Birmingham
City Council

Is Birmingham meeting young people's mental health needs?

An Overview and Scrutiny Report

Contents

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Reports that have been submitted to Council can be downloaded from www.birmingham.gov.uk/scrutiny.

Mental Health Support for Young People

If you, or a young person you know, need urgent mental health support you can call 0300 300 0099 and you will be able to speak to someone. You can also contact the Birmingham and Solihull 24/7 crisis number: 0800 915 9292.

Other support is available from:

Crisis Café: The Crisis Café is run by MIND and is currently available through the Birmingham and Solihull 24/7 helpline: 0800 915 9292

Message a test line: If you do not want to talk to someone over the phone, these test lines are open 24 hours a day every day.

Shout Crisis Test Line – for everyone: Text 'SHOUT' to 85258

Youngminds Crisis Messenger for people under 19: Text 'YM' to 85258

Chair's Foreword

Cllr. Mick Brown, Chair of Children and Young People's Mental Health Scrutiny Inquiry

While the issue of children and young people's mental health was identified as part of the Health and Social Care O&S Committee work planning process in 2022 it has been an issue that has been important to me both personally and professionally over many years, as good mental health as a younger person is vital to ensure you can maximise the opportunities life can offer.

As people will be aware, it became an issue of national public prominence in the aftermath of the Covid 19 pandemic, and we have considered national reports as well as a report by Birmingham Healthwatch to help to scope our Inquiry.

We knew that this would be a complex piece of work and we have given it the time and attention it deserves to look at this issue thoroughly, considering evidence from 16 different organisations / services and equally importantly engaging directly with children and young people and parents / carers.

During the Inquiry we heard from people who work hard every day in challenging circumstances to meet the mental health needs of children and young people, and the importance of the relationship between young people and the staff delivering services, or a trusted adult in their lives., cannot be overestimated. Some of the key issues we identified through the Inquiry were:

- Young people told us they see co production of services as the key for the future and they want to be involved in developing both policy and services that they can trust.
- The complexity of the mental health system and the need to align NHS, children's social care and education strategy and policy and share data to improve outcomes for children and young people.
- The continued need for parity of esteem between physical and mental health services.
- The lack of appropriate and local inpatient mental health beds for young people in mental health crisis.
- The gap in support for young people with low / medium mental health needs.
- The need to ensure that mental health services meet the needs of the diverse communities in the city, including LGBTQ+ and trans communities.

We have several of the young people who helped guide our work, and to whose future this work is dedicated, with us today; and I wanted to include a collective quote from them as part of the introduction.

"*Every decision that affects or is about young people, should have young people meaningfully engaged in the "decision making" process. By working in partnership with policy makers, we can have a significant impact in the mental health system, where we are BEING part of the solution.*
We also believe there is a need for a trusted adult as there is power in a listening ear and having someone that has a mutual/shared understanding, someone who 'gets' it. A trusted person who is here to empower the young person to get early support and intervention whilst not having an agenda when responding.

We deserve a seat at the table when it comes to making changes to youth and under 25 mental health services, not only because we are the recipients but because a meaningful engagement including a "youth voice" is the best hope of transforming the NHS. As service users we believe that current mental health services are not meeting the needs of young people, and that we need and deserve a society that actively champions the "youth voice" and gives us the opportunity to make meaningful change going forward."

We have made 25 recommendations across the system to both the Council's Executive and to NHS organisations; and when monitoring the recommendations HASC will want to understand how "Think for Brum" and other consultation forums have been engaged in the co-production of the response to the recommendations.

In conclusion, I wanted to start by thanking all the organisations who freely gave of their time and knowledge including Birmingham and Solihull ICB, West Midlands Police, Birmingham Educational Psychology Service and the Birmingham Women's and Children's NHS Foundation Trust. The parents / carers and young people who attended our meetings with such energy and commitment to implementing positive change and finally to the members and scrutiny staff who brought an amazing degree of expertise and insight to the table.

I want to end with the banner quote from the young people themselves.

Our key message is Nothing ABOUT us WITHOUT us. Co production needs to be the golden thread. Let's #BuildBackABetterBrum."

Cllr. Mick Brown

Summary of Recommendations

Ref	Recommendations to Cabinet Members	Responsibility	Completion Date
	Support for Parents / Carers		
R01	**Recommendation 1:** Council asks the Cabinet Member for Adult Social Care to ensure that Birmingham Adult Social Care works, within their resources and capacity, with Forward Thinking Birmingham to undertake a co-produced review of the carers assessment for parents / carers who are caring for a child / young person with mental health need and the support that is available through this process to ensure that the assessment outcomes are effective.	Cabinet Member for Adult Social Care	July 2024
	Responding to mental health crisis in the community		
R02	**Recommendation 2:** Council asks the Cabinet Member for Social Justice, Community, Safety and Equalities obtains evidence from the West Midlands Police and Crime Commissioner that effective mental health training is provided for all police officers.	Cabinet Member for Social Justice, Community, Safety and Equalities	July 2024
	Mental Health Act Assessments		
R03	**Recommendation 3:** Council asks the Cabinet Member for Adult Social Care and Cabinet Member for Children, Young People and Families to ensure that, within their services resources and capacity, the AMPH service, Children's Services, Birmingham Children's Trust, FTB and the Provider Collaborative analyse the pattern of Mental Health Act assessments for patients under 16 and that AMHP assessments meet the needs of children and young people, the requirements of the Children's Act and assessments and recommendations to community based provision are underpinned by an understanding of the system and partnership arrangements needed for successful outcomes.	Cabinet Member for Adult Social Care Cabinet Member for Children, Young People and Families	July 2024

	Schools Response to Mental Health		
R04	**Recommendation 4:** That Council asks the Cabinet Member for Children, Young People and Families to ensure that as part of the Council's existing funded work with all schools in the City on inclusion, schools are supported to consider the impact of zero tolerance behaviour policies for children and young people with mental health needs, Autism and ADHD and consider how to apply the 8 principles outlined in the report to promote mental health in schools.	Cabinet Member for Children, Young People and Families	July 2024
R05	**Recommendation 5:** That Council asks the Cabinet Member for Children, Young People and Families to ensure that Children's Services, within their resources and capacity, work with all schools in the City to understand how many have applied for and used the Department for Education grant funding to train a senior mental health lead and develop and implement a whole school / college approach to mental health and wellbeing. This work should also identify if the mental health lead role is recognised in the job description and the time that is allocated to this work. Examples of good practice should be shared.	Cabinet Member for Children, Young People and Families	July 2024

	Recommendations to NHS Organisations	Responsibility	Completion Date
	Governance and Mental Health Need		

R06	**Recommendation 6:**
	Council endorses the recommendations that:
	
	  a) The role of the Birmingham Place Committee in the CYP mental health system is clarified to ensure that NHS and local authority CYP mental health strategies are aligned to deliver the best outcomes for children and young people and there is an effective system to monitor outcomes.
	
	  b) That the Birmingham Place Committee agrees a definition of mental health and mental wellbeing that will be used across the mental health systemin the city.
		Integrated Care Board	July 2024

R07	**Recommendation 7:** Council endorses the recommendations that: The ICS / Mental Health Provider Collaborative works with partners including Birmingham Children's Trust and joins up data sets to develop a shared understanding of the mental health needs of children and young people in Birmingham including early help and intervention, complex need that does not reach the threshold for NHS services and clinical assessment, diagnosis and treatment.	Integrated Care Board Mental Health Provider Collaborative	July 2024

	Service Provision and Communication		
R08	**Recommendation 8** Council endorses the recommendations that: The ICS / Provider Collaborative works with partners to improve CYP mental health and wellbeing service offer and pathways across organisations and sectors to meet the needs of young people who do not currently meet the threshold for NHS mental health services but whose needs are more complex than universal and early help services can support. Young people, parents / carers and staff in other organisations need clear information about the service offer and how to access support. (Link with Rec 7)	Integrated Care Board / Mental Health Provider Collaborative	July 2024
	Early Intervention		
R09	**Recommendation 9** Council endorses the recommendations that: The mental health system for children and young people looks to the work of the Early Intervention Programme for adults to align systems and services to provide patient centred care and support to reduce the demand on acute services.	Integrated Care Board / Mental Health Provider Collaborative	July 2024
	Resources for Children and Young People's NHS Mental Health Services		
R010	**Recommendation 10** Council endorses the recommendations that: The ICB works with NHS England to benchmark ICS spend on children and young people's mental health services per capita served and as a proportion of the total ICS budget.	Integrated Care Board	July 2024

		Quality of NHS Mental Health Services		
R011	**Recommendation 11:** Council endorses the recommendations that: The response of the Birmingham Women's and Children's Hospital NHS Foundation Trust and Forward Thinking Birmingham's response to the CQC Inspection and action plan to address the areas that were found to be inadequate and require improvement are reports to the Health and Adult Care Overview and Scrutiny Committee.	Birmingham Women's and Children's Hospital NHS Foundation Trust	July 2024	
		Communication about Access to Services, Diagnosis and Support (for Parents)		
R012	**Recommendation 12:** Council endorses the recommendations that: The Provider Collaborative provides clear information about how to access services, what diagnosis means and how to support a child / young person that is age appropriate and support transition to adult services. This should be co-produced with parents / carers.	Mental Health Provider Collaborative	July 2024	
		Responding to mental health crisis in the community		
R013	**Recommendation 13:** Council endorses the recommendations that: The Provider Collaborative develops the case to commission an assertive outreach service for children and young people who are known to mental health services and seeks funding to provide this.	Mental Health Provider Collaborative Integrated Care Board	July 2024	
R014	**Recommendation 14:** Council endorses the recommendations that: The Provider Collaborative including FTB and WMAS work with West Midlands Police to agree protocols and pathways for children and young people who are experiencing a mental health crisis / severe mental distress in the community, especially out of hours.	Mental Health Provider Collaborative Forward Thinking Birmingham West Midlands Ambulance Service West Midlands Police	July 2024	

	Young people admitted to UHB due to lack of beds / placements.		
R015	**Recommendation 15:** Council endorses the recommendations that: The ICB, Provider Collaborative and UHB review how the funding currently used to provide wrap around care for children with mental health needs but no physical health need in paediatric wards could be used to fund care for children and young people in an appropriate setting.	Integrated Care Board Mental Health Provider Collaborative University Hospitals Birmingham NHS Foundation Trust	July 2024
	Primary Care / Local Services		
R016	**Recommendation 16:** Council endorses the recommendations that: The ICB / Provider Collaborative works with Primary Care Networks to: • Pilot mental health Peer Support workers for young people in Primary Care. • Extend social prescribing to young people and link with Peer Support and Community Connectors / Navigators. Partners are encouraged to explore how the IBC Fairer Futures Locality Partnership Fund could be used to develop this pilot.	Integrated Care Board / Mental Health Provider Collaborative	July 2024
	Records, Information Sharing and Confidentiality		
R017	**Recommendation 17:** Council endorses the recommendations that: The Provider Collaborative ensures that care plans for children and young people with mental health needs are shared with them as appropriate for their age and written in a way that they understand.	Mental Health Provider Collaborative	July 2024
R018	**Recommendation 18:** Council endorses the recommendations that: The ICB / Provider Collaborate to develop quality assurance processes to ensure confidentiality is explained to children and young people in a way that they understand, and they know who has access to their information and they will not be expected to repeat their experience to multiple staff.	Integrated Care Board / Mental Health Provider Collaborative	July 2024
	Place of safety		

Report of the Health and Adult Care Overview and Scrutiny Committee, to City Council 9 January 2024

R019	Recommendation 19: Council endorses the recommendations that: ICB/ Provider Collaborative works with West Midlands Police to analyse data on the number of young people over 16 who are taken to police custody as a place of safety and based on this data makes arrangements to commission / provide alternative arrangements in anticipation of the Mental Health Act Review	Integrated Care Board / Mental Health Provider Collaborative	July 2024
	Increase in Referrals for Autism and ADHD		
R020	Recommendation 20: Council endorses the recommendations that: To ensure that this remains a priority for the mental health system the performance measures on autism and ADHD services should be reported regularly to the ICB and the Place Committee.	Integrated Care Board and Birmingham Place Committee	July 2024
	Understanding Individual Need, Identity and Circumstances		
R021	Recommendation 21: Council endorses the recommendations that: The ICB / Provider Collaborative develop a robust service offer for LGBTQ+ young people and this should consider the mental health implications for services of the increase in cases seen in primary care related to gender identity.	Integrated Care Board / Mental Health Provider Collaborative	July 2024
R022	Recommendation 22: Council endorses the recommendations that: FTB should work with referring organisations to ensure that the ethnicity is included in referrals and that this is monitored to ensure that the service is reaching and meeting the needs of different communities in the city.	Forward Thinking Birmingham	July 2024

	Dual Diagnosis (Mental health and substance misuse)		
R023	**Recommendation 23:** Council endorses the recommendations that: The ICB / Provider Collaborative Needs Assessment considers the research carried out by Aquarius and Manchester Metropolitan University looking to further resources and an intervention package to further assist staff in managing lower-level intervention for young people with mental health and substance misuse needs.	Integrated Care Board / Mental Health Provider Collaborative	July 2024
	Workforce		
R024	**Recommendation 25:** Council endorses the recommendations that: The ICB and Provider Collaborative and providers maximise the use of the Apprenticeship Levy and the underspend of this funding to train and develop the mental health workforce for children and young people services. Ambitious targets should be set to recruit and train staff and develop the career pathways to retain staff.	Integrated Care Board / Mental Health Provider Collaborative	July 2024

	Tracking		

R025	**Recommendation 26:**
	  a) Council agrees that the Executive Member reports on progress towards achievement of these recommendations no later than May 2024. Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.
	
	  b) Council endorses that ICB, working with the Provider Collaborative co-ordinates the NHS reports on progress towards achievement of these recommendations no later than May 2024. Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.
	
	The Committee will want to understand how young people have been involved in the co-production of the response and implementation of the recommendations.
		Cabinet Member for Children, Young People and Families
		
		Cabinet Member for Adult Social Care
		
		Cabinet Member for Social Justice, Community, Safety and Equalities
		
		David Melbourne, Chief Executive Birmingham and Solihull ICB.
			July 2024
			
			July 2024

1   Introduction

1.1   Terms of Reference for the Inquiry

1.1.1   The Health and Social Care Overview and Scrutiny Committee decided to undertake an Inquiry into children and young people's (CYP) mental health as part of the work programme planning in July 2022.

1.1.2   The Inquiry Task and Finish Group was established jointly with members from the Health and Social Care Overview and Scrutiny Committee and the Education and Children's Social Care Overview and Scrutiny Committee. The members of the Task and Finish Group were:

- Cllr. Mick Brown (Chair of Task and Finish Group)
- Cllr. Paul Tilsley (Deputy Chair of Task and Finish Group)
- Cllr. Jilly Bermingham
- Cllr. Kath Hartley
- Cllr. Jane Jones
- Cllr. Gareth Moore
- Cllr. Simon Morrall
- Cllr. Julien Pritchard

1.1.3   The key question the Inquiry Task and Finish Group asked was:

How well are children with a diagnosed mental health condition supported across the mental health system with timely access to appropriate services and what is the service offer and pathways for children and young people in psychological distress without a diagnosed mental health condition to access appropriate support?

1.1.4   In seeking to answer this the Task and Finish Group considered the following lines of inquiry:

- What is the definition of mental health and how does this affect the demand for mental health services? How is this communicated to the public and service users?
- What is the known demand for children and young people's 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 / services have seen the greatest increase in demand over the last 4 years?
- What funding is available for mental health services and how does this compare to other areas e.g. core cities?

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

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

- What support and advice is available to parents / carers?

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

- 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?

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

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

- Work force planning to enable continuity of care – NHS, Social Care, Education and third sector.

1.1.5   A full copy of the terms of reference is attached as Appendix 1.

2 Background and Context

2.1 Why the Committee Decided to Look at Children and Young People's Mental Health

2.1.1 The information provided to the Committee showed that there were an estimated 220,635 children aged 5 to 18 years in Birmingham in 2018, this equates to 19.3% of the total population of the city. (Birmingham Children and Young People Joint Strategic Needs Assessment, 2019) (p.28). The scale of mental health need for children and young people had been reported nationally and had been a high-profile issue since the start of the Covid-19 pandemic:

- The (Mental Health of Children and Young People Survey , 2017) reported that nationally, one in eight children and young people aged 5 to 19 years have at least one mental disorder. The prevalence of mental health problems rises with age, with 9.5% of children aged 5-10 years experiencing a mental disorder compared to 16.9% of those aged 17-19 years old. Emotional disorders are the most prevalent type of mental health problem experienced by those aged 5-19 years old (8.1% of all children), followed by behavioural disorders (4.6%) and hyperactivity disorders (1.6%).

- In Birmingham the estimated prevalence of mental health disorders in children and young people (5-16 years) is 10.3% (England 9.2%, West Midlands 9.7%) (Birmingham Children and Young People Joint Strategic Needs Assessment, 2019)

- Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives. Alarmingly, however, 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age (Birmingham Children and Young People Joint Strategic Needs Assessment, 2019) (p. 34/35)

2.1.2 Further information highlighted the impact of the pandemic on children and young people's health at a national level. (The Mental Health Survey for Children and Young People (MHCYP), 2021) wave 2 follow up was based on 3,667 children and young people who took part in the MHCYP 2017 survey, with both surveys also drawing on information collected from parents. The survey explored the mental health of children and young people in February/March 2021, during the Coronavirus (COVID-19) pandemic and changes since 2017. Key findings from the survey were:

2.1.3 Estimated rates of mental disorders have increased since 2017; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%) and in 17 to 19 year olds from one in ten (10.1%) * to one in six (17.4%) Rates in both age groups remained similar between 2020 and 2021.

2.1.4   10.6% of 6 - 16 year olds missed more than 15 days of school during the 2020 Autumn term. It is estimated that children with a probable mental issue were twice as likely to have missed this much school (18.2%) as those unlikely to have a mental issue (8.8%).

2.1.5   39.2% of 6 - 16 year olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17 - 23 year olds, 52.5% experience deterioration, and 15.2 % experienced improvement.

2.1.6   Information published by the (Health Foundation in February , 2022) set out:

- After schools closed due to COVID-19 and ways of accessing GPs changed, new referrals to CYPMHS fell sharply (by 35% in April 2020 compared with the year before). However, about a year later, these reached a new high of 100,000 per month.

- In 2021, 24% more patients were in contact with CYP mental health services compared with 2020, and 44% more than in 2019 (based on the January to September period) This includes patients waiting to be seen, suggesting CYP mental health services may be struggling to meet demand.

- Data on waiting times for CYPMHS are not routinely published apart from certain services such as eating disorders, where fewer than half of those younger than 18 were seen within the target times in 2021.

- There are signs that the CYPMHS workforce is growing in line with young people in contact: both increased by about 40% between January 2019 and April 2021.

2.1.7   Key points from the (Health Foundation's Networked Data Lab , 2022) about Children and Young People's mental health highlighted three key areas:

- Rapid increases in mental health prescribing and support by GPs.

- The prevalence of mental health issues among adolescent girls and young women

- Stark socioeconomic inequalities across the UK

2.1.8   The Inquiry Task and Finish Group agreed an evidence gathering schedule from a range of different groups, services and organisations. The legislation that established local government scrutiny (Local Government Act 2000) sets out that local authority services are required to provide information and this duty was subsequently extended to NHS services when Health Scrutiny was established under the (Health and Social Care Act 2001.)The Task and Finish Group also reached out to other organisations who contributed to the Inquiry and an online survey was also circulated. A key part of the Inquiry was to seek the views of children and young people and also parents and carers. A summary of the survey responses is included as Appendix 2.

3   Key Findings

3.1   What is Mental Health and When Do Children and Young People need Mental Health Support?

3.1.1   The Birmingham and Solihull Integrated Care Board, which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area, provided the definition of mental health as:

"Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make healthy choices."

3.1.2   This is a broad definition that requires a whole system response to promoting mental well-being and meeting mental health needs. As outlined below, the complexity of the organisational and governance arrangements means that there is no single strategic vision across health, local authority, education and criminal justice for children and young people's mental health and wellbeing.

3.1.3   The Inquiry also received evidence from Public Health at Birmingham City Council which provided the definitions of mental health and mental wellbeing as:

Mental Health:

"The World Health Organisation states that "mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". (WHO) (Word Health Organisation, n.d.)

Mental wellbeing

"Mind describes mental wellbeing as a mental state which is about "how you are feeling and how well you can cope with day-to-day life. Our mental wellbeing is dynamic. It can change from moment to moment, day to day, month to month or year to year." (Mind, 2016) (MIND, n.d.)*.*

3.1.4   All contributors recognised that the increase in mental health needs for children and young people started before 2020 but has been exacerbated by the impact of the pandemic. Contributors also recognised that there are underlying issues that affect children and young people's mental health that are outside the remit of mental health and wellbeing services e.g. housing, poverty.

3.1.5   The online questionnaire that was open to young people, parents / carers, staff and volunteers who work with young people and elected members asked, "When do children and young

people need mental health support?" and gave a list of responses that people could choose. The most common response was 'Depression' followed by 'Trauma' however it was notable that 26 respondents identified 'Cost of Living' as a reason children and young people need to access mental health support. While the number of survey responses was small and the people responding were not representative of the population of Birmingham, this does indicate that people see that mental health support may be needed to provide support through difficult life circumstances, not just in response to diagnosed mental health need.

3.2 Governance and Mental Health Need

3.2.1 The mental health system is extremely complex, working across organisations and sectors. There are a number of strategies and governance arrangements that have oversight / responsibility for children and young people's mental wellbeing and mental health as set out below.

Governance Arrangements:
- Integrated Care Board
- Birmingham Place Committee
- Provider Collaboratives
- Children and Young People Transformation Board
- Health and Wellbeing Board
- Mentally Healthy City Forum
- Suicide Prevention Advisory Group
- SEND Improvement Board
- Birmingham Education Partnership
- Birmingham Children's Partnership

Strategy / Policy / Needs Assessment:
- Birmingham and Solihull ICS: Our Integrated Care Strategy 2023-2033 : Birmingham and Solihull ICS (birminghamsolihullics.org.uk)
- Children and Young People's Mental Health and Emotional Wellbeing Birmingham 2022/23 Local Transformation Plan
- ICS Needs Assessment (Reported to Inquiry Task and Finish Group 21.02.23 that this was being commissioned)
- Health and Wellbeing Strategy
- Joint Strategic Needs Assessment

- Department for Education: Transforming children and young people's mental health provision green paper (MHSTs and training for Senior Mental Health Leads in Schools)
- West Midlands Police policy on Mental Health (in line with National Police Chief's Council)

3.2.2   Under new NHS arrangements mental health provider organisations will work together as Provider Collaboratives. This brings together the Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham Women's and Children's NHS Foundation Trust and third sector organisations. The Birmingham and Solihull Mental Health NHS Foundation Trust is the Lead Provider in the collaborative. The Lead Provider for regional Inpatient Provision of mental health services for Children and Young People is the Birmingham Women's and Children's NHS Foundation Trust.

3.2.3   The diagrams below illustrate the complexity of the system for Lead Provider Governance and Quality Assurance.

Figure One: Lead Provider Governance Architecture
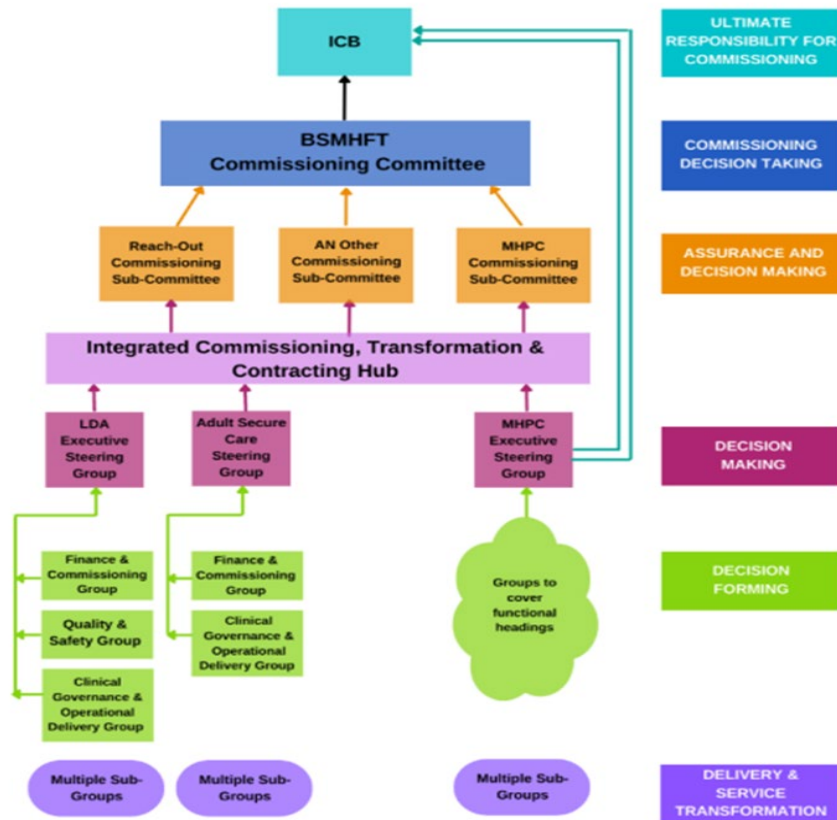
Figure 2: Flows of Quality and Safety Information
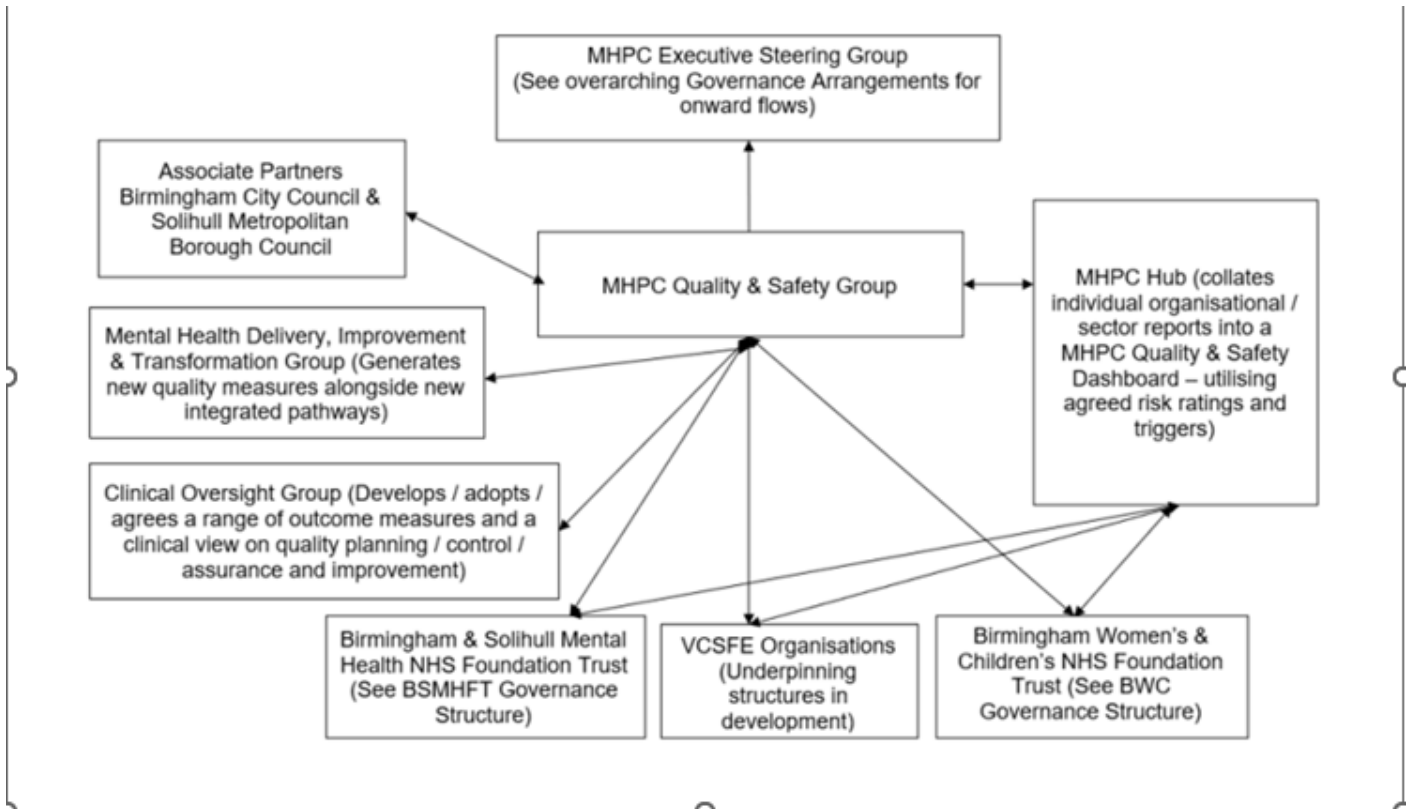
3.2.4   Information from the Integrated Care Board from the (Birmingham Children and Young People Joint Strategic Needs Assessment, 2019) included modelled numbers of young people affected by mental health conditions in Birmingham in 2018. This is displayed in the table below, however, as noted above, the rates of probable mental disorder in children and young people have increased nationally between 2017 and 2022.

Table 1: Estimated Prevalence of Mental Health Conditions in Birmingham Compared to West Midlands and England

Mental Health Conditions	Birmingham Estimated %	Modelled number of young people affected in 2018 (5-16 years population = 190,397)	West Midlands %	England %
Mental health disorders in children & young people 5-16 years	10.3%	19,611	9.7%	9.2%
Prevalence of emotional disorders aged 5-16 years	4.0%	7,616	3.8%	3.6%
Prevalence of conduct disorders in 5-16 years olds	6.4%	12,185	5.9%	5.6%
Prevalence of hyperkinetic disorders in 5-16 years olds	1.7%	3,237	1.6%	1.5%
Potential number of cases of eating disorders in 16-24 years	N/A	21,518	N/A	N/A
Potential number of cases of ADHD in 16- 24 years	N/A	22,414	N/A	N/A

Source: PHE Fingertips Children and Young People's Mental Health[77]

3.2.5   The data provided by Forward Thinking Birmingham (FTB) showed that in 2019 the demand into FTB was 15,913 children and young people, which indicated a significant level of unmet need. The evaluation of the Mental Health Support Teams in schools found that is a gap in services that is not funded between mild / moderate and the threshold for specialist services. Due to demand the threshold and waiting times for specialist services have increased in some areas. There is a lack of support for this 'middle' group that have ever more complex needs.

3.2.6   The NHS and local government have different governance and accountability arrangements. Within local government the accountability for policy and services is set within a democratic context with elected councillors responsible for the Council's policy and strategy decisions in line with national guidance and legislation. The NHS is a national organisation and Integrated Care Boards (ICBs), whose members are appointed, are responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.

3.2.7   The Second Report by the Commissioner for SEND in Birmingham, published in February 2023, recognised the work to develop and deliver an improved joint strategic approach to health services for SEND Children and the work of health practitioners to support children and their families. However, it was also identified that there were shortcomings in the health SEND system, especially with regard to waiting times.

3.3 Mental Services and Support and Impact of the Pandemic

3.3.1 Forward Thinking Birmingham is a partnership of organisations that offers mental health support, care and treatment for all 0-25 year olds.

3.3.2 Information from Forward Thinking Birmingham showed the demand for services since 2019. The data from August 2022 was affected by the outage of the Carenotes System[1], but the overall trend shows an increase in demand for services. This was supported by evidence from other organisations that the increase in demand for mental health support pre-dated the pandemic but that the effect of the pandemic and lockdown on young people exacerbated this trend.

Graph 1: Demand for Forward Thinking Birmingham Services 2019 – 2022 (4 months 2022 data unavailable due to Carenotes outage)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	1391	1398	1599	1180	1282	1271	1273	914	1311	1657	1496	1141
2020	1558	1562	1330	548	778	1047	1244	1061	1497	1713	1754	1411
2021	1190	1240	1936	1572	1666	1707	1537	1239	1521	1640	1932	1518
2022	1771	1650	1912	1199	1778	1650	1349	288	646	777	1116	1778
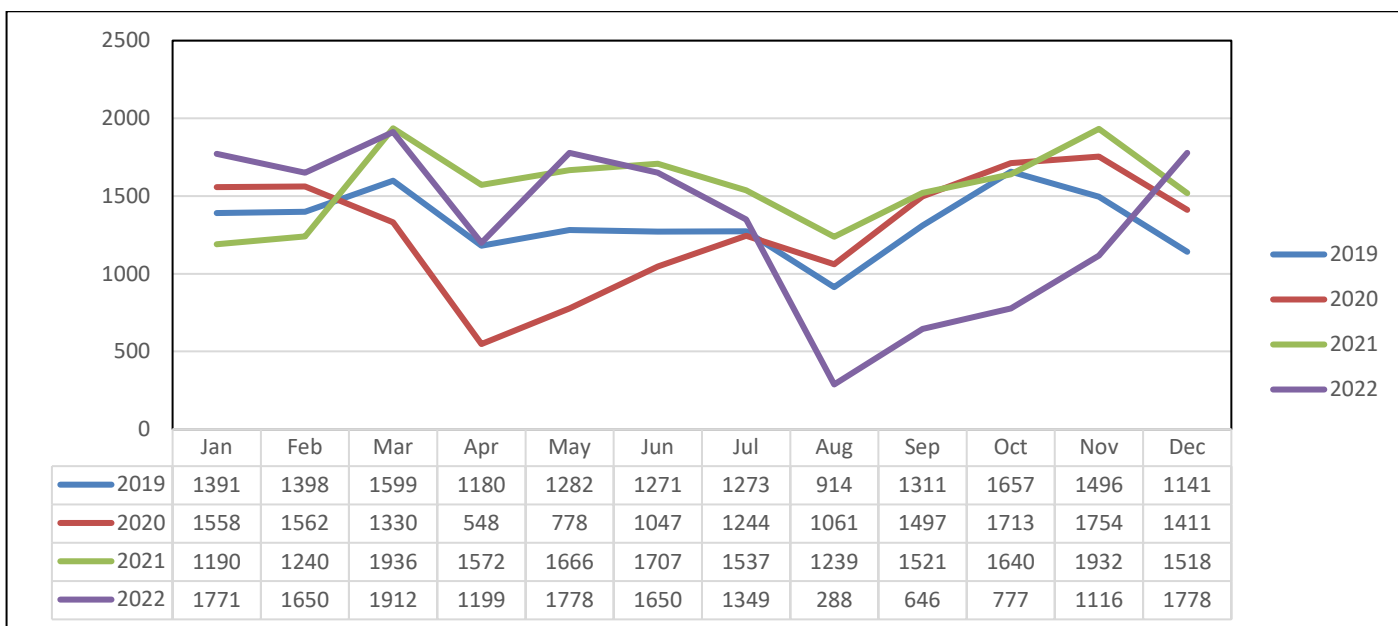
3.3.3 Data was also provided on the reason for referrals from 2019 – 2022.This shows that over the last 4 years the issues that resulted in the greatest number of referrals were anxiety, depression, neurodevelopmental conditions and self-harm behaviours in line with national trends. It was also reported that in recent years there has been a significant increase in young people presenting with eating disorders.

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[1] There is the planned implementation of RiO in October 23

Graph 2: Referral Reason for the data held (4 months 2022 data unavailable due to Carenotes Outage.

	Adjustment to Health issues	Anxiety	Attachment difficulties	Bi Polar Disorder	Conduct Disorders	Depression	Diagnosed Autism Spectrum Disorder	Drug and Alcohol difficulties	Eating disorders	First Episode Psychosis (Suspected)	Gender Discomfort issues	In Crisis	Neurodevelopmental Conditions	Obsessive compulsive disorder	Ongoing or Recurrent Psychosis	Organic Brain Disorder	Perinatal mental health issues	Personality disorders	Phobias	Post-traumatic stress disorder	Preconception perinatal mental health concern	Relationship Difficulties	Self-care issues	Self Harm Behaviours	Suspected Autism Spectrum Disorder	Unexplained Physical Symptoms
2019	167	3765	108	155	595	3743	188	76	486	725	43	101	2186	180	99	6	168	229	11	695	46	848	92	2078	154	31
2020	142	3992	150	161	472	3187	209	66	662	738	57	198	1999	232	111	1	216	227	11	479	14	708	59	1822	99	39
2021	86	4303	101	250	503	3403	380	51	957	798	77	263	2068	337	166	14	188	308	35	537	7	474	93	2846	467	108
2022	53	2554	81	153	338	2164	315	41	432	512	33	252	1355	214	88	13	50	216	31	431	4	176	41	1341	414	62

3.3.4   Graph 3 below shows the number of patients accepted into secondary mental health services between 2019 – 2022. This shows that there has been a reduction in the number of patients accepted into secondary mental health services between 2019 and 2022.

Graph 3: Patients accepted into secondary Mental Health services (disregard August to December 2022 data due to Carenotes Outage whereby referrals were processed in alternative systems)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	532	445	502	541	531	481	500	320	392	467	408	326
2020	322	334	346	189	228	255	319	211	260	347	359	299
2021	283	279	322	320	308	392	324	254	284	260	372	333
2022	332	288	274	162	262	290	219	14	1	1	3	54
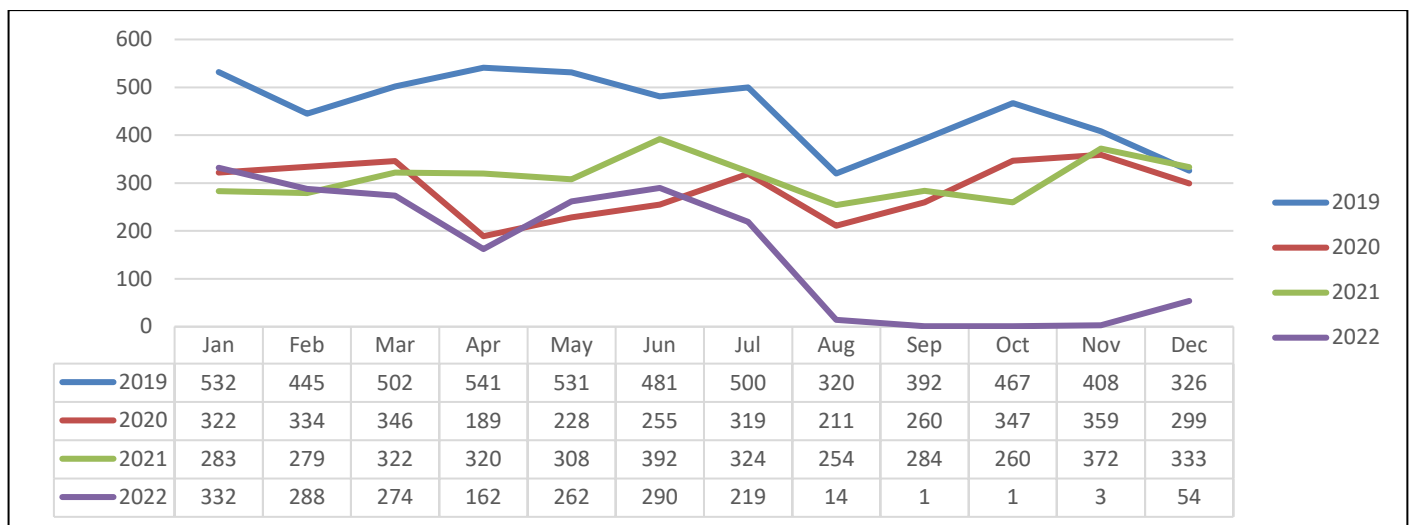
3.3.5   A significant impact of the pandemic was the way patients were able to access services. At the start of the pandemic teams switched rapidly to non-face to face contact. This remained the most common method of seeing patients with the reversal of this trend in April 2022.

Graph 4: Type of Contact

Type of contact (Face to face or Digital)
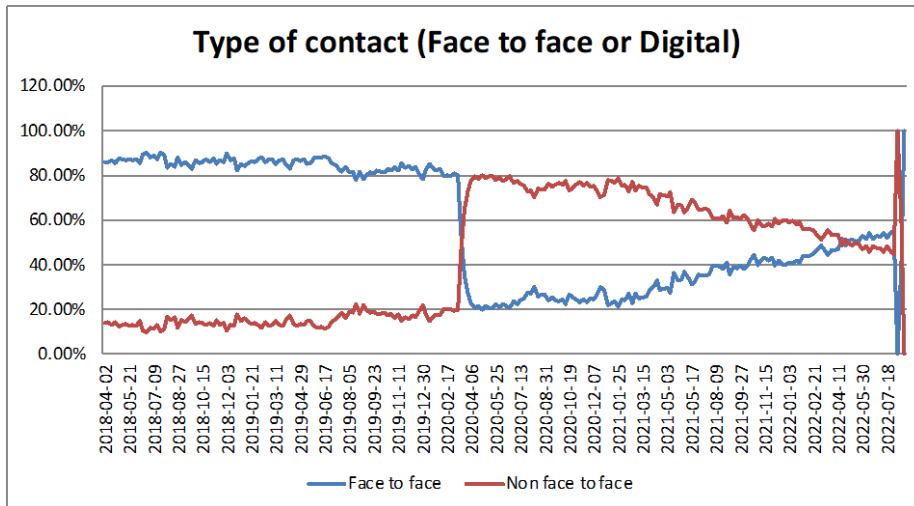
3.3.6 Urgent care mental health demand has grown following the pandemic as predicted and it was reported that this may be down to a couple of factors:

- Lack of engagement with services these last couple of years.
- Additional challenges in society in post-pandemic world.
- Greater understanding of mental needs and the success of addressing societal stigma in help seeking.
- Increase in numbers of young people with Learning Disability and Autism presenting at A&E with non-mental health crisis needs, as families unable to cope with young person's presenting needs due to lack of dedicated support.

3.3.7 The increase in demand for urgent care mental health services has resulted in:

- greater caseload of patients being cared for by the FTB crisis & home treatment teams.
- More patients presenting in A&E departments.
- Increased pressure on inpatient bed capacity and patients being admitted into out of area beds.
- Actions to resolve this are being worked up through a series of task and finish groups which will:
  - See our bed management teams join force across the city
  - Explore securing extra beds in the short term
  - Assess how we can reduce length of stay to improve length of stay (but we do well here)

3.4 NHS Mental Health Services Provided by Forward Thinking Birmingham (FTB)

3.4.1 Forward Thinking Birmingham provides a range of services. Graph 3 below shows the referral routes into FTB services.

Graph 5: Referral Routes into Forward Thinking Birmingham Services 2019 - 2022

	Home Treatment	Perinatal Liasison	Crisis Team	Core Community Hub	EIP	Learning Disabilities Team	Looked After Children's team FTB	Eating Disorder	STICK	Primary MH Worker	Specialist Care	Substance Misuse service
2019	38	74	512	3644	266	235	20	228	381	8	26	13
2020	25	85	518	1622	302	174	51	256	396	7	25	8
2021	21	6	631	1539	294	149	31	387	635	10	13	15
2022	6	2	239	879	163	105	1	139	355		9	2
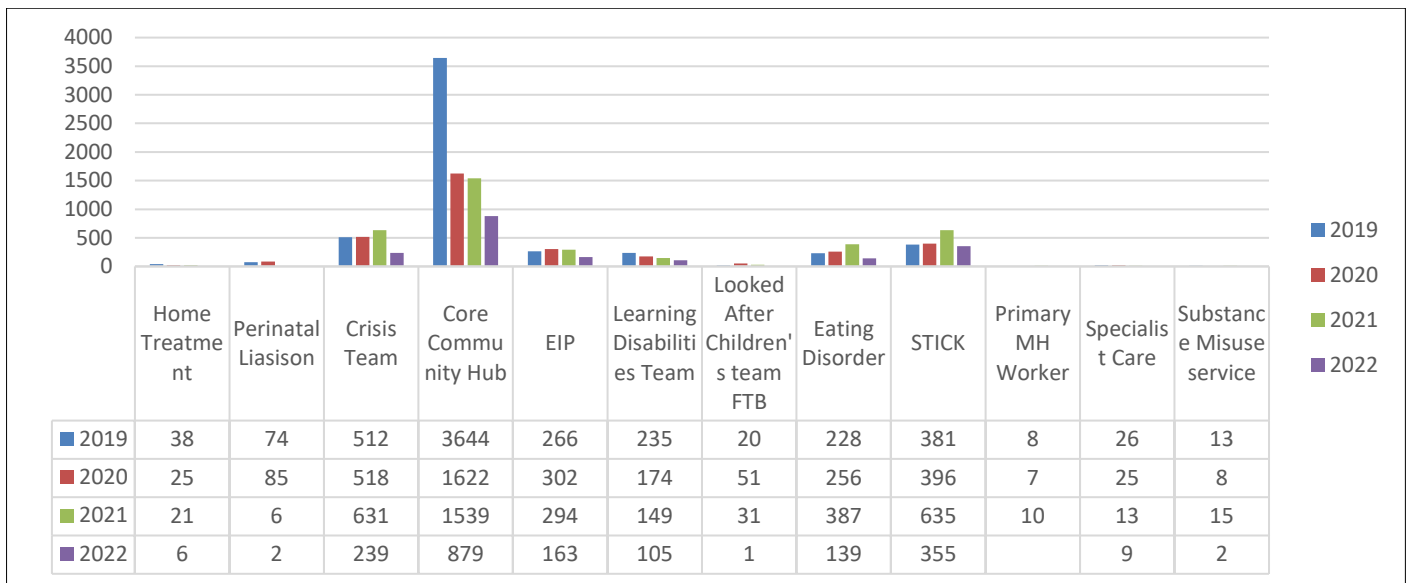
EIP: Early Intervention Psychosis

3.4.2 STICK: Screening, Training, Intervention, Consultation and Knowledge Team partners, including Birmingham Children's Trust, Birmingham Safeguarding Board, Birmingham Education Partnership and several voluntary agencies and accessible by all 450+ schools across Birmingham and is aligned with Right Help, Right Time to increase confidence and streamline access to early help. The STICK committed to increasing understanding of the impact of early trauma and ACEs across staff working with CYP in Birmingham to enable them to appropriately support CYP in their care, reducing escalation to secondary care.

3.4.3 The number of referrals for autism and ADHD assessments has increased and while the data reported to the Inquiry showed the average waiting time has reduced, the number of children waiting for assessments has increased significantly. The last decade has seen a national consistent increase in ADHD diagnoses, with the COVID-19 pandemic seeing an even more dramatic spike in both children and adults. Additionally, information about ADHD has become more accessible, expanding the public's education and perspective of the diagnosis. Young people and parents reported that it can be complicated to get a diagnosis for a mental health need where there is an existing diagnosis of autism or ADHD (and vice versa).

3.4.4 A national cyber-attack in August 2022 affected the Carenotes data system, which in turn impacted FTB reporting of wait times. Data is currently being uploaded to the system with validation taking place. It is not possible to provide up to date data; this will be available shortly. The latest waiting time data known to the ICB was for June 2022:

Table 2: Autism Spectrum Disorder (ASD)

	March 22 Data	April 22 Data	May 22 Data	June 22 Data
Number of Children waiting for Initial Assessment	18	27	31	28
Average Wait (weeks)	7.7	8.2	9.1	7

Table 3: Attention Deficit Hyperactivity Disorder (ADHD)

Choice – Don't have a diagnosis but it is thought may be ADHD, so this is an initial assessment for it.

	March 22 Data	April 22 Data	May 22 Data	June 22 Data
Number of Children waiting for Initial Assessment	149	141	170	273
Average Wait (weeks)	11.4	13	10	8

Table 4: Diagnosed – Already have diagnosis from OOA or BCHC and are waiting to see a medic for transfer of care.

	March 22 Data	April 22 Data	May 22 Data	June 22 Data
Number of Children waiting for Assessment	72	76	78	100

Average Wait (weeks)	20.3	19	20	20

3.4.5 The Birmingham Children's Hospital is the Tier 4 Provider Collaborative lead since October 2022. Referrals to inpatient services have reduced by 12% compared to the previous year. There are 180 commissioned beds across 10 inpatient wards in NHS and Independent Providers. In addition to the commissioned beds, some beds are spot purchased as bespoke packages.

3.4.6 Some specialist mental health services are commissioned and provided at a regional or national level. The example was given of gender identify services which are commissioned by NHS England, however, following the Cass Review the national service managed by the Tavistock and Portman NHS Foundation Trust is no longer taking referrals following the (Cass Review, 2022) which supports the plan to establish regional services.

3.4.7 The Care Quality Commission (CQC) is the healthcare regulator and undertakes inspections of healthcare providers. The CQC Inspection report published in March 2023 of the Birmingham Women's and Children's Hospital NHS Trust looked at specialist community mental health services for children and young people. Child and adolescent mental health wards and mental health crisis services and health-based place of safety. The inspection report identified 11 areas that required improvement and 8 that were inadequate within the services for children and young people's mental health.

Table 5: Explaining CQC Inspection Ratings

Key to tables					
Ratings	**Not rated**	**Inadequate**	**Requires improvement**	**Good**	**Outstanding**
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓

Month Year = Date last rating published

Table 6: CQC Inspection Ratings March 2023 for Birmingham Women's and Children's Hospital NHS Trust looked at specialist community mental health services for children and young people.
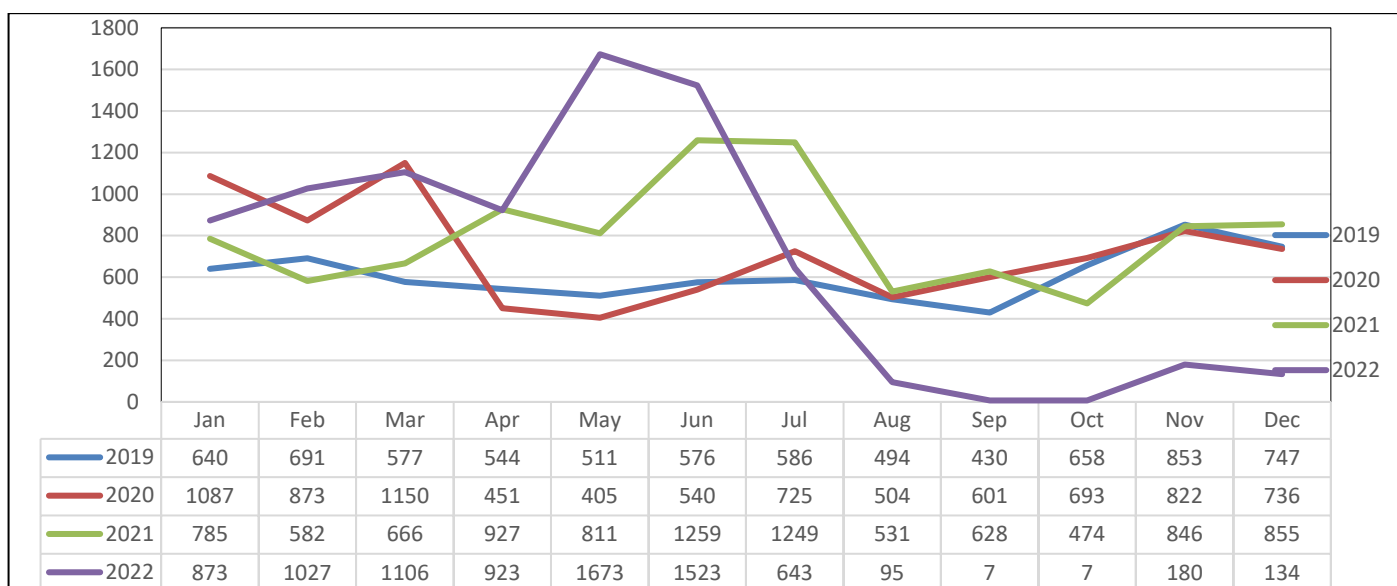
Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist community mental health services for children and young people	Inadequate ↓ Mar 2023	Requires Improvement → ← Mar 2023	Requires Improvement ↓ Mar 2023	Inadequate ↓ Mar 2023	Inadequate ↓ Mar 2023	Inadequate ↓ Mar 2023
Child and adolescent mental health wards	Requires Improvement ↓ Mar 2023	Good → ← Mar 2023	Good → ← Mar 2023	Good → ← Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023
Mental health crisis services and health-based places of safety	Requires Improvement ↓ Mar 2023	Good ↑ Mar 2023	Requires Improvement ↓ Mar 2023	Good → ← Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023
Overall	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate	Inadequate

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

3.5 Mental Health Support Provided by Voluntary and Community Sector Organisations

3.5.1 Data from Forward Thinking Birmingham showed the increase in referrals to community and voluntary sector organisations. This was confirmed by evidence from other early help organisations that also described an increase in the complexity of the cases they support. Referrals in voluntary and community sector organisations are part of the FTB model commissioned by the Mental Health Provider Collaborative.

Graph 6: FTB referrals to community and voluntary sector organisations

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	640	691	577	544	511	576	586	494	430	658	853	747
2020	1087	873	1150	451	405	540	725	504	601	693	822	736
2021	785	582	666	927	811	1259	1249	531	628	474	846	855
2022	873	1027	1106	923	1673	1523	643	95	7	7	180	134

Report of the Health and Adult Care Overview and Scrutiny Committee, to City Council 9 January 2024

3.6   Primary Care

3.6.1   The Inquiry heard that GP Practices receive funding for mental health teams for patients who are over 18 but not those who are under 18 and that not all GP practices have the same facilities and specialisations.

3.6.2   In General Practice doctors have seen an increase in attendance relating to neurodiversity, Attention Deficit Hyperactivity Disorder (ADHD), autism and gender identity and that young people are presenting with more complex needs and services need to be creative in how to respond.

3.6.3   Parents reported there is a lack of understanding about Shared Care arrangements between Forward Thinking Birmingham and GPs.

3.6.4   During the meeting with young people, it was discussed many children and young people will rely on a parent or carer supporting them to make an appointment and to see their GP. It was highlighted that not all young people know how to, or feel confident to, make an appointment with their GP.

3.7   Feedback from Staff and Volunteers that work with Children and Young People

3.7.1   28 people responded to the Be Heard survey who were staff or volunteers who work with children and young people.

3.7.2   In response to the question "Do children and young people know how to access mental health support?" 82% said *'Sometimes'* or *'No'.*

3.7.3   In response to the question "If a young person is experiencing psychological distress and does not have a mental health diagnosis are they able to access the support they need? 64% said *'sometimes'* or *'no'* and 14% said *'don't know'.*

3.7.4   In response to the question "If a young person has a diagnosed mental health need are they able to access the support they need?" 71% responded *'Sometimes'* or *'No'*

3.7.5   In response to the question "Do you think parents / carers know how to access mental health support for their children?" 60% responded *"Sometimes"* and 12% responded *'No'.*

3.7.6   In response to the question "As a person who works with or volunteers with children and young people, do you know what information / advice to provide to a child or young person

to enable then to get the mental health support they need?" 42% responded *'Yes'*, 28% responded 'Sometimes' and 10% responded *'No'*

3.7.7   A summary of the responses to the question "Who would you refer a child / young person to get mental health support?" is given below.

Table 7: Where Workers and Volunteers would refer a young person to get mental health support.

I would refer to	Number of Responses
School Learning mentor, Designated Safeguarding Lead, Learning Mentor, Pastoral Team, MHFA in school	5
NSPCC	1
GP	8
FTB	10
STICK	3
Pause	5
Mind	2
NHS 111	1
A&E In an emergency	2
Ask parents to contact GP	1
Child line	1
Papyrus	2
Children's Society	1
Support for parents	1
NHS	1
Youth Service	1
Social Services	1
Council Mental Health Department	1
Child and Adolescent Mental Health Services	1
Healthy Minds	1
Would refer if had information about how to	1

The questionnaire also asked if there is any additional information they wanted to provide to the Inquiry. A summary of the responses is provided below:

- There is an increase in mental health need.
- There is a sharp increase in mental health worries at school, where we have selectively mute children, anxious children, children who refuse to come school, crying every day. Children who are extremely body conscious, panicked, worried all the time, depressed.
- There is an increase in tummy aches and minor illnesses where we as a school cannot identify real reason for absence but know there is more happening behind the scenes at home. Cost of living, family breakdowns, bereavements all have contributed to these issues. There are not enough services to support these families.

- Early help services are hard to access and serve as a signposting service, so families are on this merry go round of signposting without actually getting any help, and just give up at the end.
- Training for school staff on mental health.
- Long waiting time, Patients wait months, missing school, mood /anxiety deteriorating. Patients wait a long time to get an assessment, before then being put on a second long waiting list.
- It is difficult for young people with autism to get mental health support.
- Children and young people can't get the support they need and organisations 'pass them on'. An example was given of a parent who has recently visited her GP as her child (6 years old) is self-harming. The GP told the parent to come to school for support. We provide education. Children are bounced from the school to their GP back and forth as there are systemic failures.
- GP referrals are rejected or take months to reach appointment. The care is bad even with a suicidal child.
- GPs often feel forced into giving anti-depressants as the waiting times are so long and the children/families are desperate.
- There needs to be much more funding, clinicians and actual personalised support not just a drop in with a different random person every time.
- The acute trust regularly have young people in acute hospital bed waiting for mental health beds.
- Mental health services need to be quicker to access so that the impact of mental health difficulties in teenagers does not continue into adulthood.
- Young people have no faith in the services that are offered to them as staff turnover is often so high, trusting relationships cannot be built.
- Lack of focus on prevention in Children's Services in BCC. Families are often left in states of crisis, being told that services are at their limits and they need to wait.
- Lack of empathy from staff responding to telephone call when a young person is in a crisis.
- Housing is in extreme crisis, which has a direct impact on our children's mental health and well-being. Families are living in abhorrent living conditions.
- Parents also need to access support.

3.8   Funding for NHS Mental Health Services

3.8.1   Current spend in Birmingham on mental health services for 0-25 year olds is £48,460,000 per year. This includes inpatient admissions and community mental health services. The total NHS Budget for Birmingham is approximately £3,000,000,000.

3.8.2   The Inquiry did not receive benchmarked information on funding for children and young people's mental health services in other cities. This was due to the different arrangements across the country during the pandemic which meant it was not possible to compare spend in different areas.

3.8.3   The inquiry recognises that the increase in capacity of mental health services will be dependant on funding. However, the shortage of staff within the mental health workforce was a primary limiting factor.

3.8.4   The Inquiry recognised that, even though there has been investment in mental health services, the lack of funding for mental health services is a national issue.

3.9 Mental Health Workforce

3.9.1 Recruitment and retention of the mental health workforce is a significant issue locally and nationally. The vacancy rate for nurses was 6% and this increases to 11 – 12% for specialist mental health nurses. Historically, on average this has been 8-10%. Locally, FTB reporting shows a workforce vacancy gap of 32%; several of these posts are being covered by agency roles.

3.9.2 There has been an increase in early retirement and a decrease in nurses who retire and return to work. The development of the Nurse Associate role aims to develop a pathway into the profession to 'grow your own' working with local universities and attracting local people.

3.9.3 The ICS and providers recognise that staffing is an issue and that this results in children having to wait longer. The difficulty in recruiting staff means that increasing funding for mental health services, on its own, would not resolve the issues that young people face in accessing mental health support.

3.10 Education and Mental Health

3.10.1 The Evaluation of the Mental Health Support Teams (MHST) programme was that some schools have built confidence to support mild / moderate mental health needs, however, for specialist / acute services a young person will get a referral but will wait a long time. The Inquiry received evidence from the national evaluation of the MHST programme carried out by the University of Birmingham. Further information about the evaluation is available from: [Children and Young People's Mental Health Trailblazer programme - University of Birmingham](#) The inquiry was informed that locally in Birmingham the waiting time to be seen by the MHST is on average 5-10 days. A small number of parents met with the Inquiry and talked about having to 'battle' to get a diagnosis and some young people who reported waiting a long time for assessment, diagnosis and support in relation to Autism and ADHD.

3.10.2 46% of schools in Birmingham have received a grant and have a trained Mental Health Lead. The Government funding for this training is available to all schools though an application process.

3.10.3 Promoting mental health and wellbeing in schools and colleges ([Promoting and supporting mental health and wellbeing in schools and colleges - GOV.UK (www.gov.uk)](#)), first published in 2015 and re-published 2021 and NICE guidance on social, emotional and mental health in primary and secondary schools ([Social, emotional and mental wellbeing in primary and secondary education (nice.org.uk)](#)) both focus on the whole school approach based on evidence and research with 8 principles to promoting mental health in schools:

- Environment
- Leadership and management
- Targeted support
- Working with parents and families
- Identifying need and monitoring impact
- Staff development
- Student voice
- Curriculum, teaching and learning

3.10.4 When schools / teachers are judged on academic performance this can be prioritised and mental wellbeing does not get the focus it needs. This is part of the system that judges the performance of schools. The behaviour policy in schools sometimes does not allow teachers to take the approach they want which children that are struggling to regulate their behaviour. It was reported to the Inquiry that when young people experience mental health issues at school this may not be identified and the school may respond to the child or young person's behaviour through the behaviour policy rather than providing mental health support.

3.10.5 The feedback from young people on mental health support in school. Some schools have a place pupils / students can go e.g. Inclusion if they need support and can get a pass to leave lessons early. Other young people reported that there is talk about mental health but no support. Not all teachers understand mental health and when teachers do they do not have time to talk to students.

3.10.6 The Educational Psychology Service and Birmingham Education Partnership provided information on the CHIME model (Connection, Hope, Identity, Meaning and Purpose, Empowerment). This is an evidence-based model on how to prevent mental health problems and promote recovery that can be applied to non-clinical settings.

3.11 Early Help / Voluntary Sector Support/ Support from Other Organisations

3.11.1 While the Inquiry focussed on access to services and support for children and young people with diagnoses / undiagnosed mental health needs, evidence from young people, parents and carers and services / organisations did include the role of early help and prevention.

3.11.2 It was reported that early help services are supporting increasingly complex cases which means that services do not have the capacity to deliver the early intervention that would prevent crises.

3.11.3 Many organisations that provided evidence raised the impact of economic, housing and social issues on families that increase stress and the risk of poor mental health.

3.11.4 When meeting with young people they talked about the importance of youth workers who know young people well.

3.11.5 Voluntary organisations that rely on short term funding to provide services results in a lack of continuity of support and projects and staff change. It was also reported by a partner organisation that a previous reduction in funding by the Council for early intervention services for children and young people has resulted in needs not being met at the earliest point of need.

3.11.6 Birmingham City Council's Children's Services recognised that there remains a gap between mild to moderate services that is currently being addressed.

3.11.7 Initiatives for 14 to 18 year olds are available for counselling and talking therapies and for the younger age group, there is _Pause_ which is delivered through the Children's Society. This is a drop-in service for anyone under the age of 25 who is registered with a GP in Birmingham. _Kooth_ provides a free, safe and anonymous online mental health service for children and young people, _launched_ in 2020. There are a range of specialist services offered by the voluntary sector.

3.11.8 Since the pandemic, there has been a significant rise in mental health issues nationally and this has added to the complexity of unmet need. NHS England has commissioned mental health in schools teams and the focus is now on building resilience and routes to recovery through a range of initiatives.

3.12 What Children and Young People told the Inquiry

3.12.1 The inquiry met with 18 young people to hear and understand what their views were on mental health and mental health support. There were two groups of young people and the views of these groups are below:

Young People in Group 1 told us:

- Autistic people with mental health struggling to access services. This exacerbates mental health issue as lack of diagnosis worsens autism and mental health and struggle getting into work.

- Lack of parity with physical health. People with physical health are treated quicker. Services need to be better at picking up mental health issues in the same way we pick up on physical health issues. More support is needed in school and more space for early help for people showing signs.

- Young people don't trust adults in life e.g., parents and services. Peer support is important.

- The solution is a combination of rebuilding trust by educating and supporting parents and services and also equipping young people with tools to support peers.
- Anxiety and fear of failure is a big issue and pressure on young people to achieve milestones.
- When someone experiences psychosis in Black communities there may be stigma e.g., thinking they're possessed.
- Young people experience anxiety after covid. This affects a whole co-hort.
- One young person waited for diagnosis from year 8 to year 12.
- Hope is important for young people. Advantage of separating young people's mental health from adult services is the young people still have hope.
- Pause is available which is open access but small team.
- Young people worried about telling parents because worried about letting parents down.
- Who is there to speak to?
- Adults don't talk about it either, so no examples.
- Virtual support could be a source of support.
- Parents can be a brilliant trusted adult.
- Youth workers have such a vital role knowing young people well.
- Experience of school is that there is no mental health support. They may say you can talk to me, but teachers don't have the time, so broken promises. Character of the person and their approachability as much as their time management. Schools won't take it seriously unless you have a diagnosis, but there are waiting lists to get diagnosis. Mental health needs to be someone's sole job in school. Or a team of people whose sole job it is. Ideally people with similar background. Each teacher should also have some basic training.
- Too busy and so don't focus on it.
- More support/service for those without diagnosis.
- Where do you go if not at school and not in youth service and not with your parents? GP will probably just put you on a waiting list.
- More services like Pause/ Kooth.
- Comms campaign/ Social media campaign to promote what mental health services are available for young people.

Young People in Group 2 told us:
- There is a 24-hour helpline.
- One young person said there are a range of different therapies including sports, drama, music.
- When a young person does not have capacity decisions will be made on their behalf.
- It takes time for a young person to build trust with a therapist / worker and to open up e.g. if a young person has anxiety. Sometimes the period that the support is available for talking therapies does not take this into account.

- A survey of young people found that they thought CYP mental health services are underfunded.

- The introduction of the wellbeing passport has been a good thing.

- The introduction of Peer Mentor has helped address barriers.

- Autism and ADHD: Young people need a diagnosis to get support but there are long waiting lists. Timescales of 6 /7 months or up to 2 years were discussed. One young person got help from their GP to get a diagnosis. It was also reported that a young person had to call and 'chase' the diagnosis.

- Comments on experience of mental health support at school included:

  o When suffering from anxiety one person was sent back to lessons without support being offered.

  o There is talk about mental health but no support.

  o Some teachers do not have mental health training. Some have Mental Health First Aid Training.

  o There are places you can go in school LSE or Inclusion. You can get a pass to leave early from lessons.

- Services and people working with young people need to understand the whole individual e.g. race, sexuality, disability and not assume that one size fits all.

- There was a discussion about confidentiality. Young people need a safe space to talk about mental health and every professional should be able to explain how confidentiality works. This must be respectful and must take into account the child / young person's capacity to understand and the skills / training that staff need to be able to communicate this effectively. Children and young people need to understand why some things 'can't stay in the room' and the benefits of information being shared. Young people want to know who information has been shared with. When sharing information, professionals need to be aware of who is part of the conversation / meeting and consider if everyone needs to know details of mental health e.g. if sibling cases are being discussed. It was recognised that all professionals should know how to manage confidential information and that it would not be shared outside a meeting.

- It was reported that care experienced children and young people can feel that they lose confidentiality. How is confidentiality explained to young people in care?

- Young people also want their treatment to be explained to them in a way they understand. An example was given where treatment was not explained, and the young person did not understand what the next few months of their treatment would look like. Young people need to have an active role in their treatment plan.

- When a child/young person has experienced trauma not understanding how their information is used / shared can be re-traumatising.

- There is a need to provide information for parents to support their children.

- Understanding the neurodiversity / mental health. Is neurodiversity overlooked / under diagnosed when a young person has a mental health diagnosis and vice versa.

- Care plans are inconsistent and young people do not always have a copy.

- Young people do not always get copies of their assessments or if they do it is not written in a way they understand.

- Young people talked about how they need to access services though an adult e.g. making a GP appointment and adult attending the appointment with them. If a young person has capacity

professionals should ask the parent / carer to leave the room to have time to talk to the young person alone. The young person may not want to say anything in front of a parent / carer that will upset them.

- One third of the young people in the discussion said they would be able to access a GP appointment on their own.

- Non mental health medical professionals do not have much training on mental health.

- Young people get information about health and mental health from friends, internet and social media. There was a discussion about how they know this is good information.

- There is a risk of normalising trauma and a young person becomes comfortable with unhappiness. It is important to have access to the right therapy and the right time e.g., therapy for trauma not just talking therapy.

3.12.2   5 children / young people responded to the Be Heard Survey. While the number of respondents was very low it supported the other feedback that parents and carers and friends are seen by young people as an important source of support. Other young people indicated that they would go to the surgery (GP or nurse) for support and others would look for support at school or social media. It is also noticeable that some respondents indicated that they would not ask for support or find it difficult to ask for support.

3.12.3   Some young people involved in the Think for Brum participation group supported by Forward Thinking Birmingham are also involved in the NHS Youth Forum, a group of 25 young people that work together to influence changes within health services. The Forum carried out a survey from December 2022 – January 2023 to understand young people's experience of mental health services across different regions in England. 182 young people responded to the survey. One of the questions asked was "What three words would you use to describe the service?" and the responses created the wordle below. The Inquiry recognises that this is not specific to services in Birmingham but this has been included in the report as it reflects both the positive and negative feedback received during the inquiry.

Figure 3: NHS Youth Forum Report 2022/23: Young People's Mental Health Experiences, Response to the Question "What three words would you use to describe the service?"

3.13 What Parents and Carers Told the Inquiry / Support for Parents and Carers

3.13.1 The Inquiry met with 4 parents / carers who talked about their experience of supporting a child with mental health needs / neurodiversity. Feedback from parents / carers, young people and other organisations highlighted that parents find the mental health system difficult to navigate and once a diagnosis has been given, they are not provided with information about the condition and how best to support the child / young person. The Inquiry heard about the effect on parents and carers who are caring for a child / young person with mental health needs on their mental wellbeing and the implication the caring responsibilities can have on their ability to work and the effect on the wider family. Parents talked about 'battling with organisations' to get the support their child needed. Parents gave an example of one family recording the young person in crisis on their phone to provide evidence of mental health need when they had not been able to access support.

3.13.2 Parents can support each other when they feel isolated, but this is on top of supporting their child and family and trying to navigate the system. Parents want their health needs to be taken into account.

Report of the Health and Adult Care Overview and Scrutiny Committee, to City Council 9 January 2024

3.13.3   Some parents think that getting a mental health diagnosis for their child will provide the answers and support they need, but the next stage is getting the right support in place. When parents are not able to get the crisis support they need they may take their child to emergency services. In some cases this is because they do not know how to access more appropriate support.

3.13.4   Parents want information about the child / young person to be recorded accurately. When information is recorded inaccurately this can result in services not being provided.

3.13.5   Parents said that short term intervention may improve the situation for a young person and their family but when this is withdrawn they are 'back to the start'. Parents asked what risk assessments are carried out before removing services.

3.13.6   The Inquiry heard that organisations do not talk to each other and lack of continuity of care e.g. difficulty in seeing the same doctor so parents have to repeat information and it is difficult to get medication reviewed. Parents reported there is a lack of understanding of Shared Care between Forward Thinking Birmingham and GPs.

3.13.7   When the police are responding to a crisis situation they need to know how to respond appropriately to children and young people with additional needs e.g. who are non-verbal.

3.13.8   Parents also reported poor transition from children's services to adult services and that parents have to manage this change.

3.13.9   There were 25 responses from parents and carers to the Be Heard online survey. The responses showed that they saw mental health services were needed to support children and young people with specific mental health conditions and difficult life circumstances e.g. 50%+ of respondents indicated that a young person could need mental health support for bullying, not sleeping well and relationship problems. 80% + of parents / carers who responded said that children needed mental health support for anxiety, autism, bipolar disorder, bullying, depression, eating disorders, hearing voices, managing emotions, Obsessive Compulsive Disorder (OCD), personality disorder, Post traumatic stress disorder (PTSD) schizophrenia and self-harm.

3.13.10 In response to the question "How easy is it for parents and carers to find out about the mental health support that is available for children and young people in Birmingham?" 80% of respondents said that it is 'quite difficult' or 'very difficult'.

3.13.11 When asked "How easy was it for your child to get the support they needed?", 84% said that it was quite difficult' or 'very difficult'.

3.13.12 In response to the question "If your child has accessed mental health support has this support been helpful?" 56% said that support was 'not very helpful' or 'not at all helpful' 24% said it was 'very helpful' or 'quite helpful' and 20% have not accessed support.

3.13.13 72% said that they had not been able to find information, advice or services that support parents/ carers who support a child with mental health needs.

3.13.14 The ICB told the Inquiry that parents and carers say they want:

- to be supported in between appointments

- consistency in staff

- organisational barriers removed

- crisis support that works for their young person

- waiting times are too long

- to help design and review services

3.14 Care Experienced Children and Young People

3.14.1 Young people entering local authority care will already have had trauma and difficulties over and above those experienced by most of their peers. Most young people will have suffered abuse or neglect, or experienced bereavement, and possibly disability or serious illness in one or both parents. Entering care can involve major and sometimes traumatic upheaval. Change of one's primary carers, loss of a significant adult, and the separation from families when a child comes in to care and the change of what might be familiar; friends, schools, and the loss of extended family is traumatic and challenging for young people. Research shows that care experienced children and young people generally have greater mental health support needs than their peers, including a significant proportion who have more than one condition and/or a serious psychiatric disorder (McCann, 1996). But their mental health problems are frequently overlooked. Because of their experiences both before and during care, care experienced young people are at much greater risk of poor mental health than their peers. There is a need for a system of early emotional wellbeing and mental health assessment and intervention for care experienced children and young people, including those who go on to be adopted. An estimated three quarters of children raised in local authority children's homes meet the criteria for a psychiatric diagnosis (Luke, 2014) Even more starkly, young people who have left care and entered adulthood are between four and five times more likely than their peers to attempt suicide (House of Commons Education Committee, 2016).

3.14.2 The Inquiry heard from the Birmingham Children's Trust (BCT) that Therapeutic Emotional Support Service (TESS) are key to promoting above average performance of stability of children's care. TESS offering therapeutic and relationship-based support to young people and their carers; this includes children, young people and care leavers ranging from 0-25 years of age. The service includes therapeutic social workers and 2 clinical psychologists and works

with around 200 children each year. This is a key contributor to the better than national average performance in relation to the stability of children's care.

3.14.3   There is an increase in unaccompanied asylum seeker children, some of whom will have additional mental health needs. However, there is no additional money to meet the health needs of this vulnerable group.

3.14.4   The shortage of nationally commissioned secure care from the market results in around 50 children waiting for one bed space. It was noted that this affects all children and young people, not just children and young people with experience of the care system.

3.14.5   BCT has spent time to building up relationships with schools.

3.14.6   A Consultant Psychologist has been appointed to lead on the development of trauma informed practice within BCT.

3.14.7   Elected members have a role as Corporate Parents to ensure the wellbeing of care experienced children and young people.

3.14.8   BCT are working in partnership with the ICB and FTB and the wider children in care (CiC) system to develop 4 care pathways for care experienced children, young people and care leavers to address health inequity and access issues for mental health services and support. These include:

- The development of a multi-agency CiC access hub.
- Assessment and post assessment support regarding neurodevelopmental diagnosis.
- Strengthening FTB crisis response.
- Improving access to local MH provision when Birmingham children and young people are placed outside of Birmingham.

3.14.9   An evidence-informed pathway for vulnerable children with complex psychological needs, IROC (Intensive Residential Outreach Care) is a new mental health support provision for children and young people aged 13-18, with complex psychological trauma and vulnerabilities. This is delivered by Forward Thinking Birmingham in development with BCT and provides a dedicated therapeutic response for young people looked after in residential care to enable stability.

3.14.10 Mental health crisis and health-based place of safety: There are inconsistencies in the delivery of a mental health crisis and urgent care model, and further work is required to strengthen the interagency communication and delivery of service.

3.15 Responding to Mental Health Crisis in the Community and Place of Safety

3.15.1   The West Midlands Ambulance Service informed the Inquiry that staff have some training on how to respond to patients with mental health needs. The WMAS is designed to respond to critical care and trauma. In 2018 43% (2,023) of incidents that the WMAS responded to where there was a child / young person with a mental health need were conveyed to the hospital Emergency Department.

3.15.2   West Midlands Police informed the Inquiry that the force is re-designing the response to mental health, especially the use of powers under Section 136 of the Mental Health Act and how people who are coming to the end of the 24 hour limit in police custody are managed. The Police reported that they cannot fill the gaps that other partner organisations are not able to provide. This is in line with the national announcement in July 2023 of the Right Care, Right Person National Partnership Agreement which sets out that "the police are often not the most appropriate agency to respond to mental health incidents, which can result in greater distress for people with mental health needs and prevents police officers from carrying out their other duties. They will continue to respond to cases where there's a need to investigate a crime, or to protect people from an immediate risk of serious harm." (Agreement to support mental health care and free up police time - GOV.UK (www.gov.uk)

3.15.3   The options to refer patients in mental health crisis to other services out of hours is limited.

3.15.4   It was reported that some parents / carers, who have not had contact with mental health services previously, take their child to the Emergency Department (ED) when in a mental health crisis if they do not understand what mental health services are available.

3.15.5   There has been an increase in children and young people attending the hospital Emergency Departments with more complex mental health needs.

3.15.6   Children under the age of 16 cannot be taken to police custody as a place of safety. The Mental Health Act Review sets out police custody will no longer be used as a place of safety for people over 16 years.

3.16 Mental Health Act Assessments

3.16.1   The Inquiry heard about difficulties partners experienced in the timeliness of Mental Health Act Assessment for children and young people. To be detained under the Mental Health Act individuals need to have a mental disorder, the nature or degree of which warrants detention

in hospital on the grounds of their health and/or the risk they present to themselves and/or the risk they present to others.

3.16.2 Birmingham City Council Adult Social Care Service provides a dedicated Approved Mental Health Professional service function 24 hours a day via the Mental Health Act HUB and Adults and Approved Mental Health Professionals Out of Hours Team. The role of the Approved Mental Health Professionals is to coordinate the assessment of individuals who are being considered for detention under the Mental Health Act 1983. The Approved Mental Health Professional decides, founded on the medical recommendations of doctors (or a doctor for the purpose of section 4 of the Act), whether a person should be detained under the Mental Health Act 1983.

3.16.3 Birmingham City Council currently employs 62 Approved Mental Health Professionals of which 28 are externally employed or agency staff and there are an average of 10 Approved Mental Health Professionals on duty per day in the daytime, 2-3 at night and 5-6 per weekend/Bank Holiday.

3.16.4 For under 18's there are an average of 13 Mental Health Act Assessment requests per month. There are no Approved Mental Health Professionals who are employed by Birmingham Children's Trust.

3.16.5 It was reported to the Health and Social Care OSC that the average time taken to respond to and complete a Mental Health Act Assessment is 24 hours. However, other organisations highlighted that there are an increasing number of occasions where the assessments take longer than 24 hours and that once an assessment has been undertaken it can take a long time to find a bed with a specialist provider.

3.16.6 The capacity of the AMPH service can be increased through encouraging social workers at Birmingham Children's Trust to undertake the training to become an AMHP.

3.17 Young People Admitted to Paediatric Wards due to Lack of Mental Health Beds / Placements

3.17.1 The Birmingham Children's Hospital is the Tier 4 Provider Collaborative lead since October 2022. Referrals to inpatient services have reduced by 12% compared to the previous year. There are 180 commissioned beds across 10 inpatient wards in NHS and Independent Providers for under 18 year olds. In addition to the commissioned beds, some beds are spot purchased as bespoke packages. Inpatient beds are commissioned by NHS England.

3.17.2 When a young person attends the A&E Department at hospital in a mental health crisis, if an appropriate bed or placement cannot be found that can meet the needs of the young person they may be admitted to the paediatric ward. Nursing staff at University Hospital NHS Foundation Trust are not mental health nurses and for some young people a private

organisation is commissioned to provide wrap around care in a non-mental health acute setting. This mitigates risks but does not provide the care that young people in crisis need and can be detrimental to their recovery, can become a difficult environment for other children and young people who are on the ward and their families and demoralising for staff.

3.17.3   The average time taken to respond to and complete a Mental Health Act Assessment is 24 hours however this does not mean that all assessment requests will lead to admission within 24 hours, and this is particularly relevant with under 18s where NHS England hold sole responsibility for the allocation of Tier 4 beds (acute admission beds for under 17's). There is a national bed management provision and beds are often full across the country meaning a sometimes significant wait of several weeks in extreme cases for a suitable bed to be found.

3.18 Out of Area Placements

3.18.1   Forward Thinking Birmingham provided information on out of area mental health placements for children and young people as of January 2023.

- Number of in-patient beds used in Birmingham need an inpatient bed:
  During 2022 there were 48 GAU, 13 ED, 18 PICU, 1 LD, 6 LSU BSOL admissions over the year.

- The total number of patients in in-patient beds in area and out of area and by distance was 33.

- Of these, 25 patients were Birmingham and Solihull in area patients with an average distance from home of 17.21 miles by road.

- There were 8 Birmingham and Solihull young people Outside Natural Clinical Flow with an average distance from home of 85.26 miles by road.

- The average length of stay for in area GAU (discharged YP only) was 154 days.
- The average length of stay for outside GAU natural clinical flow (discharged YP only) was 53 days.

3.18.2   What is the improvement plan to reduce the number of patients who are placed a long distance from Birmingham – 3 of our West Midlands T4 units have undergone a significant upgrade to the facility. Whilst these improvements are being undertaken Forward Thinking Birmingham have needed to use Out of Area facilities. The Provider Collaborative are working closely with Tier 4 providers to ensure that all bed capacity is open for admission as soon as possible. This plan is a phased approach, and we anticipate once all beds are opened that we will not require Out of Area beds. To note 100% of eating disorder referrals are admitted in area to local Tier 4 units.
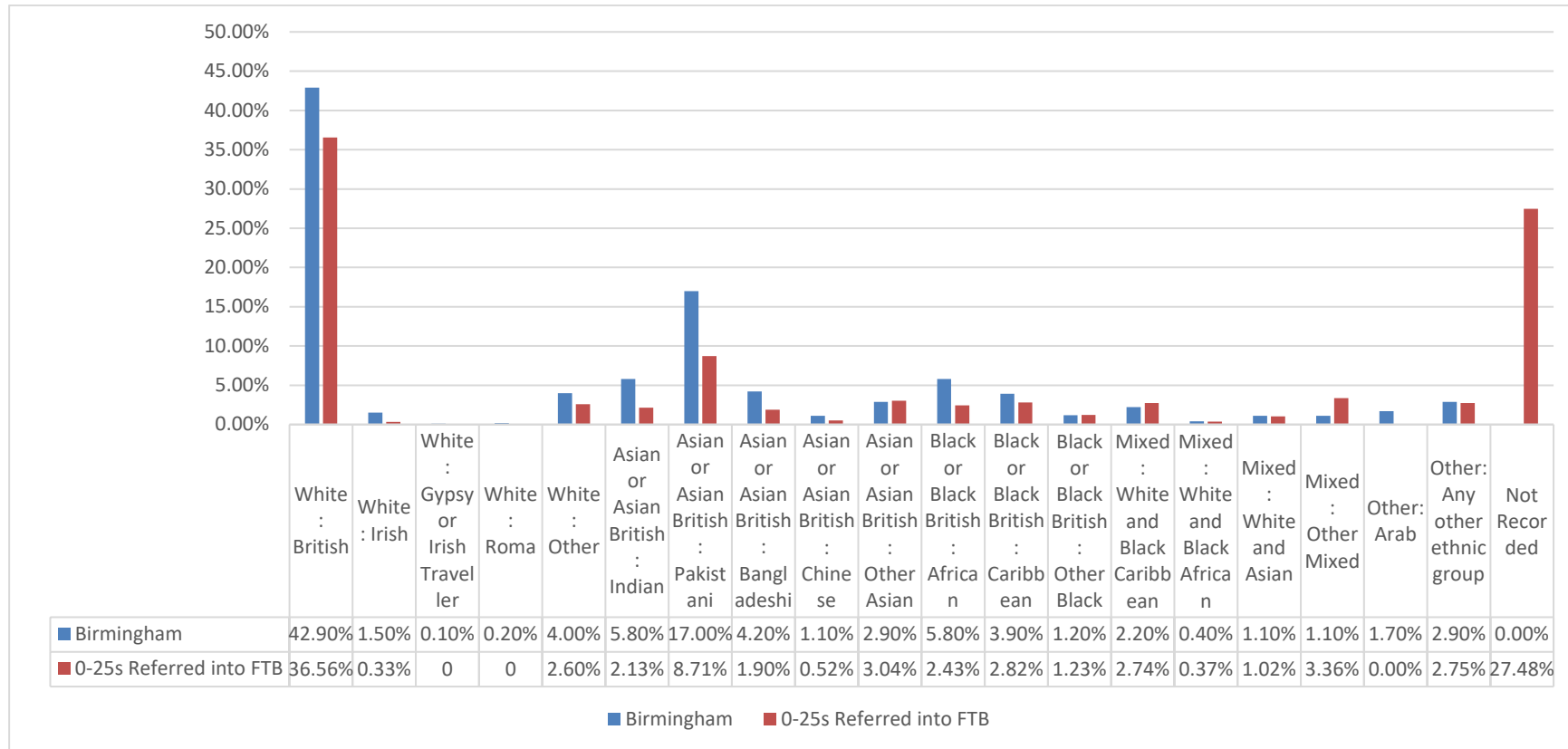
3.19 Records, Information Sharing and Confidentiality

3.19.1   Young people, parents and carers and evidence from other organisations reported that care plans are not always shared with young people and their parents / carers and written in a way that they will understand.

3.19.2   Young people also want to know how the information about their mental health is shared and do not want to have to repeat their history to different staff and organisations. It is important that young people understand why information needs to be shared and the benefits for them.

3.19.3   The Inquiry heard about the difficulty parents and carers of young people with mental health needs experienced when they do not have information about the young person's care plan. Members recognised that where a child / young person does not want their care plan to be shared the decision will be made depending on the circumstance and age of the child / young person.

3.19.4   Forward Thinking Birmingham has introduced patient passports that are kept by the patient and enable them to share the information they want when accessing services.

3.20 Understanding Individual Need, Identity and Circumstances.

3.20.1   Young people want the mental health care and support they receive to understand them as individuals and their circumstances. The Inquiry heard there has been an increase in the number of cases seen in primary care related to gender identity and the LGBT in Britain, Health Report (Stonewall, 2017) found that LGBT people are more likely to experience poor mental health. Key findings included:

- Half of LGBT people (52 per cent) said they've experienced depression in the last year. One in eight LGBT people aged 18-24 (13 per cent) said they've attempted to take their own life in the last year.
- Almost half of trans people (46 per cent) have thought about taking their own life in the last year.
- 31 per cent of LGB people who aren't trans said the same.
- Forty-one per cent of non-binary people said they harmed themselves in the last year compared to 20 per cent of LGBT women and 12 per cent of GBT men.
- One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.

3.20.2   27% of referrals to FTB did not record the ethnicity of the child or young person which makes it difficult to understand if the service is reaching all the different communities in the city.

Graph 7: Referrals into Forward Thinking Birmingham by Ethnicity.

	White : British	White : Irish	White : Gypsy or Irish Traveller	White : Roma	White : Other	Asian or Asian British : Indian	Asian or Asian British : Pakistani	Asian or Asian British : Bangladeshi	Asian or Asian British : Chinese	Asian or Asian British : Other Asian	Black or Black British : African	Black or Black British : Caribbean	Black or Black British : Other Black	Mixed : White and Black Caribbean	Mixed : White and Black African	Mixed : White and Asian	Mixed : Other Mixed	Other: Arab	Other: Any other ethnic group	Not Recorded
Birmingham	42.90%	1.50%	0.10%	0.20%	4.00%	5.80%	17.00%	4.20%	1.10%	2.90%	5.80%	3.90%	1.20%	2.20%	0.40%	1.10%	1.10%	1.70%	2.90%	0.00%
0-25s Referred into FTB	36.56%	0.33%	0	0	2.60%	2.13%	8.71%	1.90%	0.52%	3.04%	2.43%	2.82%	1.23%	2.74%	0.37%	1.02%	3.36%	0.00%	2.75%	27.48%

3.21 Dual Diagnosis: Mental Health and Substance Misuse

3.21.1   Aquarius is the provider of substance misuse services for children and young people in Birmingham. It was reported that the partnership with Forward Thinking Birmingham is working at capacity to support 50 young people with approximately 40 receiving diagnosis and treatment. With the current staffing structures there is little capacity to undertake psychological interventions.

3.21.2   A collaborative project between Aquarius and Manchester Metropolitan University (Phase1 Interim Findings. Young people. Wellbeing and Substance Misuse, 2023) investigated the scope of existing resources / services to support young people around their mental health needs and substance use.

3.21.3   The project found that:

- There is a growing demand for services which meet the joint needs of mental health and substance use.
- There is a growing need to develop understanding of complex trauma and substance use in young people.
- Digital resources do have a place alongside a suite of resources to support young people with the joint mental health and substance use difficulties.
- Young people feel receiving support from a range of services on joint issues during their years at high school would have had a positive impact on their wellbeing.

3.22 Public Health and Use of Data

3.22.1   The Inquiry heard that mental wellness and balance is a priority for Birmingham City Council's Health and Wellbeing Strategy. The public health approach to mental health includes developing a strategy that is:

- Evidence based
- Cost effective
- Reducing mental health and wellbeing inequalities
- Identifying opportunities for minimising the risk factors and enhancing protective factors

3.22.2   This recognises the wider effect of mental health and wellbeing as set out in the Conceptual Framework for Public Mental Health (Conceptual Framework for Public Mental Health, 2021)

- Improving children and young people's mental health and wellbeing will have a positive effect on their cognitive development, learning, physical health and their mental health, social and economic prospects in adulthood. It is known that poor social and emotional wellbeing in

children and young people can lead to behaviour and developmental problems and later in childhood severe depression, anxiety, self-harm and other poor mental health outcomes.

3.22.3   The public health approach also recognises the links between physical and mental health and that compared to England and the West Midlands Region. Birmingham is disproportionately affected by poor mental wellbeing. Currently the city has a higher than average prevalence of depression and anxiety in adults and a much greater proportion of people self-reporting a low satisfaction score compared to England. There are also inequalities within certain communities, such as the LGBTQ+ community, who face increased risk of suicide and self-harm.

The Mentally Healthy City Forum Governance is set out below.

Figure 4: Mentally Healthy City Forum Governance

3.22.4   The emerging framework for action is set out below. However, it was noted that public mental health is not a mandatory public health function and does not receive recurrent funding.

- To focus the efforts of the forum on where it adds value by understanding need in the community.

- To guide the work of the forum towards a set of agreed priorities detailed in an action plan.

- Enabling work of the forum via collective action of members of the forum and the wider community.

3.22.5   Public health commissioned activity reported to the Inquiry in February 2023 is set out below.

Figure 5: Public Health Commissioned Activity

- ## Funded via BMHF –

  Birmingham Women and Children's Hospital Charity
  Youth Mental Health Peer Support
  Young People who are former mental health service uses and experts by experience

  Recruitment and training of youth mental health Peer Support workers to reduce stigma around mental health and associated barriers to existing care.

  Birmingham Education Partnership – NewStart East

  Children, Teachers, Parents in East Birmingham (Alum Rock and Washwood Heath)

  NewStart has been developed in partnership with school leaders and partners across BEP to provides training for teaching and pastoral staff

  Cruse Bereavement Support
  Most deprived quintile, LGBT, Black African, Black Caribbean, Pakistani, Indian, Bangladeshi and Central and Eastern European populations.

  Targeted support to increase reach and uptake of bereavement support Educational workshops and outreach work to all schools within the most deprived quintile.

  Forward Thinking Birmingham – Psychologically Informed Environments Peer Support Programme
  Young People with complex needs (homeless/substance misuse)

  Training to Peer Support workers who will support young people with complex needs

- ## Funded by Public Health Grant -

  Peer Mentoring and Mental Health Champions for Children and Young People aged 16-25 years
  Focus on young people aged 16-25 years from LGBT+ communities, young people with disabilities and young people from Black, Asian and other diverse ethnicities.
  Project will train and recruit 30 peer mentors with lived experience. Mentors will support at least 3 young people within their peer group, receive support to contribute to training of next peer mentor. Will take place in a community setting.

  Contribution to Breathe and Wellbeing Census
  Including development of secondary school video wellbeing resources, teachers and staff wellbeing resources, creation and pilot of the wellbeing census in schools and creation of the bespoke dashboard.

3.22.6   In addition to the commissioned activity public health uses intelligence and evidence to influence and advocate for consideration of children and young people's mental health and wellbeing. This includes across risk factors for example school readiness, school exclusions and behaviour such as smoking and drug taking and protective factors for example encouraging physical activity and healthy eating.

4   Recommendations

4.1.1   The Inquiry has made 25 recommendations that relate to a range of organisations / services across the NHS and Birmingham City Council.

4.1.2   Recommendations 1-5 are made to Cabinet Members at Birmingham City Council under the local government scrutiny legislation and guidance.

4.1.3   Recommendations 5 – 25 are made to NHS organisations in line with the Health Overview and Scrutiny Committee Principles published by the Department of Health and Social Care in July 2022 that sets out the expectations on how health overview and scrutiny committees should work with integrated care systems (ICSs) to ensure they are locally accountable to their communities. Birmingham City Council's constitution delegates the health scrutiny powers to the Health and Adult Social Care Overview and Scrutiny Committee[3]. Therefore, City Council is asked to endorse recommendations made to NHS organisations, that will subsequently be considered by the Health and Adult Social Care Overview and Scrutiny Committee.

4.1.4   Recommendation 26 sets out the arrangements to monitor and track the response to and implementation of the recommendations, including co-production with young people.

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[3] Legislation: National Health Service Act 2006 governing the local authority health scrutiny function. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 ("the Regulations"), which came into force on 1st April 2013. They supersede the 2002 Regulations under the Health and Social care Act 2001. Health and Care Act 2022

Ref	Recommendations to Cabinet Members	Responsibility	Completion Date
	Support for Parents / Carers		
R01	**Recommendation 1:** Council asks the Cabinet Member for Adult Social Care to ensure that Birmingham Adult Social Care works, within their resources and capacity, with Forward Thinking Birmingham to undertake a co-produced review of the carers assessment for parents / carers who are caring for a child / young person with mental health need and the support that is available through this process to ensure that the assessment outcomes are effective.	Cabinet Member for Adult Social Care	July 2024
	Responding to mental health crisis in the community		
R02	**Recommendation 2:** Council asks the Cabinet Member for Social Justice, Community, Safety and Equalities obtains evidence from the West Midlands Police and Crime Commissioner that effective mental health training is provided for all police officers.	Cabinet Member for Social Justice, Community, Safety and Equalities	July 2024
	Mental Health Act Assessments		
R03	**Recommendation 3:** Council asks the Cabinet Member for Adult Social Care and Cabinet Member for Children, Young People and Families to ensure that, within their services resources and capacity, the AMPH service, Children's Services, Birmingham Children's Trust, FTB and the Provider Collaborative analyse the pattern of Mental Health Act assessments for patients under 16 and that AMHP assessments meet the needs of children and young people, the requirements of the Children's Act and assessments and recommendations to community based provision are underpinned by an understanding of the system and partnership arrangements needed for successful outcomes.	Cabinet Member for Adult Social Care Cabinet Member for Children, Young People and Families	July 2024
	Schools Response to Mental Health		

R04	**Recommendation 4:** That Council asks the Cabinet Member for Children, Young People and Families to ensure that as part of the Council's existing funded work with all schools in the City on inclusion, schools are supported to consider the impact of zero tolerance behaviour policies for children and young people with mental health needs, Autism and ADHD and consider how to apply the 8 principles outlined in the report to promote mental health in schools.	Cabinet Member for Children, Young People and Families	July 2024
R05	**Recommendation 5:** That Council asks the Cabinet Member for Children, Young People and Families to ensure that Children's Services, within their resources and capacity, work with all schools in the City to understand how many have applied for and used the Department for Education grant funding to train a senior mental health lead and develop and implement a whole school / college approach to mental health and wellbeing. This work should also identify if the mental health lead role is recognised in the job description and the time that is allocated to this work. Examples of good practice should be shared.	Cabinet Member for Children, Young People and Families	July 2024

	Recommendations to NHS Organisations	Responsibility	Completion Date
	Governance and Mental Health Need		
R06	**Recommendation 6:** Council endorses the recommendations that: c) The role of the Birmingham Place Committee in the CYP mental health system is clarified to ensure that NHS and local authority CYP mental health strategies are aligned to deliver the best outcomes for children and young people and there is an effective system to monitor outcomes. d) That the Birmingham Place Committee agrees a definition of mental health and mental wellbeing that will be used across the mental health systemin the city.	ICB	July 2024
R07	**Recommendation 7:** Council endorses the recommendations that: The ICS / Mental Health Provider Collaborative works with partners including Birmingham Children's Trust and joins up data sets to develop a shared understanding of the mental health needs of children and young people in Birmingham including early help and intervention, complex need that does not reach the threshold for NHS services and clinical assessment, diagnosis and treatment.	ICB Mental Health Provider Collaborative	July 2024
	Service Provision and Communication		

R08	Recommendation 8 Council endorses the recommendations that: The ICS / Provider Collaborative works with partners to improve CYP mental health and wellbeing service offer and pathways across organisations and sectors to meet the needs of young people who do not currently meet the threshold for NHS mental health services but whose needs are more complex than universal and early help services can support. Young people, parents / carers and staff in other organisations need clear information about the service offer and how to access support. (Link with Rec 7)	ICB / Provider Collaborative	July 2024
	Early Intervention		
R09	Recommendation 9 Council endorses the recommendations that: The mental health system for children and young people looks to the work of the Early Intervention Programme for adults to align systems and services to provide patient centred care and support to reduce the demand on acute services.	ICB / Provider Collaborative	July 2024
	Resources for Children and Young People's NHS Mental Health Services		
R010	Recommendation 10 Council endorses the recommendations that: The ICB works with NHS England to benchmark ICS spend on children and young people's mental health services per capita served and as a proportion of the total ICS budget.	ICB	July 2024
	Quality of NHS Mental Health Services		

R011	**Recommendation 11:** Council endorses the recommendations that: The response of the Birmingham Women's and Children's Hospital NHS Foundation Trust and Forward Thinking Birmingham's response to the CQC Inspection and action plan to address the areas that were found to be inadequate and require improvement are reports to the Health and Adult Care Overview and Scrutiny Committee.	Birmingham Women's and Children's Hospital NHS Foundation Trust	July 2024
	Communication about Access to Services, Diagnosis and Support (for Parents)		
R012	**Recommendation 12:** Council endorses the recommendations that: The Provider Collaborative provides clear information about how to access services, what diagnosis means and how to support a child / young person that is age appropriate and support transition to adult services. This should be co-produced with parents / carers.	Provider Collaborative	July 2024
	Responding to mental health crisis in the community		
R013	**Recommendation 13:** Council endorses the recommendations that: The Provider Collaborative develops the case to commission an assertive outreach service for children and young people who are known to mental health services and seeks funding to provide this.	Provider Collaborative ICB	July 2024
R014	**Recommendation 14:** Council endorses the recommendations that: The Provider Collaborative including FTB and WMAS work with West Midlands Police to agree protocols and pathways for children and young people who are experiencing a mental health crisis / severe mental distress in the community, especially out of hours.	Provider Collaborative FTB West Midlands Ambulance Service West Midlands Police	July 2024
	Young people admitted to UHB due to lack of beds / placements.		

R015	**Recommendation 15:** Council endorses the recommendations that: The ICB, Provider Collaborative and UHB review how the funding currently used to provide wrap around care for children with mental health needs but no physical health need in paediatric wards could be used to fund care for children and young people in an appropriate setting.	ICB Provider Collaborative University Hospitals Birmingham NHS Foundation Trust	July 2024
	Primary Care / Local Services		
R016	**Recommendation 16:** Council endorses the recommendations that: The ICB / Provider Collaborative works with Primary Care Networks to: • Pilot mental health Peer Support workers for young people in Primary Care. • Extend social prescribing to young people and link with Peer Support and Community Connectors / Navigators. Partners are encouraged to explore how the IBC Fairer Futures Locality Partnership Fund could be used to develop this pilot.	ICB / Provider Collaborative	July 2024
	Records, Information Sharing and Confidentiality		
R017	**Recommendation 17:** Council endorses the recommendations that: The Provider Collaborative ensures that care plans for children and young people with mental health needs are shared with them as appropriate for their age and written in a way that they understand.	Provider Collaborative	July 2024
R018	**Recommendation 18:** Council endorses the recommendations that: The ICB / Provider Collaborate to develop quality assurance processes to ensure confidentiality is explained to children and young people in a way that they understand, and they know who has access to their information and they will not be expected to repeat their experience to multiple staff.	ICB / Provider Collaborative	July 2024
	Place of safety		

R019	Recommendation 19: Council endorses the recommendations that: ICB/ Provider Collaborative works with West Midlands Police to analyse data on the number of young people over 16 who are taken to police custody as a place of safety and based on this data makes arrangements to commission / provide alternative arrangements in anticipation of the Mental Health Act Review	ICB / Provider Collaborative	July 2024
	Increase in Referrals for Autism and ADHD		
R020	**Recommendation 20:** Council endorses the recommendations that: To ensure that this remains a priority for the mental health system the performance measures on autism and ADHD services should be reported regularly to the ICB and the Place Committee.	ICB and Birmingham Place Committee	July 2024
	Understanding Individual Need, Identity and Circumstances		
R021	**Recommendation 21:** Council endorses the recommendations that: The ICB / Provider Collaborative develop a robust service offer for LGBTQ+ young people and this should consider the mental health implications for services of the increase in cases seen in primary care related to gender identity.	ICB / Provider Collaborative	July 2024
R022	**Recommendation 22:** Council endorses the recommendations that: FTB should work with referring organisations to ensure that the ethnicity is included in referrals and that this is monitored to ensure that the service is reaching and meeting the needs of different communities in the city.	Forward Thinking Birmingham	July 2024
	Dual Diagnosis (Mental health and substance misuse)		

R023	**Recommendation 23:** Council endorses the recommendations that: The ICB / Provider Collaborative Needs Assessment considers the research carried out by Aquarius and Manchester Metropolitan University looking to further resources and an intervention package to further assist staff in managing lower-level intervention for young people with mental health and substance misuse needs.	ICB / Provider Collaborative	July 2024
	Workforce		
R024	**Recommendation 25:** Council endorses the recommendations that: The ICB and Provider Collaborative and providers maximise the use of the Apprenticeship Levy and the underspend of this funding to train and develop the mental health workforce for children and young people services. Ambitious targets should be set to recruit and train staff and develop the career pathways to retain staff.	ICB and Provider Collaborative	July 2024
	Tracking		

R025	**Recommendation 26:**	Cabinet Member for Children, Young People and Families	
	c) Council agrees that the Executive Member reports on progress towards achievement of these recommendations no later than May 2024. Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.	Cabinet Member for Adult Social Care Cabinet Member for Social Justice, Community, Safety and Equalities	July 2024
	d) Council endorses that ICB, working with the Provider Collaborative co-ordinates the NHS reports on progress towards achievement of these recommendations no later than May 2024. Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented. The Committee will want to understand how young people have been involved in the co-production of the response and implementation of the recommendations.	David Melbourne, Chief Executive Birmingham and Solihull ICB.	July 2024

5 Appendix 1 Terms of Reference

5.1 Work Outline and Terms of Reference

Children and Young People's Mental Health Inquiry

Health and Social Care Overview and Scrutiny Committee (Lead) / Education and Children's Social Care Overview and Scrutiny Committee Task and Finish Group

Our key question:	How well are children with a diagnosed mental health condition supported across the mental health system with timely access to appropriate services and what is the service offer and pathways for children and young people in psychological distress without a diagnosed mental health condition to access appropriate support?
1. How is O&S adding value through this work?	"There were an estimated 220,635 children aged 5 to 18 years in Birmingham in 2018, this equates to 19.3% of the total population of the city." (from Children and Young People 2019 Joint Strategic Needs Assessment p.28) "The Mental Health of Children and Young People Survey 2017 finds that nationally, one in eight children and young people aged 5 to 19 years have at least one mental disorder. The prevalence of mental health problems rises with age, with 9.5% of children aged 5-10 years experiencing a mental disorder compared to 16.9% of those aged 17-19 years old*. Emotional disorders are the most prevalent type of mental health problem experienced by those aged 5-19 years old (8.1% of all children), followed by behavioural disorders (4.6%) and hyperactivity disorders (1.6%). In Birmingham the estimated prevalence of mental health disorders in children and young people (5-16 years) is 10.3% (England 9.2%, West Midlands 9.7%) Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives. Alarmingly, however, 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age". (from Children and Young People 2019 Joint Strategic Needs Assessment p. 34/35) The data above refers to the period prior to the COVID-19 pandemic. The information below highlights the impact the pandemic has had on CYP mental health at a national level.

Mental Health Survey for Children and Young People, 2021 (MHCYP 2021), wave 2 follow up was based on 3,667 children and young people who took part in the MHCYP 2017 survey, with both surveys also drawing on information collected from parents. The survey explored the mental health of children and young people in February/March 2021, during the Coronavirus (COVID-19) pandemic and changes since 2017. Key finding from the survey were:

- Estimated rates of mental disorders have increased since 2017; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%) and in 17 to 19 year olds from one in ten (10.1%) * to one in six (17.4%) Rates in both age groups remained similar between 2020 and 2021.
- 10.6% of 6 to 16 year olds missed more than 15 days of school during 2020 Autumn term. It is estimated that children with a probable mental issue were twice as likely to have missed this much school (18.2%) as those unlikely to have a mental issue (8.8%)
- 39.2% of 6 to 16 year olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17 -to 23 year olds, 52.5% experience deterioration, and 15.2 % experienced improvement.

Information published by the Health Foundation in February 2022 set out:

- After schools closed due to COVID-19 and ways of accessing GPs changed, new referrals to CYPMHS fell sharply (by 35% in April 2020 compared with the year before). However, about a year later, these reached a new high of 100,000 per month.
- In 2021, 24% more patients were in contact with CYPMHS compared with 2020, and 44% more than in 2019 (based on the January to September period) This includes patients waiting to be seen, suggesting CYPMHS may be struggling to meet demand **
- Data on waiting times for CYPMHS are not routinely published apart from certain services such as eating disorders, where fewer than half of those younger than 18 were seen within the target times in 2021.
- There are signs that the CYPMHS workforce is growing in line with young people in contact: both increased by about 40% between January 2019 and April 2021.

Key points from the Health Foundation's Networked Data Lab about Children and Young People's mental health highlighted three key areas:

- Rapid increases in mental health prescribing and support by GPs.

	• The prevalence of mental health issues among adolescent girls and young women • Stark socioeconomic inequalities across the UK Taking a systems approach across health, children's social care, education and third sector providers the Inquiry will scrutinise the services and planning of partners to ensure the resources for mental health across the system are used effectively and efficiently to meet the needs of young people with mental health needs. Grand Challenges addressed: • Health and well-being • Opportunities for children and young people Corporate Plan Priorities: • A city that is Healthy and Inclusive
2. What needs to be done?	**Key questions:** • What is the definition of mental health and how does this affect the demand for mental health services? How is this communicated to the public and service users? • 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? • What funding is available for mental health services and how does this compare to other areas e.g., core cities? • What are the referral routes, assessment processes and support for CYP with psychological distress and those with a diagnosed mental health condition? • What are the expectations of children and young people and their parents and carers in relation to their mental health need? • What support and advice is available to parents / carers? • How are the mental health needs of children and young people in care and care leavers being met? • 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? • How do services meet the needs of those who experience the disadvantage / barriers to services / are most vulnerable? (Consider case studies / patient stories) • What can we learn from other areas? Examples of best practice • Work force planning to enable continuity of care – NHS, Social Care, Education and third sector. **Equalities Impact**

	This will be considered at the first meeting of the Task and Finish Group monitored throughout the course of the inquiry.
	Evidence to be requested from: All Members Cabinet Members Public Call for evidence Birmingham Women's and Children's NHS Foundation Trust / Provider Collaborative (Commissioner of Tier 4 beds) Forward Thinking Birmingham (FTB) (HASC Committee October) Integrated Care System Primary Care / GPs / Primary Care Networks Birmingham City Council Education and Children's Services Birmingham Children's Trust (Education and Children Social Care Overview and Scrutiny Committee 30/11/22) Acute Trust – UHB University Hospitals Birmingham NHS Foundation Trust Schools (including NHSE Mental Health Support Team Pilots in Bham schools) Birmingham Safeguarding Children's Partnership (Quality Assurance Group) (Independent Chair attending Education and Children's Social Care Overview and Scrutiny Committee 30/11/22) Third Sector Providers Mentally Healthy City Forum Lived Experience / views of YP – Census / Healthwatch Report / Fit for Brum (FTB) Previous consultation / engagement Public health Birmingham Community Health Trusts Samaritans MIND Papyrus LGBT Switch Birmingham LGBT Black Mental Health Foundation – Young Black Minds Women's Aid West Midlands Police West Midlands Ambulance Service Research from Universities / National Mental Health organisations. **Committee Meetings planned in work programmes:** Forward Thinking Birmingham attending Health and Social Care OSC 18.10.22 Birmingham Children's Trust and Birmingham Safeguarding Children's Partnership attending Education and CSC OSC October 22
3. What timescale do we propose to do this in? (TBC)	Report to City Council in June 2023. The Task and Finish Group will review the terms of Reference mid-way through the evidence gathering process to decide if the scope should

	be changes to focus on specific issues based on the initial evidence received.
4. What outcomes are we looking to achieve?	Develop recommendations to Cabinet and ICS that will: Improve access and ensure clear multi-agency pathways / referral routes for CPY with mental health needs. Ensure effective and efficient use of resources across the mental health system and develop the capacity of the mental health system to respond to need and consider work force planning.
5. What is the best way to achieve these outcomes and what routes will we use?	To ensure that there is involvement of members from the Health and Social Care OSC and the Education and Children's Social Care OSC a task and finish group has been established to undertake this inquiry. The Inquiry will gather evidence through reports to Committee meetings (all members of the Task and Finish Group will be invited for this item) and Task and Finish Group meetings

5.2 Member / Officer Leads

Lead Member:	Cllr. Brown Chair of Task and Finish Group Cllr. Tilsley, Deputy Chair of Task and Finish Group
Membership of Task and Finish Group	Cllrs: Brown, Hartley, Moore, Tilsley, Bermingham, Pritchard, Morrall
Lead Officer:	Fiona Bottrill

6   Appendix 2

Summary of Responses to Be Heard Survey

When do children and young people need mental health support? Tick all the words that you think mean that a child or young person has mental health needs:

	Young People (5 responses)	Parents / Carers (25 Responses)	Staff / Volunteers (24 Responses)	Elected Members (2 Responses)
Anxiety	5	23	19	2
Autism	4	21	14	1
ADHD	4	16	15	1
Bipolar Disorder	5	21	20	2
Bullying	5	20	18	2
Crying	1	13	13	1
Cost of Living Crisis	4	12	14	1
Depression	5	24	23	2
Distress	3	18	20	2
Eating Disorder	5	21	23	2
Hearing Voices	5	20	23	2
Isolation	4	17	17	2
Managing Emotions	5	21	18	1
Neurodiversity	4	18	14	1
Not Sleeping Well	4	16	16	2
OCD	4	22	22	2
Personality Disorder	5	21	20	2
PTSD	5	23	23	2
Relationship Problems	3	14	15	2
Sadness	2	13	12	2
Schizophrenia	5	21	20	2
Self-Harm	5	23	22	2
Stress	4	17	19	2
Trauma	5	19	23	2
Upset	2	13	12	1
Worry	2	15	15	1

Responses form Children and Young People (5 Responses)

1. If a young person in Birmingham needs mental health support how easy is it for them to get the help they need?

Very Easy	Quite Easy	Quite Difficult	Very Difficult	Don't know
	1	1	3	

2. Where do young people in Birmingham go to access mental health support? If you needed mental health support, using the list below Top 5 - Rank in order of who you would go to first? (1 = first place you would go for support)

RANK	1	2	3	4	5
Parent	1	2	1		
Other Family member					
Friend	1	1			
Peer support					
Trusted Adult					
Pause Drop In or booked sessions At Digbeth or Sparkbrook Hubs					
Charity e.g. MIND					
Crisis Support					
Surgery (e.g. GP or Nurse)		1	1		
Someone at school	1				
Online support e.g. Kooth					
Social Media	1				
Accident and Emergency Service at Hospital					
Emergency Service e.g. Police, Ambulance					
Other professional e.g. youth worker, social worker					
Don't know			1		
I wouldn't ask for support		1	1		
I find it difficult to ask for support	1		1		

3. If you have accessed mental health support from an organisation how much did it help you?

Very Helpful	Quite Helpful	Not very Helpful	Not at all Helpful	Don't know /Waiting for Support	I haven't accessed support
1	1	1	1	1	

Responses from Parents / Carers: (25 Responses)

1. How easy is it for parents and carers to find out about the mental health support that is available for children and young people in Birmingham?

Very Easy	Quite Easy	Quite Difficult	Very Difficult	Don't know
1	2	9	11	2

2. How easy was it for your child to get the support they needed?

Very Easy	Quite Easy	Quite Difficult	Very Difficult	Don't know
1		6	15	3

3. If your child has accessed mental health support has this support been helpful?

Very Helpful	Quite Helpful	Not very Helpful	Not at all Helpful	Haven't accessed support	Don't know
2	4	4	10	5	

4. Have you found information, advice or services that supports parents / carers who support a child with mental health needs?

Yes	No
7	18

Workers / Volunteers: (28 responses)
Birmingham City Council 5
NHS 8
from Schools 9
Voluntary and Community Sector 5
Other 1

1. Do children and young people know how to access mental health support?

Yes	Sometimes	No	Don't know
	17	6	1

2. If a young person is experiencing psychological distress and does not have a mental health diagnosis are they able to access the support they need?

Yes	Sometimes	No	Don't know
2	6	12	4

3. If a young person has a diagnosed mental health need are they able to access the support they need?

Yes	Sometimes	No	Don't know
3	13	7	1

4. Do you think parents / carers know how to access mental health support for their children?

Yes	Sometimes	No	Don't know
	17	6	1

5. As a person who works with or volunteers with children and young people, do you know what information / advice to provide to a child or young person to enable then to get the mental health support they need?

Yes	Sometimes	No	Don't know
12	8	3	1

6. Who would you refer a child / young person to get mental health support?

(Free text response – 15-word limit)
Summary of Responses:

I would refer to	Number of Responses
School Learning mentor, Designated Safeguarding Lead, Learning Mentor, Pastoral Team, MHFA in school	5
NSPCC	1
GP	8
FTB	10
STICK	3
Pause	5
Mind	2
NHS 111	1
A&E In an emergency	2
Ask parents to contact GP	1
Child line	1
Papyrus	2
Children's Society	1
Support for parents	1
NHS	1
Youth Service	1
Social Services	1
Council Mental Health Department	1
Child and Adolescent Mental Health Services	1
Healthy Minds	1

Would refer if had information about how to	1

9) Please provide any other information to inform this inquiry.
(Free text – 100 word limit)

Summary of Responses:

There is an increase in mental health need.

There is a sharp increase in mental health worries at school, where we have selectively mute children, anxious children, children who refuse to come school, crying every day. Children who are extremely body conscious, panicked, worried all the time, depressed.

There is an increase in tummy aches and minor illnesses where we as a school cannot identify real reason for absence but know there is more happening behind the scenes at home. Cost of living, family breakdowns, bereavements all have contributed to these issues. There are not enough services to support these families.

Early help services are hard to access and serve as a signposting service, so families are on this merry go round of signposting without actually getting any help, and just give up at the end.

Training for school staff on mental health

Long waiting time, Patients wait months, missing school, mood /anxiety deteriorating. Patients wait a long time to get an assessment, before then being put on a second long waiting list

It is difficult for young people with autism to get mental health support.

Children and young people can't get the support they need and organisations 'pass them on' An example was given of a parent has recently visited her GP as her child (6 years old) is self-harming. The GP told the parent to come to school for support. We provide education. Children are bounced from the school to their GP back and forth as there are systemic failures.

GP referrals are rejected or take months to reach appointment. The care is bad even with a suicidal child.

GPs often feel forced into giving anti-depressants as the waiting times are so long and the children/families are desperate.

There needs to be way more funding, clinicians and actual personalised support not just a drop in with a different random person every time.

The acute trust regularly have young people in acute hospital bed waiting for mental health beds.

Mental health services need to be quicker to access so that the impact of mental health difficulties in teenagers does not continue into adulthood.

Young people have no faith in the services that are offered to them as staff turnover is often so high, trusting relationships cannot be built.

Lack of focus on prevention in Children's Services in BCC,. Families are often left in states of crisis, being told that services are at their limits and
they need to wait.

Young people have no faith in the services that are offered to them as staff turnover is often so high, trusting relationships cannot be built.

Lack of empathy from staff responding to telephone call when a young person is in a crisis.

Housing is in extreme crisis, which has a direct impact on our children's mental health and wellbeing. Families are living in abhorrent living conditions

Parents also need to access support.

Elected Members (2 Responses)

1. How often is the issue of children and young people's mental health raised with you at your case work?

Never	Rarely	Sometimes	Very Often	Always	Don't Know
		1	2		

2. Do you have the information you need to respond to inquiries regarding CYP mental health?

Yes	No
	2

3. If your case work has involved a child or young person with mental health needs, have they been able to access the support they need?

Yes	Sometimes	No	Don't Know
	1	1	

4. Please provide any other information to inform this inquiry
   (Free text 100 word limit)

Summary of Responses

There should be more facilities for mental health patients.
Sometimes patients get sent to far away hospitals where its difficult for the families to visit them and offer support.
Whilst I believe mental health services for children are improving across the city, I do feel that waiting lists and severity of need do have an impact on what children can have access to these services.

I feel that early intervention services are needed, with greater training opportunities for front line workers to be trained in supporting early well-being/mental health concerns for children/young people to try and alleviate services being overrun with long waiting lists.

I feel that educational settings need to be better equipped to support children who are facing adverse child experiences (ACEs) to attempt to reduce the impact on these children. Educational settings see each child more than any other service and therefore funding into pastoral workers, emotional well-

being sessions, extra curricula activities- with a focus on overall well-being etc. I think would be a great investment into the children of Birmingham's future.

7 Appendix 3: Contributors

Aquarius

Birmingham and Solihull ICB

Birmingham Children's Trust

Birmingham City Council Approved Mental Health Practitioners Service

Birmingham City Council Public Health

Birmingham Education Partnership

Birmingham Educational Psychology Service

Birmingham Voluntary Sector Council

Birmingham Women's and Children's NHS Foundation Trust

Children and Young People

Community Connectors

Forward Thinking Birmingham

Mental Health Provider Collaborative

Parents and Carers

Primary Care

University Hospital Birmingham NHS Foundation Trust

University of Birmingham

West Midlands Police

West Midlands Ambulance Service

8 Appendix 4: Mental Health Support for Young People

If you or a young person you know needs urgent mental health support, you can call 0300 300 0099 and you will be able to speak to someone. You can also contact the Birmingham and Solihull 24/7 crisis number 0800 915 9292.

Other support is available from:
Crisis Café: The Crisis Café is run by MIND and is currently available through the Birmingham and Solihull 24/7 helpline: 0800 915 9292
Message a test line: If you do not want to talk to someone over the phone, these test lines are open 24 ours a day every day.
Shout Crisis Test Line – for everyone: Text 'SHOUT' to 85258

Youngminds Crisis Messenger for people under 19: Text 'YM' to 85258

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