

Executive Summary

The main objectives of this needs assessment were to assess and report unmet needs of local children and young people who require support for emotional, behavioural, and/or mental health difficulties. Service needs have been evaluated for each different service level (tier) at any given time. In addition, gaps have been identified in current provision regarding of access and availability of the services. Key areas for development were identified for further improvement of the services at each tier.

Unmet needs at each Tier

While unmet need cannot be precisely estimated, we can assess whether the current services can respond to the potential need on each service Tier. In this needs assessment, evaluation of unmet need is based on the estimations of children requiring different service level at any given time, not based on the mental health disorder prevalence alone. This is because not every child with emotional, behavioural, and/or a mental health disorder requires constant access to services, while there are a number of children with transient mental health needs who may need to access services.

It is not known how accessible the Tier 4 services are, as they are commissioned by the NHS England. However, when evaluating the locally commissioned Tier 1, 2, and 3 services, questions should be raised about the services capacity to respond to the current demand. Rough estimate suggested that one third of the children who may require Tier 3 service may not be accessing the available provision. Conversely, due to lack of comprehensive data, it was not possible to provide similar estimate for tier 2 services.

The new PMHW service in Tier 2 is still being imbedded in the East and West Suffolk system. Therefore, the potential impact of the PMHWs on the overall system cannot be reliably estimated at this point in time. However, some early indicators have shown that referrals to the PMHWs have picked up. Nevertheless, it is unlikely that the PMHWs are able to respond to the all estimated demand of the Tier 2 services.

Another issue identified was access to psychological services at tiers 2 and 3. While children might also be able to access Educational Psychology (SCC) and Psychological Services provided by SCH, these services tend to be for children with more defined needs, such as for those with problems in schools. Furthermore, Educational Psychology service is offering only core services. This means that a child's access to wider Educational Psychology services is dependent on schools' choices, placing children potentially in unequal position.

It is also difficult to assess how underlying issues that contribute to children and young people's mental health disorders should be addressed in Suffolk. Issues such as family dysfunction, emotional abuse, anti-social behaviour, and family in acute distress may contribute to the children and young people's mental health needs. There is no reliable data to show the level of need or access to services for the children and young people who, while not having a mental health disorder, may nevertheless need Tier 1 mental health support.

Key issues

Based on the available evidence, the main findings from the needs assessments are detailed below. Due to lack of available information from the Waveney area (GYWCCG), the main findings and recommendations especially for tier 3 and 4 services concern mostly East and West Suffolk.

- *Tier 1 Services*
 - Families should be able to provide support for children when and as required. However, there can be considerable differences in how resilient families are. Parents or carers with, for example, emotional or mental health difficulties may not be able to offer effective support.
 - The survey of frontline practitioners indicated that they wish for more training specific in how children and young people with behavioural and/or emotional difficulties can be supported.
- *Tier 2 Services*
 - An estimated 7,000 -10,000 children and young people aged 0-19 experience emotional and behavioural difficulties in Suffolk at any given time. This means these children require targeted intervention at Tier 2 from, for example, PMHWs, behaviour support service. Interventions may include direct support for a child or a young person, or support for other professionals or parents and carers.
 - Conduct disorder is often expressed through behavioural difficulties. Therefore the access to services is complicated by services tending to reject referrals for primarily behavioural difficulties.
 - Current health provisions are diagnosis based with high thresholds making access very challenging for CYP who are at risk for developing mental health disorders.
 - PMHWs at Tier 2
 - Currently there is not enough data to evaluate reliably the effectiveness of the PMHWs.
 - The East Suffolk appeared to have better service coverage during the beginning of the 2015.
 - The PMHWs are still being embedded in to the system.
 - While the CEP Service continues to provide a wide range of services through Schools' Choice, these services have to be procured. Therefore, access to non-statutory EP services is dependent on the schools ability and willingness to pay for the services.
 - While it is difficult to evaluate the capacity and the number of children accessing the tier 2 services, the available evidence indicated that the capacity on the tier 2 may be insufficient to respond to the current needs.
- *Tier 3 Services*
 - AAT Single Access Point for Tier 3 Services
 - AAT is designed as a gateway to Tier 3 services. However, available evidence indicates that this as a single point of access to CAMH services by many referring professionals.
 - The AAT aims to sign-post to Tier 1 or 2 services for those not assessed as requiring Tier 3 services.
 - The AAT professionals have limited CAMHS specific expertise, thus potentially impacting the outcome.
 - There continues to be frustration among referring professionals about the perceived difficulties to access Tier 3 services due to number of rejected referrals.
 - IDTs and other specialist teams
 - The capacity of the IDTs appears to be limited.

- There appears to be a risk that the service threshold may depend on the referral volumes and the capacity of the IDTs.
 - Specialist Teams (ASD assessment service, CONNECT) appear to accept most of the referrals.
 - Suffolk Community Health
 - Service is offering support for children with mental health difficulties secondary to other conditions such as ASD. However, the service feels that access to more specialists mental health support can be difficult due lack of agreed referral criteria.
 - There is confusion between the NSFT and the SCH about accepting referrals for children with ADHD.
- Tier 4 services
 - It is not known how many children have accessed the Tier 4 services.

Key areas for development

1. Available services are diagnosis and age specific meaning they are not flexible to the needs of the children. The commissioners should explore possibilities to develop clear assessment and support pathway for children with behavioural difficulties/conduct disorders at Tiers 1 and 2.
2. Additional training should be available for frontline professionals to identify and intervene when a CYP in their care experiences emotional, behavioural mental health difficulties. This should include support for schools to adopt a whole school approach to improve emotional resilience in children and young people.
3. Clear sign-posting to resources available for parents and carers to support children and young people experiencing emotional and behavioural difficulties. Any need to develop further resources should be reviewed.
4. Develop and implement a common dataset and outcome framework for services working with children and young people experiencing emotional and/or behavioural difficulties to enable monitoring of each service impact.
5. Although the NSFT service has been restructured, there has been no market change in how referrers perceive the access to services. This suggests that clear criteria for referral and care pathways are not in place. This in turn means that referrers are not always confident in knowing how to access Tier 3 specialist care or whether Tier 2 services would be more appropriate. Therefore, the commissioners and the service providers should develop a single point of access and assessment centre/team to provide needs based and coordinated support for children and young people with emotional, behavioural, or mental health difficulties.
6. PMHW performance data from the beginning of the year 2015 indicated considerable disparity between the referral numbers for East and West Suffolk. The commissioners should ensure that children have equal access to PMHWs across East and West Suffolk. Based on the available data, it was not possible to evaluate whether the PMHW service in Waveney is able to respond to the local demand.
7. In addition, the commissioners should clarify whether part of the remit of the PMHWs role should be:
 - Offering support for children with behavioural difficulties and widened from a consultative role to more direct interventions.

- However, as PMHWs come from a variety of backgrounds, type of direct interventions or therapy that may be offered by the PMHWs is likely to be dependent on the skills of an individual PMHW.

The full report can be found at:

<http://www.healthysuffolk.org.uk/assets/JSNA/PH-reports/20160516-Summary-Document-Emotional-Behavioural-and-Mental-Health.pdf>