms of service provision. In some respects (experience of bullying, access to services), the South West performs less well than the average for England.
- There has been a reduction in the admission of children to adult inpatient wards.
- Questions need to be asked in each Local Authority about performance and capacity to maximise access to services for families and young people.
- The questions the data raise are ones which suggest that Children's Partnerships and Health and Wellbeing Partnerships need to closely scrutinise the emotional wellbeing and mental health of children and young people in their areas, providing strong joint leadership for effective service delivery.
- This will need to be supported by ongoing improvements in depth of understanding of local need and service demand. This will enable more sensitive commissioning and provision at each level of need, early intervention, and real ownership of the agenda by primary, secondary and specialist health care, schools and welfare services.
- Given increasing financial and capacity constraints within the entire system (children's and young people's health, education and social care), effective responses to need will be best secured by promoting universally acknowledged responsibility for the emotional health and wellbeing of children. This includes related systems, such as adult mental health, primary and acute hospital care. This needs to be reflected in the way in which commissioning and delivery of services are integrated in each local area. This is the only way in which maximum value for money will be achieved.

References

- Child and Maternal Health Observatory (ChiMat). CAMHS Self Assessment Matrix (SAM): <http://www.chimat.org.uk/>,
- Department of Health, Department for Education and Skills. (2004). National service framework for children, young people and maternity services: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089100
- Department for Children, Schools and Families. (2007). Early Years Foundation Stage Profile: <http://nationalstrategies.standards.dcsf.gov.uk/node/83972>
- Department for Children, Schools and Families. (2008). *Statutory Framework for the Early Years Foundation Stage May 2008 Setting the Standards for Learning. Development and Care for children from birth to five*: <http://nationalstrategies.standards.dcsf.gov.uk/node/151379>
- Department for Children, Schools and Families. (2008). *Early years foundation stage profile handbook Aug 2008*: <http://nationalstrategies.standards.dcsf.gov.uk/node/113520>
- Department of Health. (2004). *National Service Framework for Children, Young People and Maternity Services: The mental health and psychological wellbeing of children and young people*: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089114
- Department of Health. (2007). *Mental Health Act*: http://www.dh.gov.uk/en/Healthcare/Mentalhealth/DH_078743
- Department of Health. (2008). *Children and young people in mind: the final report of the National CAMHS Review*: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090399
- Department of Health. (2010). *Vital Signs*: <http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/VitalSignsMonitoring/index.htm>
- Department of Health. (2011). *No health without mental health: a cross-government mental health outcomes strategy for people of all ages*: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766
- Kennedy, I. (2010). *Getting it right for Children and Young People*. Central Office of Information: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119445
- Kurtz, Z. (1996). *Treating Children Well* London: Mental Health Foundation.
- Kurtz, Z., Thornes, R., Wolkind, S. (1996). *Services for the mental health of children and young people in England: Assessment of needs and unmet need*. Department Health, London.
- Marmot, M. (2010). *Fair Society, Healthy Lives, Strategic Review of Health Inequalities post 2010 Executive Summary of The Marmot Review*: <http://www.marmotreview.org/>
- Layard, R. (2005). *Mental Health, Britain's Biggest Problem?* Retrieved June 27, 2011, from Centre for Economic Performance, London School of Economics: <http://cep.lse.ac.uk/textonly/research/mentalhealth/RL414d.pdf>
- National Institute for Health and Clinical Excellence. (2008). *Public health guidance 12 Promoting children's social and emotional wellbeing in primary education*: <http://www.nice.org.uk/nicemedia/live/11948/40117/40117.pdf>
- National Institute for Health and Clinical Excellence. (2009). *Public health guidance 20 Promoting young people's social and emotional wellbeing in secondary education*: <http://www.nice.org.uk/nicemedia/live/11991/45484/45484.pdf>
- NHS South West. (2008). *The Strategic Framework for Improving Health in the South West 2008/09 to 2010/11* (page 45): <http://www.southwest.nhs.uk/pdf/Strategic%20Framework%20FINAL%20FOR%20PRINTING.pdf>
- Office for National Statistics. (2005). *The mental health of Children and Young People in Britain 2004*: http://www.statistics.gov.uk/downloads/theme_health/GB2004.pdf
- Richman, N., Stevenson, J. & Graham, P. (1982). *Preschool to school: A behavioural study*, Academic Press: London
- Royal College of Psychiatrists. (2006). *Building and sustaining specialist child and adolescent mental health services, Council Report CR137*.

Useful resources

The national [Child and Maternal Health Observatory](http://www.chimat.org.uk/default.aspx) (ChiMat) provides information and intelligence to improve decision-making for high quality, cost effective services. It supports policy makers, commissioners, managers, regulators, and other health stakeholders working on children's, young people's and maternal health: <http://www.chimat.org.uk/default.aspx>. They have produced an online 'service snapshot' tool, which provides a summary of demand, provision and outcomes for services in a particular area. See <http://atlas.chimat.org.uk/IAS/profiles/service-reports>. See also ChiMat's [Outcomes versus Expenditure Tool - CAMHS](#).

The [Better Mental Health Outcomes for Children and Young People: a resource directory for commissioners](#) brings together valuable information, guidance and tools to help commissioners ensure that services are sustainable, high quality, productive, efficient and grounded in the best available evidence: <http://www.chimat.org.uk/camhs/commissioning>. See also the [CAMHS Self Assessment Tool](#).

[Mental Health and Psychological Well-being](#). This theme supports the effective commissioning and delivery of children's psychological health, emotional well-being and mental health services. It signposts information resources, initiatives and organisations to keep you up to date with current policy and good practice. It is aimed at professionals from health, local authority and the voluntary sector. Developed with the [National CAMHS Support Service](#) (NCSS) until it ceased working on 31 March 2011, this theme is now supported by [YoungMinds](#): <http://www.chimat.org.uk/camhs>.

[A Fair Start? Child mortality and morbidity in the South West](#): A bulletin providing an overview of the leading causes of death (mortality) and ill health (morbidity) in children and young people in the [South West](#): <http://www.swpho.nhs.uk/resource/item.aspx?RID=78504>.

Further information

This bulletin is available online at:
www.swpho.nhs.uk

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About the South West Public Health Observatory

The South West Public Health Observatory (SWPHO) is one of 12 public health observatories (PHOs) working across the five nations of England, Scotland, Wales, Northern Ireland and the Republic of Ireland.

The nine Public Health Observatories in England work together through a single work programme which contains both national and local elements. PHOs produce information, data and intelligence on people's health and health care for practitioners, policy makers and the wider community. Our expertise lies in turning information and data into meaningful health intelligence to support decision makers.

On behalf of the Department of Health, the SWPHO works in partnership with the NHS, local authorities, researchers, national agencies and partners across the South West.

The SWPHO incorporates the National Drug Treatment Monitoring System South West (NDTMS-SW), and in April 2005 merged with the South West Cancer Intelligence Service (SWCIS).

For more information about the SWPHO and its partner organisations, please visit www.swpho.nhs.uk.