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Community and Mental Health Services

Inequalities in CYP access to mental health services: Evaluating need and demand

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Working alone, mental health trusts cannot manage rising levels of mental health demand across the life course

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Caseloads

1.47m More people in contact with mental health services than ever before (July 2021)

Referrals

1.6m Currently on the mental health waiting list

Children

117% More children in contact with services than in 2017.

Covid backlog

2+years To tackle backlogs and return to pandemic waiting times

CYP Open referrals

420K Highest number since records began in 2016

Troubled children and young people undergoing treatment or waiting to start care (*)

Responding to this challenge requires:

- A **collaborative** approach to understanding need using shared data
- A **collaborative** system approach to meeting demand

Source: NHS Providers; (*) NHS England

Through Covid Mersey Care has seen significant rising demand for mental health care from children and young people

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All referrals ↑24%

16-17 y/o referrals ↑22%

*Figures compared to April-July 2019

Crisis Line Assessments - Children and Young People

↑165%
Mid Mersey

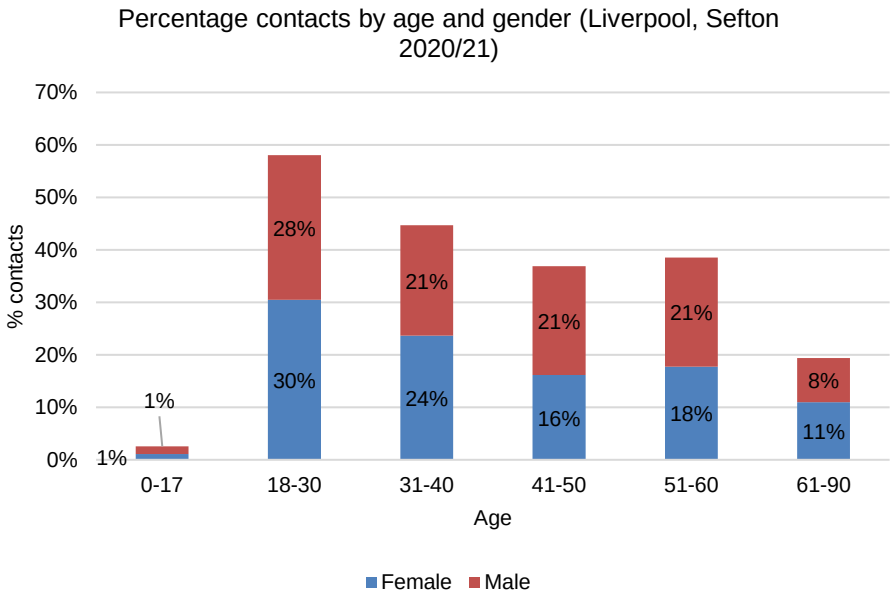
Eating Disorder Referrals

Children and Young People
184%
Mid Mersey

*Figures compared to April-July 2019

16-17 yrs attending A&E for Core 24 services - Local and Mid Mersey combined

29% of calls to our mental health Crisis Line are from people under 30 years old; 70% of calls are from people in IMD quintile 1.



Year-on-year increase in children looked after by local authorities with associated rise in mental health and emotional needs

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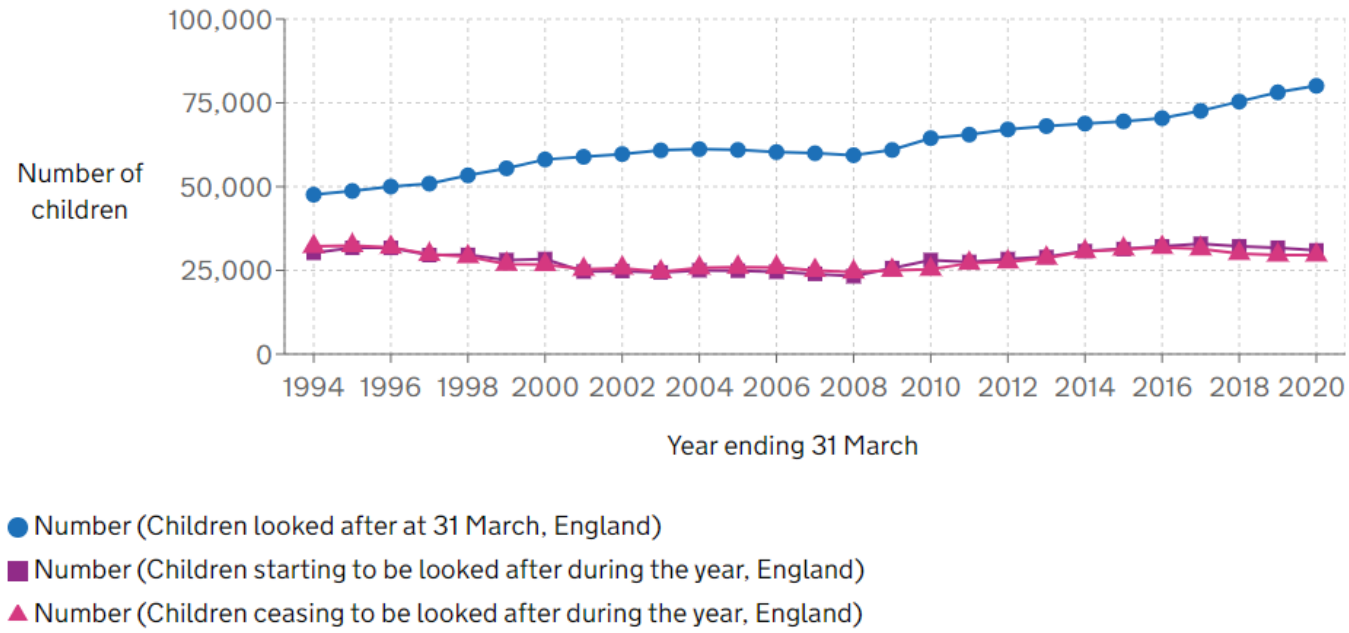
Children looked after at 31 March, children starting to be looked after during the year and children ceasing to be looked after during the year, in England, 1994 to 2020



Last survey for Mental Health of Children Looked After was carried out in **2002.** Among young people, aged 5–17 years looked after by local authorities:

- 45% were assessed as having a mental disorder;
- 37% had clinically significant conduct disorders;
- 12% were assessed as having emotional disorders (anxiety and depression)

A recent children and young people mental health survey on the general population found:

- one in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017.

Source: SSDA903; https://nhs-digital.citizenspace.com/consultations/survey-of-the-mental-health-of-children-looked-aft/

The current system addresses the symptoms, not the root causes; and there is significant unmet need

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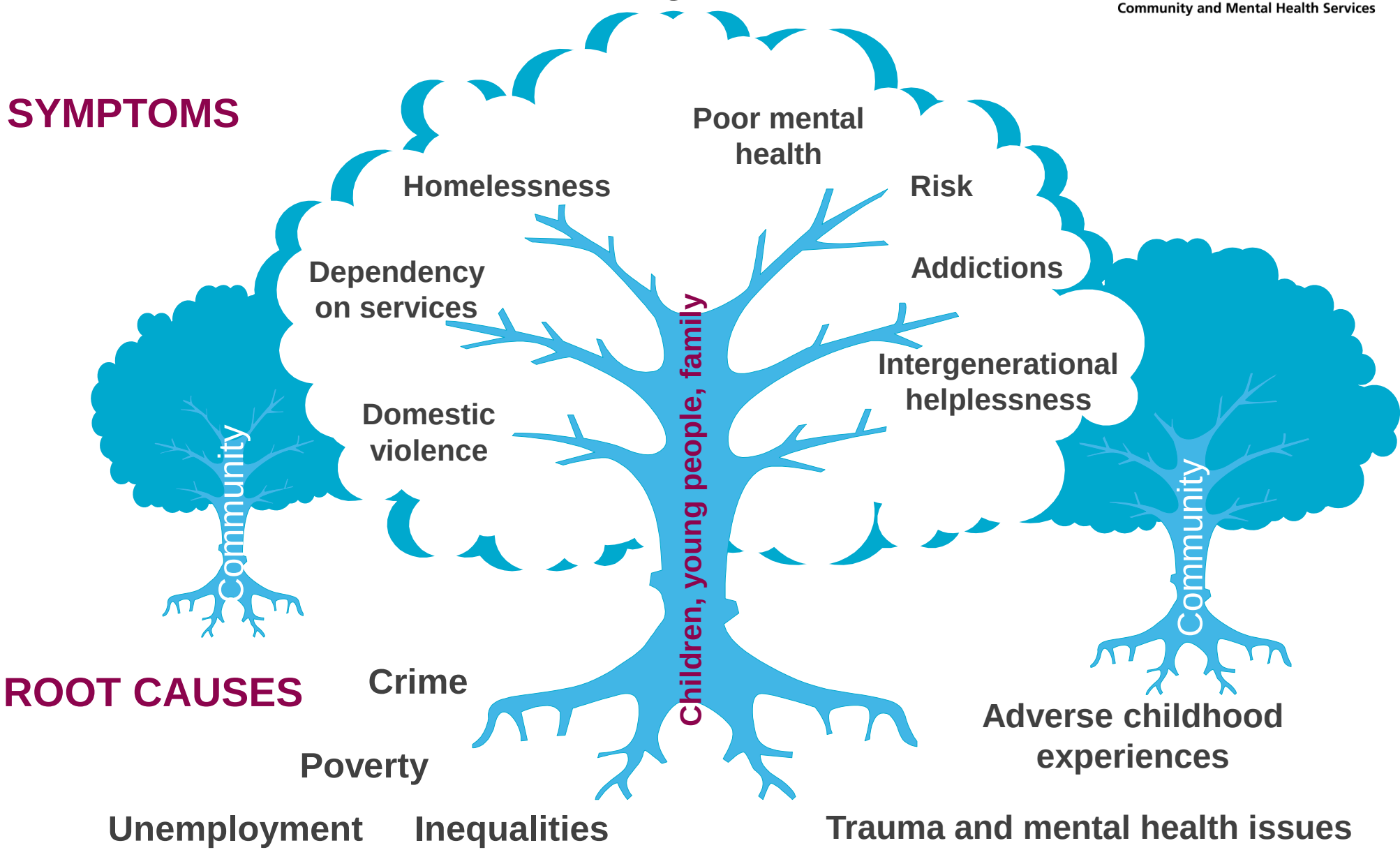


Households with complex needs

15,000 children in Liverpool live in one of 8000 households with complex needs.

By complex needs, we mean a combination of long term mental health plus long term physical health needs; plus one or more social need.

8000 households

34,000 people

15,000 children

16% of population / households

50% of health and social care spend.

Households with complex needs

80% of complex households have at least 1 person with a mental health problem.

90% have at least 1 person with a long-term condition

70% of complex households have child with health/social care needs.

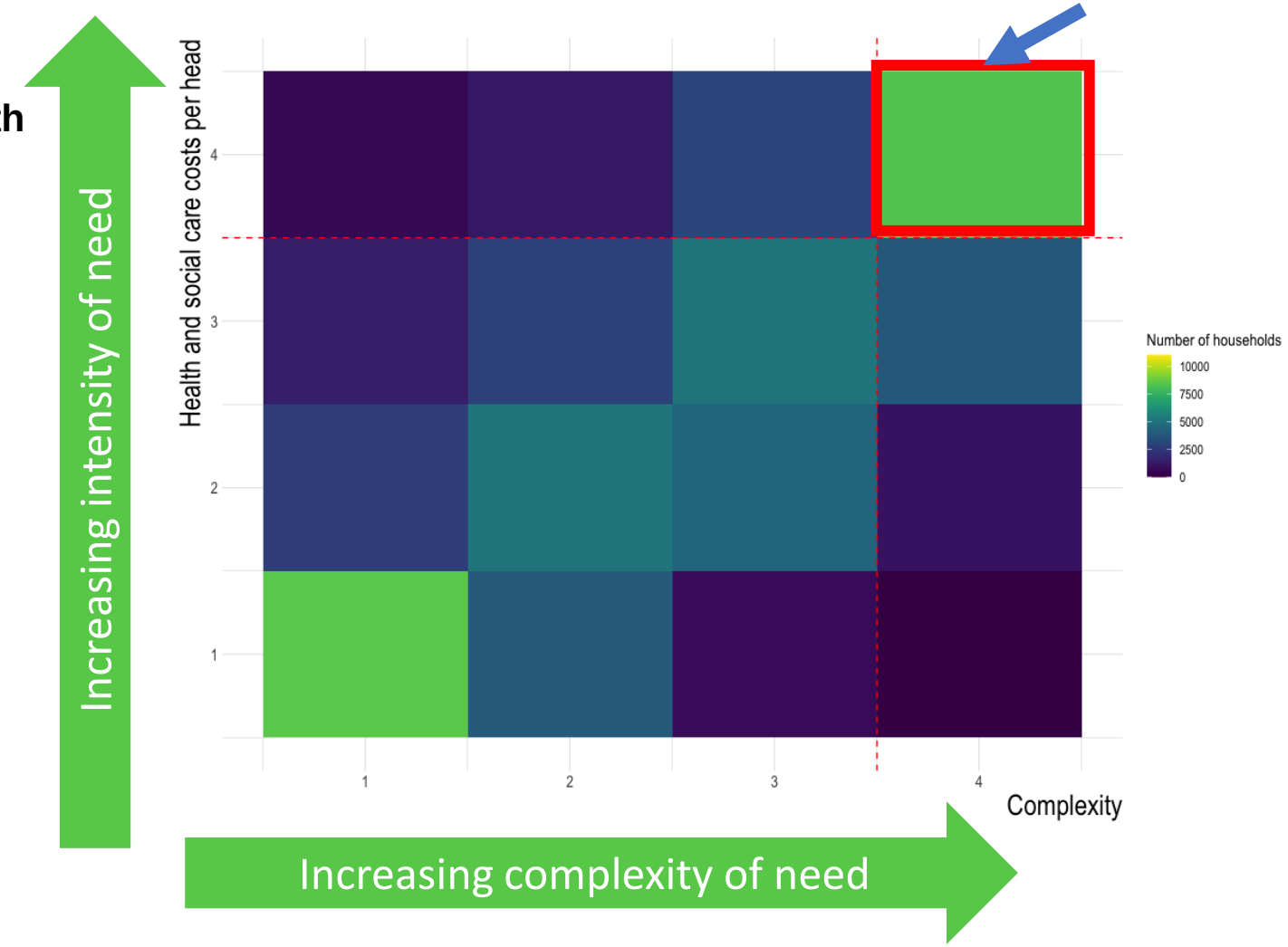
60% of complex households both children and adults (17-44) have health/social care needs.

70% have at least 1 social need / risk.

High intensity + complex needs ~ 8000 households

50% of all health and social care spend on 8000 households.

17% of spend identified is on social care 83% on health care.



Quantifying unmet mental health need in children and young people

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Supply
"Activity"

Need
"Prevalence"

Unmet need
"Supply/Need ratio"

Cheshire and Merseyside ICS supply ratio by condition

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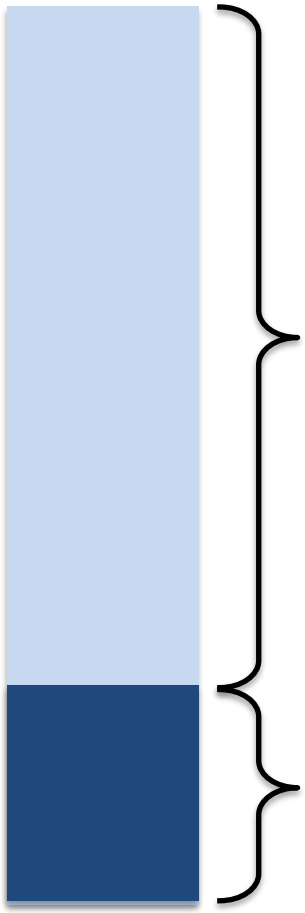
76,060 CYP across Cheshire and Merseyside are predicted to have a diagnosable condition.



57,836 (**76.1%**) with **unmet needs**

18,224 (**24.0%**) in contact with services

Condition	Estimate of 'need'	Population 'demands'	Supply ratio (low = bad!)	*Supply ratio (England)*
Looked after children with emotional wellbeing issues	722	618	0.86	*0.72*
Emotional disorders	11,971	5,964	0.50	*0.37*
Self harm	2,550	6,526	0.39	*0.34*
Hyperkinetic disorders	4,988	1,831	0.37	*0.22*
Conduct disorders	18,603	2,471	0.13	*0.06*
Eating disorders	37,226	814	0.02	*0.02*

NB. We have not accounted for multi-morbidity in either numerators or denominators. These totals will therefore not, in reality, be additive. Similarly, the definition of need is sometimes broader than our measure of demand so the supply ratio will always tend to the lower end.

Summary - Mental Health Commissioning for Children and Young People in Liverpool

39
Services

14
Providers

£24.8m
Total funding*

***£2.3m** per month when adjusted for duration of funding

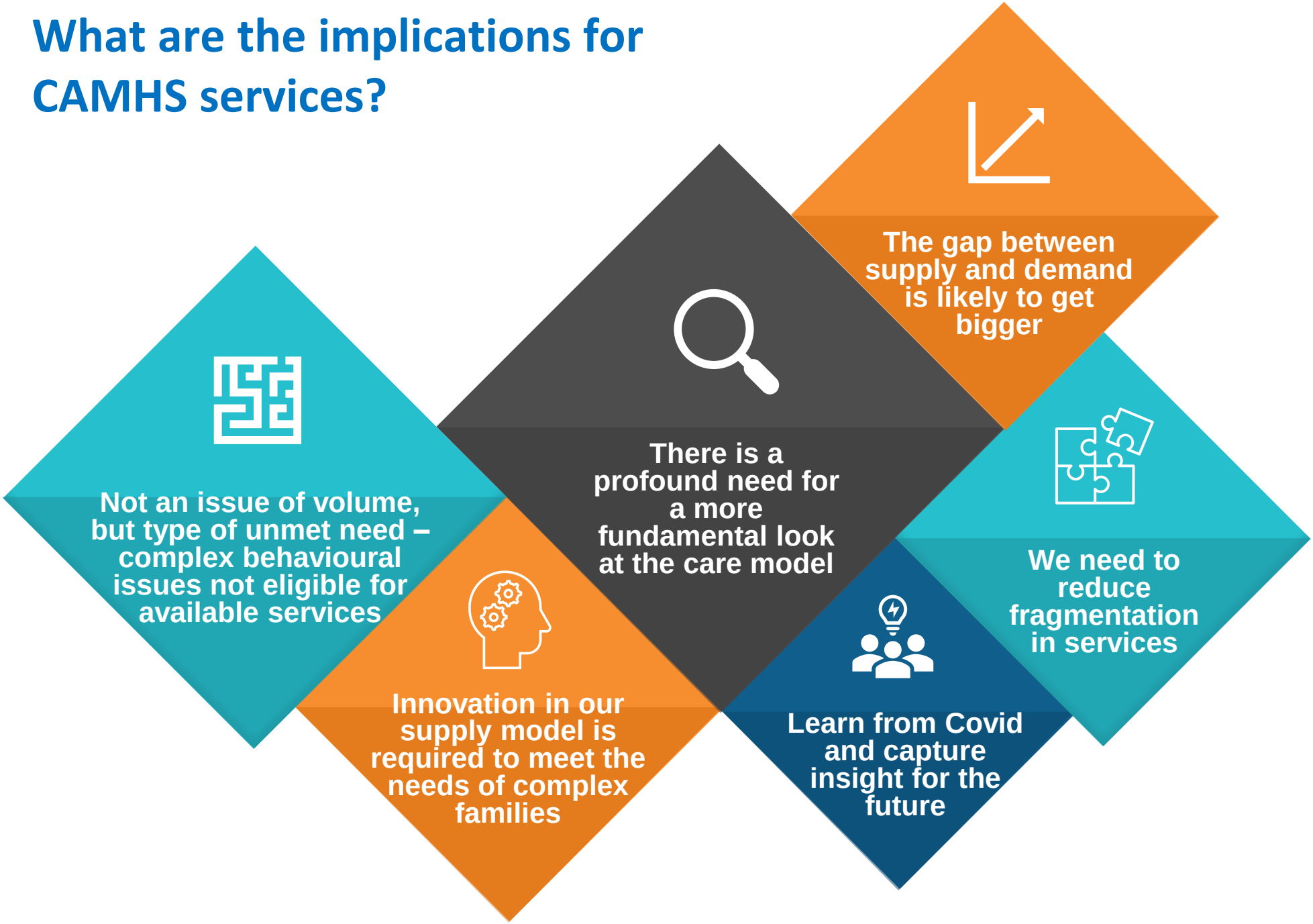
% of total funding meeting levels of need

NOTE: Many services meet *multiple* levels of need, therefore total is >100%

43%	73%	65%	72%
Prevention	Early Help/ Intervention	Targeted	Specialist

Mapping our assets in the Liverpool system targeted at children and young people's mental health identifies **available preventative/ early help interventions, but complexity and lack of co-ordination of services.**

What are the implications for CAMHS services?



A case study

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Knowsley Building Attachment and Bonds (BABS)
Parent Infant Mental Health Service (PIMHS) Evaluation

Impact of Specialist PIMHS on ACEs, Attachment, Child Development

Attachment Relationships

Positive relationships support people
to be resilient and to overcome serious hardship and adversity
Babies need at least one loving, sensitive and responsive relationship
with an adult to support their development

BABS mothers reported a significant increase in maternal attachment (21.5 increase in scores) following intervention. This was consistent for mothers with high and low ACEs

74% of BABS mothers had 5+ ACEs

Despite high maternal ACEs reported (5), BABS PIMHS intervention had a significant positive impact on attachment and child development

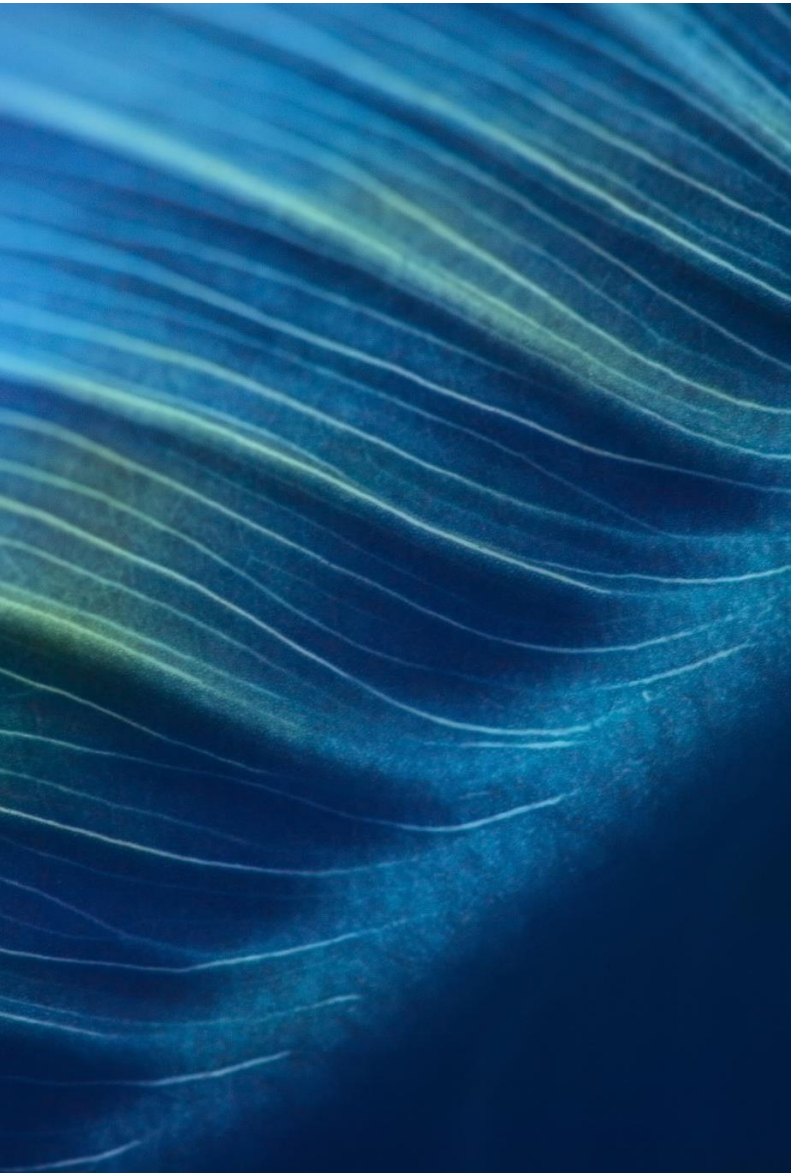
70% of children of BABS mothers were meeting their developmental milestones in all areas 14-27 months after intervention

6+ ACEs

=Poor Outcomes

BABS Evaluation = Much Needed PIMH specialist support, offered at the right time = Can Build Bonds, Break Cycles & ACES Research

onship are everything



Next steps in our analysis

- Adapting analysis to inform service development
- Understanding trajectories – modifiable risk factors.
- Understanding access and outcomes.
- More granular analysis of complex households segment and relationship with CYP mental health need