

**North Yorkshire Council**  
**Children and Families Overview and Scrutiny Committee**  
**Children and Young People's Mental Health**  
**December 2023**

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## Introduction

It has been nearly 2 years since the last presentation around children and young people's mental health to the Scrutiny Board in North Yorkshire. In that time, there have been several developments in our region, and, post-pandemic, there is significant interest in the mental health and wellbeing of the whole population at a national level. Barely a day goes by without another statistic decrying the health of the nation, in particular, mental health. Children's wellbeing in particular, has received welcome royal attention, highlighting the issues further. But how much does North Yorkshire reflect the national picture? Has the mental health and wellbeing of children and young people deteriorated to a significant extent post-pandemic and if so, are there any signs of recovery?

We are extremely fortunate that in North Yorkshire we have a wealth of information from listening to what our children and young people tell us, and an extremely well-connected social, emotional and mental health system. Therefore, we can answer these questions using information from the Growing Up in North Yorkshire survey (GUNY), where we can compare current results with those of surveys done every 2 years for the last decade. We have an excellent engagement team within North Yorkshire Council, liaising with multiple groups of young people, including our 4 youth councils, and our groups specifically for young people with Special Educational Needs. We also have an ever expanding Healthy Schools Award Scheme, now reaching over 80% of primary schools in the region with over 2,000 children participating in the March online event, including a live cookathon, as well as two celebration events this year in RHS Harlow Carr in June and East Barnby Outdoor Learning Centre in November. Wellbeing is a significant theme at these events, with November's children actively discussing what it means to be a Wellbeing Warrior. So we do not just have the facts and figures of our commissioned services to draw upon, but multiple sources of children's own opinions to add a richness to this data.

Additionally, the World Health Organisation has just published its national report on the health behaviour of secondary school aged children in England, similar to the GUNY. <sup>1</sup>

Using all these tools at our disposal, we can answer the three points which the Scrutiny Board have asked us to consider:

- The impact of social isolation and disruption to education on children and young people's mental health (particularly around the on-going legacy/effect of pandemic isolation and disruption)
- The level of that impact – is it primarily low level anxiety, or more profound?
- An update on demand pressures and unmet need

Of course, we will not be able to answer these points with complete certainty – the impact of lockdowns, in relation to other social changes in recent years, is still being assessed, and it may be that there will never be a definite conclusion drawn on the issue, but we can take what our young people are telling us and draw our own conclusions.

## How do different factors impact on children's mental health and wellbeing?

When examining the mental health and wellbeing of children and young people in North Yorkshire, we need to consider any factors contributing to the change in the patterns we are seeing in our populations. We know that children and young people's brain development and ultimately wellbeing are best served by consistency in both their relationships and living environment. The safety

inherent in routine and stability, along with their basic needs being met, allows them then to develop good social and thinking skills through relationships with trusted adults. Children and young people experiencing stressful events are usually able to deal with that stress with the help of the basic stability in their lives and those adults. However, when stressful occurrences are continuous, are extreme and/or are compounded by multiple other events, the body's ways of dealing with this, namely the release of stress hormones, begin to have longer term consequences and even change the way in which the brain is activated. The fight, flight or freeze response to stress becomes far greater, with the more considered, thinking pathways less influential, so high levels of stress hormones then become the new normal for the body, adversely affected mental wellbeing and behaviour.

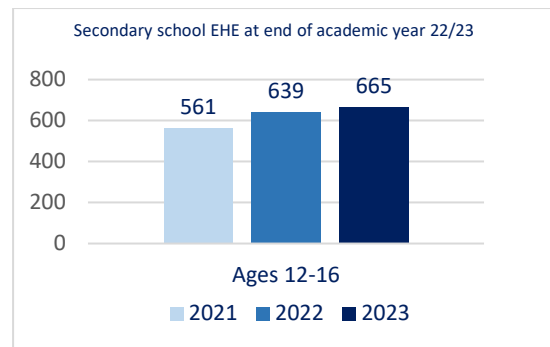
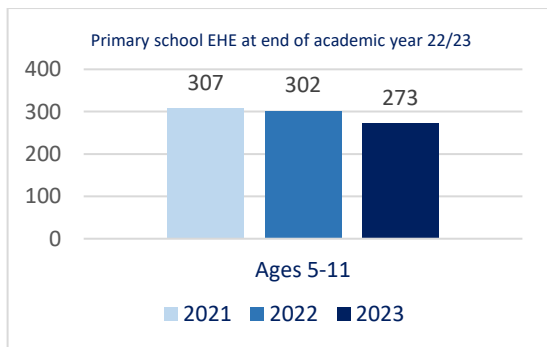
There can be no doubt about the disruptive and stressful influence of COVID-19 lockdowns, where children were isolated from their peers, removed from their daily routines and surrounded, within their families, by adults who were also often disrupted and uncertain. However, what is less certain is just how much impact this had, when compared with the other uncertainties and stresses in their lives, namely the increasing cost of living and the relentlessness of social media. Young people now are growing up in a completely different environment to those just one generation ago; the iPhone came onto the market in 2007, so anyone under the age of 16 has never known a world without instant, mobile information. Facebook launched in 2004 heralding an ever greater clamour of connectivity. There is evidence from our figures that wellbeing and worries were deteriorating even prior to the instability of lockdowns and these factors may have played a part.

Therefore, we can look at trends and listen to our young people in order to define not just the challenges, but how we can tackle them.

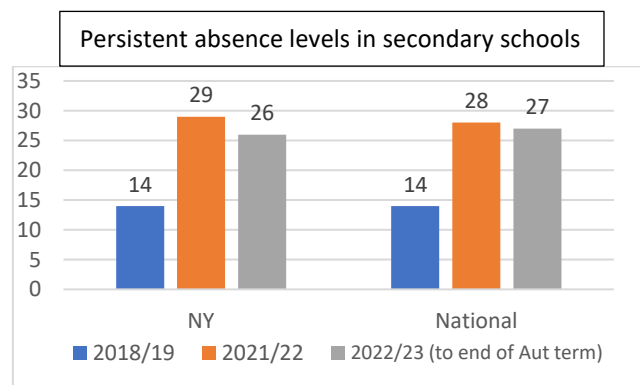
What should also be taken into consideration is the sheer gargantuan size of the factors and system which impact upon wellbeing. As well as NHS provided mental health services, the interdependencies include family, peer-support, autism services, family-orientated social work and early help, school support (official and unofficial), sports and social clubs, voluntary organisations and the advice and support that can be obtained online, again both official and unofficial. Therefore, in order to determine the level of unmet need and demand pressures, we need to consider all parts of the system and all influences therein.

## The impact of social isolation and disruption to education on children and young people’s mental health and the level of that impact

The first thing to note is that after lockdowns, not all young people returned to school. The levels of persistent absence and those being electively home educated remain stubbornly high. We are starting to see a reduction in the numbers of primary school children being electively home educated, but secondary-aged pupils continue to rise, albeit at a slower rate. The commonest reason for young people being electively home educated is "stress and anxiety" accounting for 42% of those of secondary school age.



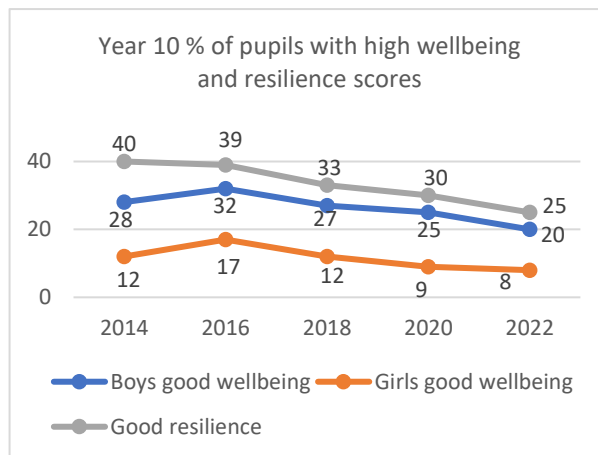
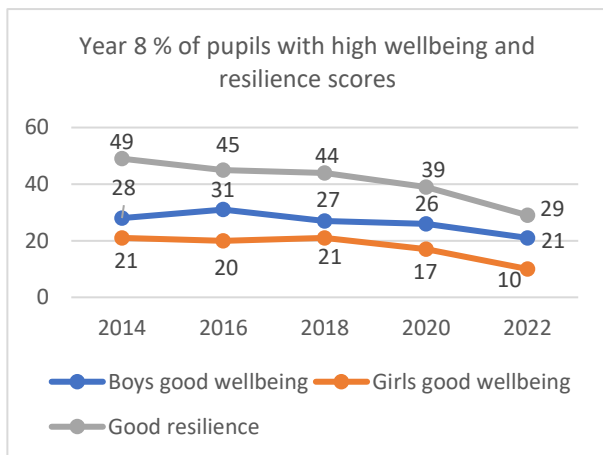
The levels of persistent absence, defined as those young people attending less than 90% of their school week, follow the national trend. There is some variability across North Yorkshire for all these statistics, but overall, around one in four pupils is missing at least half a day per week, amounting to a considerable amount of school time lost over the course of 3 terms.



There are various thoughts on the reasons behind these patterns, including being due to young people's anxiety at being back in a social and changeable environment. It may also be the case that for some families it has become logistically easier for children to stay at home more when parents/carers are working from home.

So what are children telling us makes them happy? Unsurprisingly, no matter the age of the young person, the answer is family, friends, outdoor spaces, having leisure activities and their pets. Is it any wonder, therefore, that when confined to their houses, with limited contact with the outdoors (particularly for those with limited personal outdoor space), and limited and unreliable contact with friends, that their mental health and wellbeing should suffer?





In secondary schools, whilst the drop in resilience is significant, we can see that it was occurring long before lockdowns, although in Year 8 pupils, the reduction from 2020 to 2022 was the same as in the prior 6 years. Therefore, young people are generally far less able to deal with the stresses and strains of life than a decade ago. When it comes to wellbeing, boys fare better than girls.

Within Year 10 pupils, the GUNY described how good wellbeing scores could be adversely affected by lower socio-economic status, being LGB (but not transgender), being a young carer and being in a single-parent family. However, a higher proportion of very low wellbeing scores were found in almost all minority groups, with the exception of ethnicity.

High resilience scores were adversely affected by ethnicity, religion, lower socio-economic status, being LGB and being in a single-parent family. And again, lower resilience scores were found in almost all minority groups, but this time with the exceptions being minority religion, or armed forces families.

Reasons for these changes are perhaps explained in the World Health Organisation's report:

*"A lack of opportunities and activities for girls whose families have less money could drive them towards their phones and social media, creating even stronger unrealistic expectations in their heads." (Thomas)*

*"The pressures on young people start really early - to do well at school, to look good, have the right things etc. Sometimes it feels overwhelming." (Claudia, 14)*

*"The societal pressure (mainly coming from social media and the internet) for girls to fit a certain beauty standard is unlike most expectations that boys face when growing up." (Thomas)*

This last quote in particular, resonates with what young people are telling us in North Yorkshire; whilst nearly a quarter of both boys and girls in year 2 (aged 5-6) worry about how they look, there are marked gender differences in this worry by the time they are in year 6 (aged 10-11), with still only a quarter of boys, versus 44% of girls worrying about their looks. And by the time they are in secondary school, 62% of girls now worry about their appearance, compared with still only a quarter of boys. Another major worry in secondary school is exams and tests.

At the more extreme end of the wellbeing scale are those young people who have thought about harming themselves or even taking their own lives. Over a third of the Year 8 (ages 12-13) pupils had deliberately harmed themselves or thought about taking their own lives in the year prior to the survey. Nearly half of them did not tell anyone.

With the timings of these patterns, it would be highly likely that the pandemic and lockdowns have significantly contributed to the deterioration in mental health and wellbeing. However, it is also likely that other factors are at play, as there is evidence that wellbeing and resilience were deteriorating prior to the pandemic. The quotes above from the recent study mention social media; our young people in secondary school tell us that 11% of them worry about feeling pressure from social media often, or all of the time. From Year 6 onwards, between 1 in 4 and 1 in 5 have experienced someone writing or showing them things to upset them online. Around 1 in 10 have been bullied online. Therefore, whilst the internet and social media have been a useful tool in keeping young people connected, particularly over lockdowns, they have also been a source of hurtful behaviour too, which can continue long after the school day has ended.

*"I get lots of messages from friends all through the night. I think not sleeping is a big issue." Max, 14*

Another factor which has come out of engagement in the last couple of years is around family finances. Our young people have been telling us:

*"We are really worried about growing out of our school uniforms. We won't be able to afford new stuff, they are so expensive. We will be getting second-hand uniforms. Just feel really embarrassed in second-hand stuff which then stresses me out."*

*"One of my friends has got holes in her school shoes but she knows her mum hasn't got any money so she's not even telling her they are broken because she doesn't want her to worry."*

17% of our secondary school pupils in the GUNY worry about money often or all of the time.

There will be other contributors too, but these are the main issues that are likely behind the deterioration in young people's mental health. It is important to realise however, that the majority of our young people are well, healthy and happy. But what we have seen in the last few years is a gradual reduction in overall wellbeing and resilience in almost everyone. Those who previously would have weathered the storm, now seek advice. Those who would have sought advice are now seeking help. And those who could have managed with some support are needing far greater levels of support for longer periods of time with far greater complexity. The whole population has shifted in the wrong direction, the extent of which is debatable, with the result being that every aspect of the mental health and wellbeing system is feeling the strain.

Therefore, what are we doing to counteract this shift?



## Demand pressures and unmet need

Within North Yorkshire, we have a large and well-attended Social, Emotional and Mental Health (SEMH) Strategic Group consisting of representatives of all parts of the mental health system. We have adopted the iThrive model which we continue to embed at all levels.

We have also recently refreshed our Terms of Reference, which are still a work in progress as we are listening to and taking feedback from various young people's groups. We have revised our Vision in response.

Our message to children and young people:

**It's ok to feel  
Don't be alone**

As a partnership we are committed to our children and young people being:

**Healthy, happy, safe and achieving in life**

For our children and young people, we aspire to ensure:

**You are able to cope with everything life throws at you**  
**You know that it is normal to feel different emotions in response to different experiences**  
**You feel it's ok to have worries and you have people around who can help and support you**

As a partnership we have a Vision for our social, emotional and mental health system:

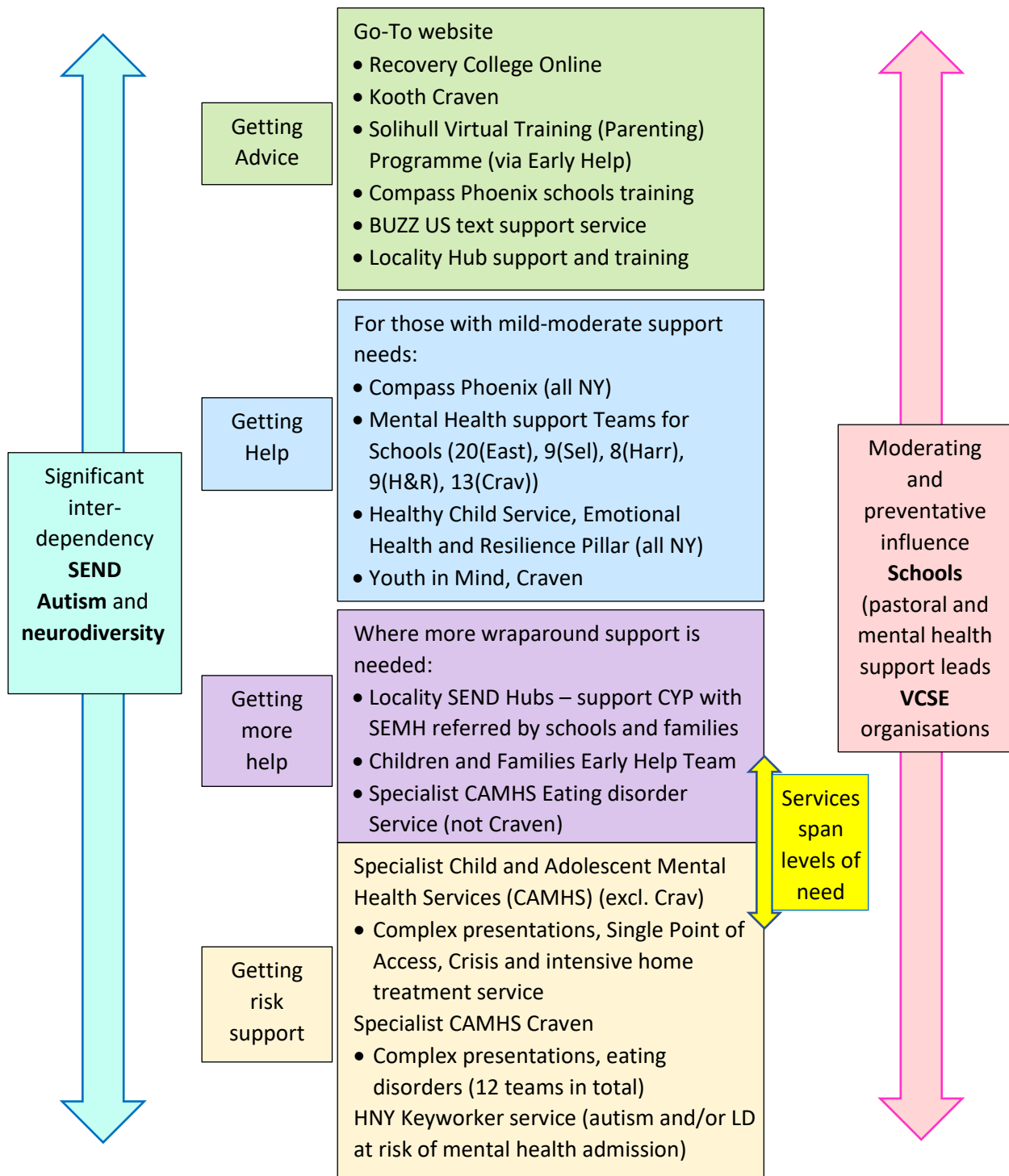
**Children and young people get the right support and advice from the right part of the system at the right time.**  
**The system has sufficient capacity to cope.**  
**All parts of the system are connected and communicate effectively with each other.**  
**As professionals, we help a child or young person's personal relationships support them in times of need.**



The SEMH Strategic Group has then been forming our strategic priorities, looking at what work is already underway to achieve these priorities and therefore what gaps may exist. The current priorities are:

1. To ensure a single, connected system at both strategic and provider levels
2. To use data, insight and knowledge to inform all parts of the system
3. To ensure there is focus on prevention, resilience building and advice
4. We will concentrate on identifiable, vulnerable groups of children and young people
5. We will identify and respond to the areas with greatest system pressures and/or need

It is then useful to map our system in terms of the iThrive model:

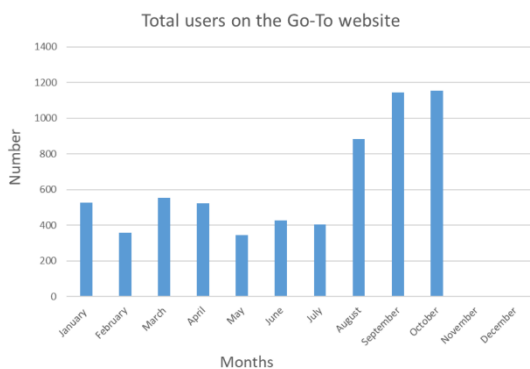


We then can examine the points in this system where pressures are greatest and look at the interdependencies which are contributing to those pressure points. For example, the anxiety created by delays in autism diagnosis, or lack of post-diagnostic support, can then lead to a young person also being referred for mental health support, but the mental health problem is actually secondary to another part of the system.

## Current service data

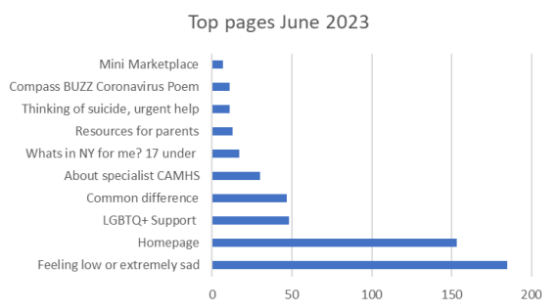
### The Go-To website

This is a resource coproduced with young people, with resources aimed at young people as well as professionals, parents and carers. There is an "Exit button" to link anyone quickly back to the home page if anything upsets them. This website is monitored and updated by North Yorkshire ICB Place on a regular basis.



There has been an increase in the numbers accessing the Go-To website in the last few months, due to a number of possibilities, including more awareness of the site (there are now QR codes on Children and Families letters to parents), the new school year, exam results etc.

The main pages accessed, other than the home page are around feeling low or extremely sad. This has remained consistent over the last few months.



### Kooth, Craven

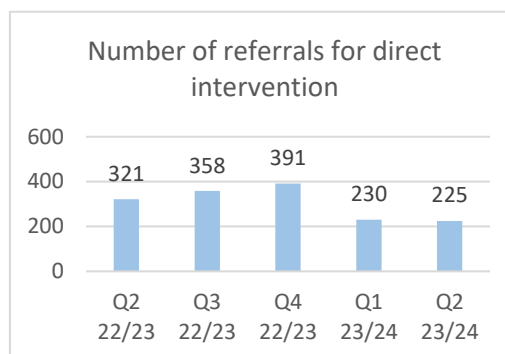
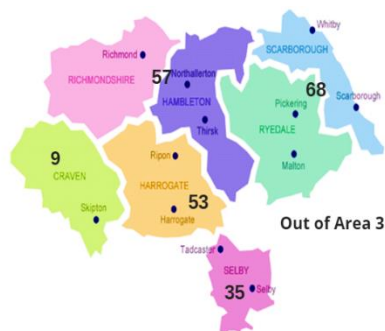
This is the online mental health and emotional wellbeing service for CYP aged 10-18 for Bradford and Craven. It provides a safe, anonymous online emotional wellbeing community, with resources, discussion forums and access to chat sessions with qualified counsellors and emotional wellbeing practitioners.

For Bradford and Craven, new registrations have been considerably lower on average during the last year to September 2023 in comparison to the same period in the previous year. Specific to Craven, there were 193 new registrations between April 22 and September 23, asking about self-harm (31.6%), anxiety/stress (28.9%), friendships (26.3%) and suicidal thoughts (23.7%).

Young people set personal goals with tools to measure progress. The average goal movement of those using Kooth in Craven was 5.9+ (with 3+ constituting significant progress).

## Compass Phoenix

Compass Phoenix sees children and young people with mild to moderate mental health needs. There has been a reduction in the number of referrals since April 2023. The majority of referrals in Quarter 2 came from Scarborough and Ryedale.



The commonest reason for referral was anxiety (47%), with a further 18% for low mood. The age of referral peaks around 13/14, but more primary school aged children are being referred.

In response to system demand, the service was altered earlier in 2023; some young people are suitable for group work, some need 1-2-1 interventions and some use Lumi-Nova, a National Institute for Health and Care Excellence-recommended, digital therapeutic game for 7-12 year olds with mild to moderate anxiety. There is also BUZZ-US, a text messaging service allowing young people to contact professionals about their mental health; the most common topic in Quarter 2 was anxiety/panic attacks.

Since the changes were made, there has been a substantial increase in the numbers of young people having their first interventional contact within 4 weeks and the numbers waiting to be seen have reduced substantially.

Month	Referrals with 1+ contact recorded	Referrals with 1+ contact within four weeks	Percentage
April 2023	590	25	4.4%
May 2023	325	110	34.5%
June 2023	135	90	64.7%
July 2023	105	85	81.7%
August 2023	Data not yet available		
September 2023			

The vast majority starting group work do so within 4 weeks. Waits are still expected for those needed 1-2-1 intervention, with just over a third seen in under 3 months and the rest waiting longer.

284 young people were discharged from Compass Phoenix in Quarter 2, 2023/24, two thirds of whom were planned discharges. The majority of unplanned were those young people who were either in group work or using the online game, where children can finish using it if they feel they have what they need. Compass Phoenix are developing a parent pack for families to use prior to treatment so they know what to expect and how to get the best out of their time with the service.

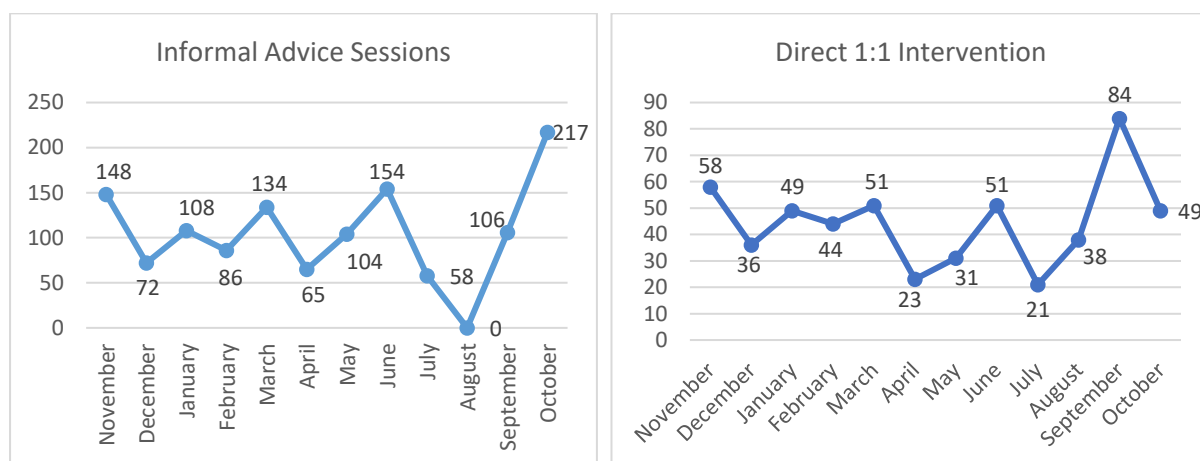
When young people were asked how they would rate the service provided by Compass Phoenix, 85% responded "good" or "excellent."

Compass Phoenix also provide professional consultations to schools around specific children. Plus they host webinars for schools to train staff, with feedback from schools highlighting the main needs

being anxiety, stress and managing challenging behaviour. Compass Phoenix are developing a new training package on managing behaviour.

### Mental Health Support Teams (MHST) in schools – provided by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) (excl. Craven)

These are teams of mental wellbeing professionals, working in schools to promote a whole school approach to mental health and wellbeing. They provide advice to school staff and interventions to young people with mild to moderate issues. There are 5 teams in North Yorkshire (excl Craven), including 2 teams in Scarborough. They cover 46 schools and colleges across all age groups.



There are fewer interactions in July and August, with the 6 week holiday period, but need for both informal advice and interventions then spikes as children return to school.

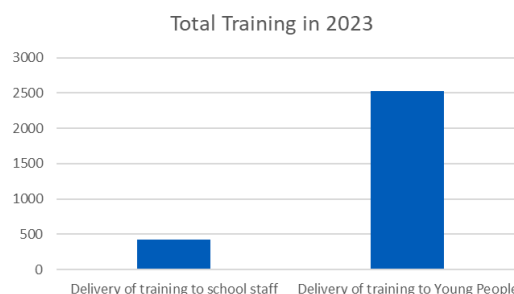
In Selby, Hambleton and Richmondshire and Harrogate, between 73% and 80% of referrals are due to anxiety/panic attacks, with low mood/depression being the second commonest reason. In Scarborough and Ryedale, 52% of referrals are due to anxiety, with 28% low mood/depression.

### Mental Health Support Teams (MHST) in schools in Craven

The Craven MHST was established in February 2020. The CYP population coverage by the MHST in Craven is 10,639. The team is based in 12 schools and 1 college in Craven.

The team engages schools with the whole school approach, supporting school audits, training sessions, signposting, developing safe spaces for reflective discussions and supporting the early identification of need.

In 2023 (to date) 423 school staff and 2,526 young people have received training on supporting mental health and wellbeing.



From October 2022 to September 2023, 171 children and young people received treatment for their mental health and wellbeing from the MHST located in Craven.

## Healthy Child Service: Emotional, Health and Resilience Pillar

The Healthy Child Service (0-19 service) also covers those with mild to moderate mental health needs across all of North Yorkshire.

There were 178 referrals in Quarter 2 2023/24, the majority of which were for managing emotions and anxiety. The average age of referral was 10.5, so a little younger than Compass Phoenix. Whilst screening is always completed within 5 days, there is then a wait for intervention, similar to that of Compass Phoenix:

	Q1	Q2
Central	15 wks	13 wks
East	17 wks	17 wks
West	17 wks	14 wks

The Family Health Practitioners are currently supporting 154 young people, with a further 49 receiving support from the Children's Wellbeing Practitioners.

Using validated scoring tools, all children showed an improved scoring at the end of their support period.

## Youth in Mind, Craven

Youth in Mind (YiM) is an integrated, community based, early intervention mental health service for CYP in Bradford and Craven. YiM is a partnership of 9 providers delivering a range of dynamic services to CYP with social, emotional, mental health issues. A number of services work across the whole area, whereas others are focused on a particular geography. Within Craven:

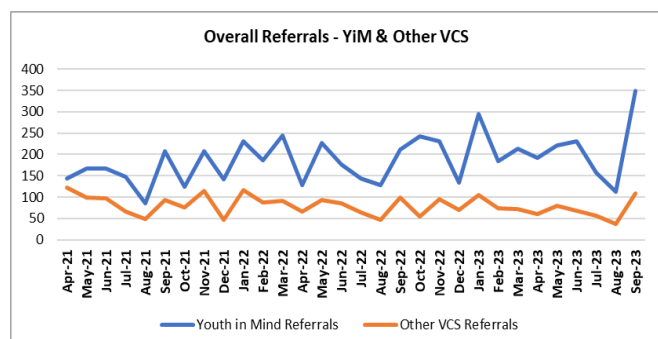
- SELFA – support young people with SEND
- Barnardo's WRAP – self-care focussed 10 week Wellness Recovery Action Plan (WRAP)
- Hospital Buddies – Wellbeing Workers support young people on children's wards and in Emergency Departments with issues including anxiety around an operation, long-term health diagnosis and mental health crisis.

Referrals fluctuate with school holidays (NB these figures include Bradford):

There is an overall increase in referrals shown, but providers report a significant increase in referrals since the pandemic, which is not reflected in this chart.

The main age group is 11-15.

Waits in September 2023 were just over a week for an initial assessment, then just under five weeks from referral to second contact.



In addition to YiM, there are numerous other VCS CYP wellbeing providers, as well as Compass Phoenix (just Craven).

## **Special Educational Needs and Disability (SEND) Locality Hubs**

SEND hubs consist of a range of specialist support and provision delivered by highly qualified and experienced staff who support families, schools, Early Years settings and post 16 providers to effectively and holistically meet the needs of children and young people who have SEND.

Each child being referred to a SEND hub will have individual clearly defined outcomes to be achieved as part of the specialist service caseload, expected outcomes which are shared with the child's school and family. The list of expected outcomes will vary considerably depending on the specialist service but they can include improved educational attainment or outcomes relating to physical therapy.

From Quarter 4 2021/22 to the same period in 2022/23, there has been an 18% increase in referrals. The current caseload is 1,573 individual children supported across a range of specialist services. A significant amount of Hub activity relates supporting wellbeing and mental health of pupils.

During Q4 of 2022/23, 98% of all outcomes were either fully achieved or partially achieved. This is the same outcomes rate as the same period last year.

In addition to this core referral offer to schools and early years settings, the Hubs also undertake a range of other functions to support attendance in school.

## **Locality Boards**

All schools and education settings in North Yorkshire have access to support through one of 5 Locality Boards. Each of the Boards is led by a School/education leader and agrees funded priorities based on the needs of the community. Many of the projects focus on wellbeing and resilience for example the development of Nurture groups in schools, and supported transition for vulnerable pupils.

## Early Help

Whilst the Early Help team do not, strictly speaking, cover mental health, strains on families, due to waits in other services then impact on the Early Help service. There is currently a snapshot underway looking at how many of their October 2023 referrals also factored social, emotional and mental health, autism or ADHD, but it is likely over half.

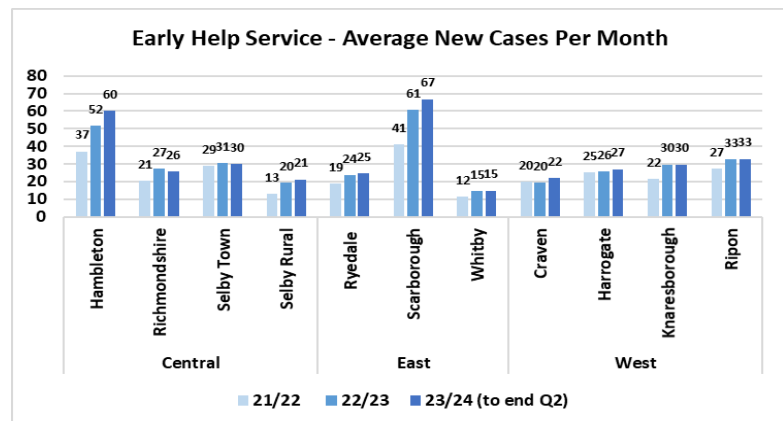
The 6 months to September 2023 have seen a total of 2,188 new Early Help cases. This represents a 19% increase compared with the same period in 2022/23.

Almost every team has seen demand grow year on year over the last 2 years, with Hambleton and Scarborough seeing the greatest increase in average new cases per month:

The service is predicting demand to remain high for at least another 18 months.

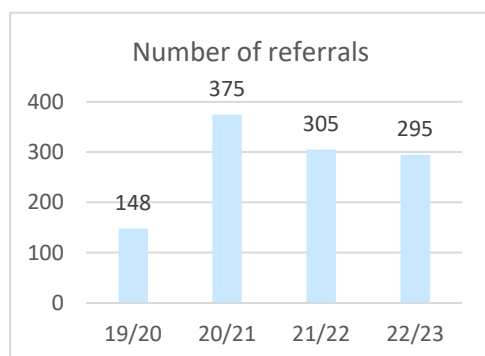
More specific to mental health, Early

Help have a social prescriber, funded for year, supporting children & young people aged 9-18 (or up to 25 (SEND)) who are being seen by Compass Phoenix and/or specialist CAMHS, with mild to moderate mental health needs. The worker links with the voluntary and community sector across Scarborough, helping young people access organisations which can support them best.



## Eating disorders service (TEWV) (excl. Craven)

A county-wide team including psychologist, family therapists, psychiatrists, nursing, dietetics and social workers see young people with significant eating disorders.



Although referral numbers are reducing, they are still double the pre-pandemic levels.

Waiting time standards for urgent (7 days) and routine (28 days) referrals have been met for the last 6 months.

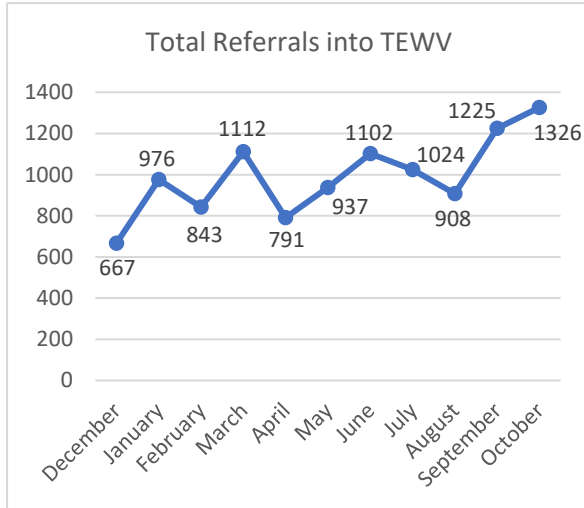
Average time in treatment for the community ED service varies between 9-15 months depending on complexity of the case.

A new Intensive Support Team (IST) commenced Jan 2023, created in response to families requiring more intensive support in the community. This has reduced paediatric re-admissions by 18.5% in 6 months. There has also been a 50% reduction in Tier 4 admissions (the most critical). The Team has supported 20 families with 282 clinical and therapeutic interventions.



**Single Point of Access (SPA) into Child and Adolescent Mental Health Services (CAMHS) (TEWV)**  
(excl. Craven)

This covers North Yorkshire and York, and Selby. They manage all referrals into TEWV, triaging and determining whether the referrals are appropriate for specialist mental health services.



NB figures here are inclusive of York.

Referrals continue to rise, with the occasional dip coinciding with school holidays.

There are a significant number of referrals that are not suitable for specialist CAMHS services; education for those referring re alternatives, has been identified as a specific need.

The waiting time for an initial, non-urgent assessment through the SPA is currently 3-4 weeks.

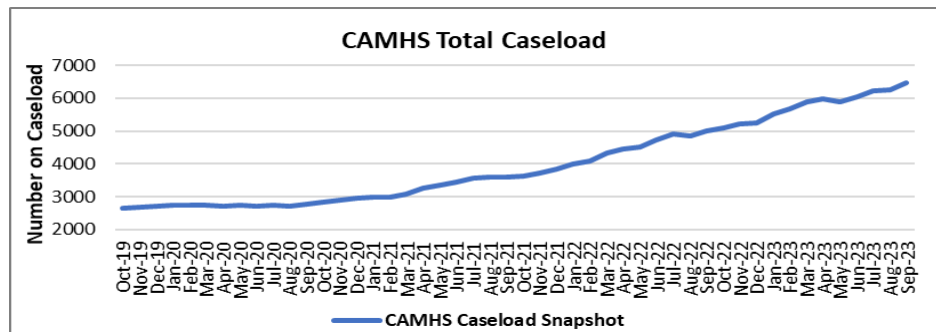
Waiting times for Initial Assessments in specialist community teams for Northallerton and Harrogate area 2-3 weeks, Scarborough 5-6 weeks and Selby 8-10 weeks. (NB these figures do not include assessments for ADHD or autism).

**Specialist CAMHS, Craven**

There has been a significant increase in referrals and caseload numbers since pre-pandemic.

Note that these figures include neurodiversity assessments and

eating disorders, which make up a substantial proportion of the referrals, and they also include Bradford, not just Craven.



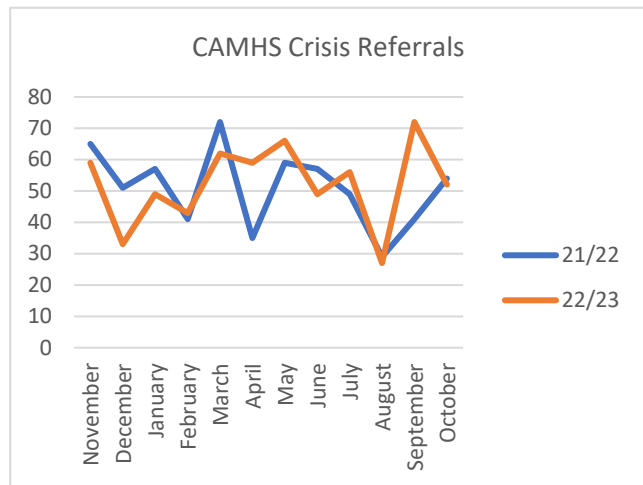
The average wait time from referral to assessment in September 2023 was 11 weeks, 15.5 weeks from assessment to treatment and 22.9 weeks from referral to treatment.

Excluding neurodiversity and eating disorders, nearly 83% of children and young people were waiting less than 18 weeks from referral to commencement of treatment in September 2023. However, whilst waiting, there is a Directory of Children and Young People's Mental Wellbeing Services, as well as voluntary service staff undertaking "safe and well checks" with those waiting.

**Crisis Team (TEWV) (excl. Craven)**

This County-wide team covers all of North Yorkshire and York (excl. Craven). The Team offers 24 hour support to young people who present in mental health crisis, with the majority of work taking place in either Emergency Departments, or in the young person's home. The Team also support young people detained under Section 136 where they have been deemed a risk to themselves or others and have been taken to a designated place of safety. Follow-up is offered where needed and they also support other teams, when those are more appropriate to the young person's needs.

In October 23, there were 26 crisis presentations specific to North Yorkshire, with only 2 breaching the 4 hour Emergency Department waiting target. (NB the figures in the graph include York).



Numbers of those being referred to the Crisis Team have remained roughly similar to last year.

## Interdependent and allied areas

### Autism and neurodiversity

We know that a significant percentage of our young people diagnosed with autism, or other form of neurodiversity, will experience mental health challenges; national data tells us that over 80% of people with autism, but without a learning disability, have mental health difficulties. Therefore, it is important to acknowledge that struggles to obtain either a diagnosis of autism, or the support required, depending on need, can create significant anxiety and stress. Strains within the system of autism diagnosis and support and impact on our mental health and wellbeing system.

Currently, in North Yorkshire, we have 3 different providers of autism assessments (Bradford District Care NHS Foundation Trust (BDFT), A Better Life (ABL) and Harrogate District Foundation NHS Trust (HDFT)), each with slightly different pathways around diagnosis. Whilst capacity within our assessment services has remained roughly static, referrals for assessment have increased.

Craven	Scarborough/Whitby/Ryedale	Harrogate/Ham&Rich
<ul style="list-style-type: none"><li>• Provider BDFT</li><li>• Data includes all neurodiversity</li><li>• Waiting list = 132 children (May 23)</li><li>• A new child added to the waiting list from May 23 could wait around 38 months</li><li>• Diagnosis made in over 80%</li></ul>	<ul style="list-style-type: none"><li>• Provider ABL</li><li>• Capacity 20 referrals/month</li><li>• Demand 27 referrals/month</li><li>• Waiting list = 114 children (Sept 23)</li><li>• Average assessment wait = 44 weeks (Sept 23)</li><li>• Autism diagnosis made in 71-81% (Jan-Sept 23)</li></ul>	<ul style="list-style-type: none"><li>• Provider HDFT</li><li>• Capacity 40 referrals/month</li><li>• Demand 80 referrals/month</li><li>• Waiting list = 1044 children (Sept 23)</li><li>• Ave assessment wait = 58 wks</li><li>• Autism diagnosis made in 92-100% (Jan-Sept 23)</li><li>• New referral system with triage to offer support earlier</li></ul>

HDFT's new pathway where referrals are triaged by a multi-disciplinary team, including a paediatrician and Early Help, appears to be working well. Preliminary feedback is positive, but whether this impacts on waiting times and the mental health of those involved will be monitored.

The new all-age Autism Strategy consultation was launched on 27th November.

### Schools

Schools have a huge role to play in the mental health and wellbeing of young people, even though this role may be less data driven. There are multiple different programmes of work across our North Yorkshire schools around this issue, providing support and promoting wellbeing. Most secondary schools have a Mental Health Lead and all education settings offer pastoral support.

In the last year alone, the **Health Schools Award Programme** has held an online event attended by over 2,000 pupils across the region, as well as 2 celebration events, RHS Harlow Carr in June, and East Barnby Outdoor Learning Centre on 27th November. We specifically asked pupils at the East Barnby event what their schools were doing to support their mental wellbeing:

*"Make sure everyone has someone to play with - if we see someone on their own, we ask them to join in."*

*"Well-being champions in Year 5 - they have weekly meetings and training."*

*"Teachers take time to talk to you when you're sad."*

*"We have well-being brain breaks."*

The children also noted the importance of physical activity and outdoor walks to help their mental health.

We are also using some ICB Health Inequalities funding to embed **My Happy Mind** in Scarborough primary schools, where they learn about emotions, relationships and even some neuroanatomy!

Initial feedback:

80% of staff are now having 1-3 conversations about children's mental wellbeing each week.

93% of teachers said that Happy Breathing benefited their class:



12 Primary schools are taking part (+ 4 pending), as well as a local nursery.



A class of children, parents and teachers all Happy Breathing!

### What more would make a difference?

- An increase in capacity throughout every part of the system, including around physical health in children and young people, where delays in identifying and dealing with problems can adversely affect their mental health.
- More wellbeing programmes in schools and communities, focussing on prevention, e.g. My Happy Mind in primary schools, with capacity within schools to embed and enact the principles.
- Support for staff providing mental health support in non-clinical settings.

## Further specific work around our priorities

1. To ensure a single, connected system at both strategic and provider levels
  - Mental health transformation project, due to recruit to a project team in the next few months
2. To use data, insight and knowledge to inform all parts of the system
  - SEND data dashboard, focussing on early identification of young people with SEND at risk of admission to mental health units
3. To ensure there is focus on prevention, resilience building and advice
  - Thriving group, mapping groups for young people in the Selby area
4. We will concentrate on identifiable, vulnerable groups of children and young people
  - Emotionally based school avoidance, working with parents and carers
  - Transitions work into adult services
5. We will identify and respond to the areas with greatest system pressures and/or need
  - Emerging eating disorders
  - Anglo-American project around older children's mild to moderate needs in Scarborough
  - Attachment and trauma awareness project in schools

## Conclusions

There are multiple factors which have affected the mental health and wellbeing of children and young people over the last few years. Within North Yorkshire, we have a connected and diverse social, emotional and mental health system, working to a common purpose and set of priorities, where goals are clear and gaps can be identified.

The entirety of the system is colossal, but we appreciate the inter-dependencies and where system pressure affect many of the other linked parts. There is a huge amount of work and innovation happening within that system to respond to pressures and identify areas of specific need. External pressures, including demands on capacity and tight budgets continue to present ongoing challenges. But throughout all of this, we need to remember that our children do not need "fixing" – they need to be supported to be "healthy, happy, safe and achieving in life."

## References

1. Health behaviour in school-aged children: World Health Organisation Collaborative Cross-National Study (HBSC) [2022 FULL REPORT final 21.11.23-1.pdf \(hbscengland.org\)](#)