What is the definition of mental health and how does this affect the demand for mental health services?

Mental health refers to the overall social well-being of a person inclusive of emotional and psychological well-being and affects how we think, feel and act. It references a person's ability to manage stress, have and build healthy relationships and have good resilience to life stresses and challenges. To have good mental health would mean the absence of mental illness or well managed mental illness, allowing the presence of contentment and a sense of purpose in life.
As a city we have seen the need for mental health provisions has grown and a contributing factor in this may well be that there is more conscious awareness about factors impacting a young person's wellbeing i.e., A teacher may be supporting a pupil in school, and can recognise low wellbeing. i.e., A young person has seen a statement on social media, identifying what poor mental health may look like. This raise in awareness then impacts the demands on mental health services / provisions. The demand will also be impacted by affordability i.e., if the provision is free or fee paying. In terms of how accessing provisions is communicated to the public, there still is a stigma, and ignorance in regard of the general public's understanding of accessing mental health provisions and a lack of understanding of the process and provisions to support mental health. We see CYP who access mental health services have a better understanding after going through the process of accessing mental health provisions, however, the experience can be varied based on the demographic of the individual. As some groups can experience a more adverse process in comparison to others.

What are the barriers to CYP accessing drug and alcohol service?

We experience a high occurrence of do not attend appointments, these can occur because a CYP does not feel they need a service (other people have seen the need), CYP don't prioritise interventions, CYP are embarrassed to attend appointments. our staff work hard to "meet the young person where they are at "resulting in an increased need of engagement appointments from our professionals, which look like: going out in the community to meet the young people, working with other professionals in the CYP life, joint appointments and attendance at relevant meetings, working with family members to engage the CYP. We are also still faced with the stigma attached to CYP using Drug and Alcohol services, and we must be creative with how we engage young people.

How long are waiting times from enquiry/referral?

Waiting times to be engaged by substance misuse services averages between 1-2 weeks.
Waiting times to be seen by substance misuse services is within 24hours if Class A substance use is referenced on a referral.
Waiting time for in-house FTB support averages between 6-12 weeks, if the need is identified.

Are these barriers exacerbated if they have a mental health issue?

Yes, the barriers are exacerbated it is difficult for a CYP to engage in treatment services if they are experiencing levels of anxiety or paranoia in particular social anxiety. CYP often use higher levels of cannabis to self-medicate when they have un-diagnosed ADD, which can also add to social anxiety. This can also feed into lack of routine, not remembering appointments etc.
For young people aged 18-25 years, they are often living independently / semi independently and have often dis-engaged with mental health support that was available to them whilst living in care or at home and lack schedule and guidance to engage in support services.

What proportion of CYP who access support from the CYP drug and alcohol service also have mental health needs? What proportion have a diagnosed mental health need and what proportion do not have a diagnosed mental health need but experience psychological distress?

Data from 22 / 23 reporting
Number with Mental Health Need / not already engaging in treatment: 119 young people = 23 %
Number already engaged with Community Mental Health Team/Receiving NICE recommended Interventions: 58 = 11%
Number that are being treated by their GP or IAPT for their Mental Health need: 4 = 1%

What is the success rate of use of the service for those with or without a mental health issue?

Number of service users reporting improvement/stabilised in Life Satisfaction Rating or Number of service users reporting improvement/stabilised in Anxiety Rating.

Data from 22/23 reporting :
YP Outcomes Report
Number of service users reporting improvement/stabilised in Anxiety Rating: 53 =19%
Number of service users reporting improvement/stabilised in Life Satisfaction Rating: 103 = 37%

Number of service users who have reduced their drug/alcohol use upon Successful Exit from Service.	the number reporting a reduction on their Review YPOR	2022-23 (Non-Mental Health) April – March 33 (52%)	2022-23 (Mental Health) April – March 31 (67%)
Number of service users reporting abstinence from drug/alcohol use upon Successful Exit from Service	the number reporting abstinence on their Exit YPOR	2022-23 (Non-Mental Health) April – March 12 (19%)	2022-23 (Mental Health) April – March 9 (20%)

Treatment Star Outcomes – In Service
Emotional Health - Positive or Stabilised: 127 = 85%
Social Networks - Positive or Stabilised: 120 = 72%

Emotional Health - Positive or Stabilised	number reporting and an increase or stabilisation on their latest Outcome Star	2022-23 (Non-Mental Health) April – March 78 (82%)	2022-23 (Mental Health) April – March 54 (90%)
Drugs - Positive Change or Stabilised	number reporting and a positive or stabilisation on their latest Outcome Star	2022-23 (Non-Mental Health) April – March 84 (88%)	2022-23 (Mental Health) April – March 52 (84%)

Alcohol - Positive or Stabilised	number reporting and a positive or stabilisation on their latest Outcome Star	2022-23 (Non-Mental Health) April – March 75 (78%)	2022-23 (Mental Health) April – March 53 (83%)

What is the known demand for CYP mental health support and what has been the impact of Covid on mental health of children and young people in Birmingham? Which mental health issues / service have seen the greatest increase in demand over the last 4 years?

We believe mental health provisions in Birmingham have not had the capacity to meet the demands for mental health support in Birmingham.
The COVID pandemic had an overwhelming effect on the mental health of young people. The common factors amongst young people have been anxiety, increases in self-harm, panic attacks, a lack of motivation and hopelessness. In addition, young people have been dealing with bereavement, and in some cases multiple deaths of family and friends. Furthermore, CYP have been experiencing multiple traumas, as a result of being affected by the negative, and/or aggressive behaviours of others in the household during restrictions and no access to diversionary activities. Young people had to manage feelings of loneliness and isolation, while dealing with the uncertainty of their future, and a breakdown in their routine. Which in turn impacted on mental health services, where professionals had to respond to psychosis, suicidal ideation, anxiety, and aspects of personality disorder. There has been a noticeable increase in mental health issues amongst young people since the advent of Covid 19.
As a substance misuse service, we have seen an increase in poly drug use and consistent dual diagnosis our statistics show a notable increase in alcohol use referrals when lockdown restrictions eased, and young people returned to studies. We know providing adequate dual diagnosis & combined drug treatment & mental health care treatment is needed in many substance misuse cases and this works well with in house FTB substance use services. If we are working at removing the substance of choice, sufficient mental health support needs to remain present.
CYP who use both substances and experience poor mental health have exacerbated negative life experiences resulting in poor motivation for change and feelings of hopelessness.
Within the Aquarius transitions service (18-25) we have seen the need for crisis intervention for our young people as a result of little input / accessibility from community mental health teams.

What funding is available for mental health services and how does this compare to other areas e.g., core cities? needs to be present.

Mental Health Services are funded through the Government; via the NHS, Non-statutory who are providers of Mental Health services are funded via the ICB's (Integrated Care Boards) replaced the CCG's. There was an additional fund via the Active Wellbeing Society during the pandemic.
Information publicly available shows that "NHS funding accounts for only 11% spend on mental health services but mental health problems account for 23% of the burden of disease – WWW.kingsfund.org.uk
Nationally Central government has pledged / boosted mental health services as part of a £150million uplift up to 2025.
Birmingham is the 3rd most deprived local authority in England – (Government statistics 2019 indices of deprivation) And falls behind in Birmingham's Levelling up strategy in health, most likely because it is a deprived city in relation to its counter cities and has the youngest population with a high mental health need.
We have seen a reduction in FTB Substance misuse services, we now have 1 part time prescribing nurse and 1 part time FTB consultant. At the start of the Contract the Original Forward Thinking Birmingham offer was:
1 x full time Consultant child and adolescent psychiatrist.
1 x full time band 7 clinical nurse Substance Use specialist

What are the referral routes, assessment processes and support for CYP with psychological distress and those with a diagnosed mental health condition?

Outside of Substance Misuse core Services (i.e., the young person is not using substances (affected other or is over 18) we refer CYP generically straight to Forward Thinking Birmingham, with support from the GP or statutory services, or any other professional supporting. As cited previous waiting time is around 12 months. Young people can access the crisis team initially through a phone call, which is a 24-hour provision for young people experiencing crisis or they can present at A & E. Once picked up by FTB, CYP will be assessed, and the correct channel of support should be identified and offered. We have seen an increase in referrals not meeting the threshold for FTB support.
For Core Substance Misuse Services CYP under 18 will be SDQ (Strengths & Difficulties Questionnaire) screened for mental health by our practitioners utilising the the SDQ screening tool, this is then shared with the in house FTB team, who will then advise the next steps for the CYP support in our next monthly case discussion meeting we have on a monthly basis with FTB. If the CYP is deemed as needing FTB intervention, i.e., scores highly for emotional distress and several mental health risk indicators are present on the SDQ the FTB service is offered. Joint consultations are then offered to engage the CYP and FTB will include Parent / Carer. Often our Practitioners will assist FTB in obtaining further information from schools and family members and will complete further screening tools with the CYP i.e., Vanderbilt Screening tool – used for assessing adhd to assist FTB with the process. For those CYP who do not meet the threshold of need or support from FTB a referral will be advised by FTB and made by us (Aquarius or the FTB worker) into IAPT therapy services or alternative counselling is sought. Our staff will also incorporate low level resilience building & CBT as part of substance use interventions. For over 18's in our transitions team currently we can only utilise our FTB NMC for clinical discussion and are unable to refer into our inhouse services and we must follow the external referral pathway. The advantage of utilising this consultancy enables our staff to pick out crucial mental health indicators that will highlight any mental health concern that FTB can pick up on.
Through our FTB services we can check to see if a young person presenting or accessing our provisions is or has been open to FTB for support historically and we can use this information in supporting CYP into accessing further mental health intervention.
We do not screen CYP referred to us that are open to Youth Offending services (YOS), as at referral YOS CYP are also SDQ screened on referral / when accessing their provision, so we would not duplicate the process.

What are the expectations of children and young people and their parents and carers in relation to their mental health need?

Children, young people, and their parent/carers accessing our services, expect to access mental health services quickly when the CYP has an identified mental health need. They also expect the appropriate response from professionals, presuming that they have the answers and can support them in their time of need. CYP & Parents get frustrated with the waiting times which adds to their psychological distress and when they can't access FTB through our service route (i.e. the young person is over 18 or FTB do not feel the CYP meets the criteria for support from FTB and suggests counselling, talking therapy as an alternative)
A lot of emphasis is placed on young people 18+ to engage in community service provisions like Pause but this is with little success for our most chaotic young people. For young people 18 + using substances they are expected by mental health providers and homelessness provisions to reduce or stop their drug use before being seen or accommodated, but this is often an unrealistic expectation as mental health support and substance misuse support needs to be co-facilitated, this works better as it does in under 18's substance misuse FTB.

What support and advice is available to parents / carers?

FTB practitioners who are linked to Aquarius will liaise with parents or carers and often involve them in their treatment. Parental inclusion is less likely if a young person enters generic external counselling support or talking therapy, as it is client focussed and often does not include parental support. Pause allows CYP to access their provisions with a trusted adult or parent or carer. Low level

mental health inventions provided by us and other Young Peoples provisions like Barnardo's or family support will include parents or carers into CYP support pathways and offer advice to a parent to support a CYP with a CYP mental health.

How are the mental health needs of children and young people in care and care leavers being met?

Aquarius supports young people who are in care and care leavers, who use substances or are impacted by familial substance use and we can link CYP into our FTB service if they are using substances. We will support CYP, alongside their social worker into accessing Mental health Provisions & FTB. There remains a gap in direct FTB support for our 18 plus young people and for our 18 plus care leavers where we are reliant on a FTB referral pathway. We will liaise with a young person's 18 plus PA, and now we have an increased staff capacity to support these CYP 18+ to appointments in the community, but this is still difficult as this cohort of YP are still expected to access community hubs. Mental health services will often not complete outreach and will close appointments after 1 or 2 DNA's (Did not attend appointment).
Some of our staff feel generic Mental Health provision within the care system is inconsistent and is dependent on the ethos or commitment to supporting mental health effectively. Some care homes will set up an appropriate therapeutic community, where young people have direct face to face sessions with therapeutic staff and this works well. However, in comparison there are far too many care homes that appear to use therapeutic intervention as a tick box exercise for Ofsted and provide a mediocre provision that offers therapy via discussions with non-therapeutically trained staff. For the staff to deliver a kind of informal therapy to young people you need something more targeted and appropriate to facilitate their needs. In some of our staff's experience, young people's mental health needs are inadequately met within a high number of care homes in Birmingham. Therefore, the mental health needs of a young person in care, does not start to be embarked upon; until they leave care and start to access services in the community or access support through crisis intervention.

How well are the needs of children and young people with high end acute mental health met? What are the implications of responding to CYP in crisis on the capacity in the mental health system?

Young people with acute mental illness are generally managed under the mental health act. With every section of need within society, some fall through the net and end up in an adverse position that can result in injury or death. However, generally, once a stay in hospital has occurred; particularly after a section 3 under the mental health act. Young people tend to remain under the supervision of a mental health team until transition into adult services. As a section 3 will trigger processes within the act that obligates statutory services to remain involved until they are satisfied that the patient can cope on a lower level of intervention.
Even hospitalisation under a section 2 will trigger processes, although be it not at the same level as a section 3. If a young person develops an acute mental illness, it is more likely for them to remain in services due to the episodes they will experience and in turn enter services voluntarily or via sectioning. In supporting a young person with a mental health need in crisis, we must recognise the implications at all stages; that the establishments they can become accommodated in, can vary in standards, expertise, and professionalism, Expecting the most vulnerable to attend appointments at a scheduled time at a location that is often a bus journey away without support is often unrealistic.

How do services meet the needs of those who experience the disadvantage / barriers to services / are most vulnerable? (Consider case studies/patient stories)

Our Aquarius Team and in house FTB services have supported young people accessing in house mental health provisions very well, providing a very fluid pathway from substance misuse interventions into wider mental health support, and managing the problems faced in dual diagnosis

well, in providing interventions cohesively alongside each other, incorporating joint visits to the young people and their carers.

With the 18-25 age group, we have numerous young people who are extremely vulnerable due to facing multiple disadvantages (homelessness/ dual diagnosis/ exploitation). often, they have had some contact with community mental health teams prior but have been closed, due to lack of engagement with these services. Through partnership working with child / vulnerable adult safeguarding teams and other key partners we can meet the young people with 'where they are at' and take the support to them through assertive outreach and community work and engaging them back into service. The wider adopted approach of meeting young people where they are at is adopted by the Rough Sleepers Project Workers and Our Aquarius Transitions Team, however, still lacks robust support from statutory Mental Health Provisions. Albeit this is improving. Having a multi-disciplinary team at accessible locations operating a drop-in basis feels more suited to this co-hort, which could also provide outreach and in reach mental health services. This is an approach currently utilized with the smaller scale of the transitions hub which includes Aquarius and FTB. Additionally, we are working with St Basils to provide further drop in facilities and would like to see more presence from statutory mental health teams.

Generically CYP who enter the mental health system can be supported by a third-party organisation that provides mental health advocacy via a mental health advocate. The purpose of this advocate is to ensure their rights are observed correctly, under the mental health act, care act, and mental capacity act. Local Authorities are obligated by law to provide advocacy services or commission advocacy services to ensure the obligations of the above acts are being met appropriately, and more Children and families would benefit from knowing this knowledge, albeit this would not help the pressures that statutory mental health provisions are already faced with.

Workforce planning to enable continuity of care – NHS, Social Care, Education and third sector

Ofsted, CQC, and the inspectorate of prisons could benefit more by been more vigilant that providers are providing adequate mental health support and not just ticking boxes. Best practice can be shared until time memorial, however, as there are so many private sector providers, who ultimately have a bottom line, and their motivation is to profit. They will always consider their profit margin and do the least to meet standards, which is evident within some private sector.

There needs to be a more robust monitoring system and sanctions that have teeth for providers who transgress standards. The accountability is poor, and the powers of the inspection bodies can be to restrictive to influence affective change in the sector.

More adequate training for staff in sector (root and branch), increased powers for inspectorate, standards bar to be set higher and enforced,
Early Intervention - more education/awareness for public/ parents; to break down barriers, ignorance, stigma.
As a service we believe we are seeing more mental health awareness thus resulting in more referrals from professionals; however:
We may benefit from a system which accommodates and provides better access for CYP that normally would fear approaching mental health services & CYP that struggle to engage with traditional referral routes i.e., locality multi agency hubs, metal health in reach and outreach opportunities.
Wider Non-mental health services, having better screening knowledge, and continuous upskilling of a wider network of professionals supporting young people, that feel confident to deliver low level mental health interventions and have been directed to deliver this through a single point of contact service, to continuously reduce the backlog of referrals going to FTB and IAPT provisions.

What can we learn from other areas? Examples of best practice

Norway has a strong focus on community-based care, utilizing community-based care centres which provides universal access to psychiatrists, psychologists and other mental health provisions, not dissimilar to provisions throughout this country, including the Birmingham Local transitions Hub, outreach teams and health exchange.

Australia and New Zealand have prioritized early intervention, community-based care and a focus on reducing mental health stigma and promoting mental hell wellbeing. Good examples of networking opportunities would include well promoted local authority backed conference and networking opportunities including key stakeholders, like the recent South & City College Event and the Princes Trust Connecting communities' group which run regularly and consistently and include the presence of service users (CYP) and all key young people's provisions i.e. Mental Health Services, Substance Use Services, Employability programmes and Education.

How many children and young people access support from the CYP drug and alcohol service?

For 2022 – 23 we had:

- 371 referrals into service
- 293 in treatment during the period

The Aquarius FTB partnership currently have 50 young people in service, with approximately 40 of those who have received diagnosis and treatment (high number of these are neuro- divergent).

At the start of the contract the original Forward Thinking Birmingham offer was:

1 x full time Consultant child and adolescent psychiatrist.
1 x full time band 7 clinical nurse Substance Use specialist

Can you provide an anonymised case study that illustrates what the experience is like for a young person who has substance misuse and mental health needs?

Case Study
Client 1 was referred into Aquarius for support with her regular cannabis use. Client 1 was already open to Birmingham Irish for support for emotional wellbeing but her engagement with them was limited.
Following assessment and liaising with partner agencies it was identified that client 1 would be more suited to work with our specialist CSE & substance use partnership worker due to disclosures of rape, sexual assaults and grooming.
Other past trauma included breakdown of family relationships and absent parents. Client 1 struggled with attachments and her identity and had a distinct lack of trust in professionals.
Client 1 presented in a way that indicated ADHD and also reported that she often felt suicidal and self-harmed, even when she felt happy.
Our specialist worker applied a trauma informed approach to her engagement and was able to build a rapport with Client 1, attending other appointments with her such as GP and other health appointments.
A SDQ was completed with client 1 followed by clinical discussion with our in house FTB team who recommended a Vanderbilt tool be completed followed by a referral into FTB for full assessment.
As Client 1 had built a relationship with her Aquarius partnership worker and trusted her intentions, she agreed to a referral to FTB.
An assessment took place yesterday at Aquarius offices with Client 1, her worker and the FTB NMP who is completing an assessment with follow up appointments booked.

What mental health problems can drug or alcohol use cause for children and young people?
Trends:
With the increase in popularity of synthetic cannabinoids (mamba/ spice) we are seeing an increase in poor mental health amongst its users, often psychosis. Similarly, cannabis with high THC content

can also contribute towards poor mental health (again often indicating psychosis). A specialist mental health and substance misuse service allows for more timely, appropriate evidence-based interventions providing better outcomes for young people.

We also see the use of substance to manage mood, and as a coping strategy and often CYP will present with depression and anxiety symptoms.

What 3 recommendations would you make to improve mental health support for young people with substance misuse needs?

Recommendations:

The Aquarius FTB partnership currently have 50 young people in service, with approximately 40 of those who have received diagnosis and treatment (high number of these are neuro- divergent). These would be the young people who would often not engage with the generic FTB services, so this has proved greatly beneficial for the young people and families we support. With the current staffing structure within the Aquarius FTB partnership there is little capacity to undertake psychological interventions.

Therefore, recommendations would be to continue with a diagnosis and treatment model alongside increased nursing staff to deliver psychological interventions.

Additionally, it would be good to look at commissioning some lower level psychological interventions to support and maintain YP for lower level interventions – Like CBT HIIT, and IAPT it would be hugely beneficial to have this internal.

Additional information:

All referrals are screened daily, any that are identified as high risk, which would include class A, exploitation, solvent use (including nitrous oxide) and where there may be an indication of dependency. Where this is identified we would allocate immediately and request follow up within 24 hours (we make contact and offer assessment, this isn't always taken up).

Where we are not able to get hold of the YP or their parent or carer where required we would follow this up with other professionals involved in the case or escalate where appropriate.

For all other referrals, we allocate weekly, and practitioners are expected to then have completed follow up and offered an assessment by the next week, these are allocated within a window of 5 to 10 working days.

Our staff are trained in lower-level CBT, motivational interviewing, trauma informed practice, as part of our model of work we include safety planning, we complete risk assessments and risk management plans.

This is an integrated part of the model where we would explore coping strategies, building resilience, alternative ways of coping, this would include not just around substance use but wider needs around mental health and emotional wellbeing.

At assessment we identify with YP strengths within their social network and what things they have that support them currently or what has worked to support them previously, again this is assessment across the spectrum of needs and would include where they get emotional support from and what helps them to cope, from this we will build a tool kit with CYP around how to cope with their mental health in the short term.

We explore with YP understanding thoughts, feelings and behaviours and look at how they currently cope with life and then target our interventions around how to develop coping strategies. We also

work with YP around understanding feelings and emotions and how to express these feelings and develop their emotional intelligence to articulate feelings.

If a YP presents in the period in crisis then we would also escalate, contacting A&E, emergency crisis team, and follow protocol around crisis management.

We access resources like social work toolkits, therapy aid, we also have within the partnership Richmond Fellowship who deliver IAPT services and our Aquarius Life social enterprise which has therapist attached and we are able to liaise for consultation around mental health needs and resources.

As part of our partnership with FTB we also have fortnightly clinical case management where are staff are able to discuss concerns around YP and their presentation around mental health and get advice around how to support whilst awaiting direct intervention from CAMH's

Aquarius are also undertaking a research project with Manchester university (MMU), this is typically looking at the needs of YP who present with both mental health and substance misuse. What we are looking to design from this in consultation with YP is further resources and an intervention package to further assist our staff in managing lower-level intervention for YP with comorbidity of mental health and substance misuse. The research is hoping to conclude by the end of summer 2023.

Our understanding is that Birmingham Education Psychology Support currently only accept referrals from the school/ educational settings where they provide a traded service to, as well as responding to requests from SENAR regarding EHC assessment and review.
Where a YP is on an EHC plan or undergoing assessment we would link in with the EPS worker attached as required through the school.