Children and Young People's Mental Health and Emotional Wellbeing Strategy 2016-2021

South Gloucestershire
Council

Contents

Foreword

Thank you for taking the time to read this strategy. Its focus is improving the mental health of children and young people in South Gloucestershire. Please don't put it down without answering the question, ***"How can I help and/or how can I make sure that my employer/organisation helps as well?"***

Mental health services are a neglected part of our health and care system, children's services more so, and preventative services and interventions that promote positive mental health and wellbeing are rarely priorities. For the reasons set out in this document we need to change the culture and turn this around.

This is not the responsibility of just one agency or even of 'the health and care system', it is a responsibility we must all share in, and we must all work together to deliver.

Children are our future; investment in childhood mental health and wellbeing has huge personal, clinical and financial returns. This is especially important as the number of children in South Gloucestershire is predicted to increase significantly in the next five years.

So whether you are a commissioner or provider, a service user or a practitioner, a parent, adult or young person, please consider how you can be part of changing the culture and ensuring that mental health in general, and children's mental health in particular, is given the energy and attention it merits to positively impact on the lives of everyone in South Gloucestershire.

Please feel free to contact me directly if you have any questions, comments, or ideas.

Yours sincerely,

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1. Our vision

All children and young people in South Gloucestershire are able to enjoy good mental health and emotional wellbeing.

Aim

In accordance with this vision, our aim is that agencies will **work effectively together** to:

- enable children, young people and their families to be supported to **manage their mental health positively**;
- **create a supportive environment and culture** which promotes and encourages good mental health;
- **support** children's workforces to **fulfil their professional duties** around young people's mental health;
- give equal weight to **prevention and early intervention** as treatment;
- ensure opportunities to promote and improve mental health are available for all ages, and at **all stages of their development**;

- ensure those with mental health issues have access to **timely, integrated, high-quality, multi-disciplinary mental health services** at the appropriate level, when most needed;

so that children and young people have the opportunity to thrive and grow up to be happy, confident and resilient adults.

Principles

We will observe the following **principles** in achieving this vision:

- to work collaboratively across different sectors and agencies;
- to engage with children, young people and their parents and carers in the planning and reviewing of mental health services;
- to ensure services are founded on evidence based practice, where possible;
- to consider the life-course approach to mental health and emotional wellbeing;
- to provide consistent and safe interventions;
- to focus on maintaining good mental health as well as treatment of mental health issues;
- to work to reduce inequalities in mental health;
- to share and learn from best practice, where possible.

2. Introduction

Developed in response to South Gloucestershire's Children and Young People's Mental Health and Emotional Wellbeing Needs Assessment, this document outlines the strategic vision and priorities for Children and Young People's Mental Health and Emotional Wellbeing for South Gloucestershire and maps out how this will be achieved.

"…we want all children and young people to have the opportunity to achieve and develop the skills and character to make a successful transition to adult life. Good mental health is a vital part of that."
Sam Gyimah, Foreword, Future in Mind, pg 5, 2015

Rationale

Mental health impacts on all aspects of life, including quality of life, emotional wellbeing, physical health and even length of life. Mental health of children and young people in particular, also affects a child's development including their cognitive abilities, their social skills as well as their emotional wellbeing.[1] In 2012, the Health and Social Care Act placed mental health on a par with physical health with the duty of Parity of Esteem, with an emphasis on both recognising the interface between physical and mental health *and* on valuing physical and mental health equally.

Box 1: Outcomes associated with improved mental health
• Improved physical health and life expectancy • Improved learning and educational attainment, including lower truancy rates • Lower rates of smoking and drug and alcohol abuse • Lower uptake of risky sexual behaviours • Stronger social relationships • Improved social communication • Improved employment prospects and rates • Lower crime rates and lower risk of offending • Reduced costs for the individual, their families, the health system and wider economy

One in ten children and young people aged 5-16 years, suffers from a diagnosable mental health disorder[2] and more than half of all adults with mental health problems were diagnosed in childhood, with less than half treated appropriately at the time.[3]

"Our childhood has a profound effect on our adult lives. Many mental health conditions in adulthood show their first signs in childhood and, if left untreated, can develop into conditions which need regular care."
Norman Lamb, Foreword, Future in Mind (2015; page 3)

Children and young people's mental health and wellbeing is a complex issue with many influencing factors including peer, parental, educational and societal influences.[4] The social and biological influences on a child's health and brain development begin even before conception and continue through pregnancy and the early years of life.[5] This emphasises the importance of early

intervention, not just in the early years and during childhood but also looking at the physical health and mental health of parents, supporting the need for a life-course approach to addressing mental health. Consideration of the wider socio-economic, cultural and environmental conditions which impact on mental health is also vital.

"By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does."
No Health Without Mental Health (2011; page 2)

The economic case for investment is strong.[6] The total cost of mental health problems in England have been estimated at £105 billion, including the direct costs of services and indirect costs associated with lost productivity and reduced quality of life.[7] Mental ill health is the single largest cause of disability in the UK. Child mental health disorders produce costs across the health, education and social care system as well as in the community, police, criminal justice and welfare systems. Investing early with effective intervention will save money in the NHS and wider society. Early intervention avoids young people falling into crisis, avoiding expensive and longer term interventions in adulthood.[8]

[1] Youngminds *What's the problem?* [online] Available at: http://www.youngminds.org.uk/

[2] Green, H., McGinnity, A., Meltzer, H., et al. (2005). *Mental health of children and young people in Great Britain 2004*. London: Palgrave. [online] Available at: http://content.digital.nhs.uk/pubs/mentalhealth04

[3] Kim-Cohen, J., Caspi, A., Moffitt, TE., *et al* (2003): *Prior juvenile diagnoses in adults with mental disorder*. Archives of general psychiatry, Vol 60, pp.709-717.

[4] Hull CCG and Hull City Council (2014) *Children and Young People's Mental Health and Wellbeing: A Joint Commissioning Strategy for Hull* [online] Available at: http://www.humber.nhs.uk/Downloads/Services/CAMHS/Children%20and%20Young%20Peoples%20Strategy.pdf

[5] Report of the Children and Young People's Health Outcomes Forum (2012) [online] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216852/CYP-report.pdf

[6] Department of Health (2015) *Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing* [online] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

[7] Centre   for Mental Health (2010) *The Economic and Social Costs of Mental Health Problems in 2009/10* [online] Available at: https://www.centreformentalhealth.org.uk/economic-and-social-costs-2009

[8] Department of Health (2015) *Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing* [online] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

3. National and local context

National picture

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Box 2: Key national statistics [9],[10]

- 1 in 10 children aged 5-16 need support or treatment for mental health problems
- The most common diagnostic categories are:
  - conduct disorders characterised by awkward, troublesome, aggressive and antisocial behaviours (5.8% of children and young people affected)
  - anxiety (3.3%)
  - hyperkinetic disorder characterised by inattention and over activity (1.5%)
  - depression (0.9%)
- 70% of children and adolescents who experience mental health problems have not received appropriate interventions at a sufficiently early age
- In 2014/15, there were over 26,000 hospital admissions as a result of intentional self-harm in 0-19 year olds; a 40% rise compared to 2005/06.
- Over 50% lifetime cases of mental health illness (excluding dementia) start by the aged of 14 and 75% by age 18

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National policy drivers

This strategy has taken into account a number of key national policy documents, guidance and strategies.

The most influential of these is the recently published *Future in Mind*.[9] This report emphasises the need to build resilience, promote good mental health, and prevention and early intervention to safeguard the mental health of children and young people. It sets out key proposals to transform the design and delivery of services for children and young people with mental health needs. In line with proposals put forward in this report, NHS England (NHSE) has developed a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next five years, with funding provided to Clinical Commissioning Groups (CCGs) to carry out this work. A key aspiration outlined in this report is to see a change in how care is delivered, moving away from the traditional four tiered system and towards a new method which groups children and young people according to their level of need, allowing children and young people to move more flexibly around and between services.

In *No Health Without Mental Health* (2011),[1] a cross-government strategy to improve mental health for people of all ages, the importance of taking the life-course approach to improving the mental health and wellbeing of the population is stressed. This highlights the importance of intervening in the early years of life and even before, and drawing attention to the impact of poor mental health in childhood on later years and adulthood. Emphasis is also placed on establishing parity of esteem between physical and mental health services, in terms of availability and accessibility.

Closing the Gap: Priorities for Essential Change in Mental Health (2014)[2] supports the long-term ambition for mental health change outlined in *No Health Without Mental Health*, by focusing on what can be done in the short-term. It focuses on changes in local service planning and delivery in the next two or three years and identifies 25 areas where people can expect to see, and experience, the fastest changes. It challenges the health and social care community to step-up its efforts around mental health promotion and prevention, including a focus on support during maternity, early years and throughout school.

More general national documents also make reference to the importance of children and young people's mental health, including *Fair Society, Healthy Lives* (2010) which stresses the importance of reducing inequalities in the early years of physical, emotional, cognitive, linguistic and social development. The *CMO's Annual Report* for 2012 focuses on children and young people and makes a specific recommendation to improve data collection of mental health problems among children and young people.

Local strategic background

This strategy responds to the recommendations outlined in South Gloucestershire's Children and Young People's Mental Health Needs Assessment, completed in March 2016. It will work alongside the Adult Mental Health Strategy 2016-2021 and in particular acknowledges the importance of a joined up approach to addressing the mental health of those aged 16-25 years, in terms of prevention, new presentations and those transitioning from child to adult services. Flexible and accessible child and adult services are required to allow those aged 16-25 years to access services appropriate to their needs rather than their age. This strategy will complement existing strategies, including South Gloucestershire's Partnership Strategy for Children and Young People 2012-16, the 2016 Joint Strategic Needs Assessment* and the Joint Health and Wellbeing Strategy 2013-2016, which is currently being refreshed.

It also recognises the work of South Gloucestershire's Early Help Strategy, Child Poverty Needs Assessment and Strategic Action Plan (*in development*), the Special Educational Needs and Disability (SEND) Strategy and the work of the Autism Strategy Group, all of which identify achieving good mental health for children and young people as central to their vision, as well as the Carers Strategy which is currently in development.

* Informed by the South Gloucestershire Children and Young People's Mental Health Needs Assessment

Challenges

Providing important context to this strategy are the current resource and budgetary challenges, with savings being made across local government thus providing considerable pressure on public services. Against this challenging background, there is some optimism; mental health has been identified as a public health priority in South Gloucestershire and there has also been some additional investment over recent years, including funding for a transformation programme to improve child and adolescent mental health services (CAMHS), which is being led by South Gloucestershire Clinical Commissioning Group and has been incorporated into this strategy. However, many challenges remain in terms of children and young people's mental health and the

overall picture, from prevention and early intervention through to inpatient services, are currently inadequate.

It is acknowledged that mental health is an outcome of a set of multiple, complex factors, that extends beyond the mental health care system. In addressing children and young people's mental health, consideration should be given to the wider socioeconomic, cultural and environmental factors which impact on mental health. This includes addressing not only risk factors, such as child poverty and crime, but also identifying and building on protective factors, such as the use of open spaces and the important role of positive activities, for example, sport, music and drama clubs and youth groups. We also recognise the importance of developing a supportive and compassionate culture alongside a focus on positive, strong networks, personal assets and problem solving abilities. Our approach to children and young people's mental health, needs to work in this context.

Strategy development

This strategy has been informed by national and local policy guidance; the South Gloucestershire's Children and Young People's Mental Health Needs Assessment and builds on the good practice already provided locally. It takes into account the views and experiences of a wide range of stakeholders, including children and young people, their families and carers. This was achieved through a number of events, focus groups and the school based online pupil survey. Box 3 summarises the stakeholders involved in development of this strategy.

Box 3: Stakeholders working in partnership

- Children and young people
- Parents and carers (including young carers and young adult carers)
- Voluntary and community sector organisations
- Schools, colleges and academies
- South Gloucestershire Council including the Public Health division
- South Gloucestershire Clinical Commissioning Group
- NHS England
- Provider organisations

No single organisation can effectively improve the mental health and wellbeing of South Gloucestershire's children and young people alone. Partnership working is therefore vital for ensuring everyone is working towards a shared vision and strategic approach, thus increasing the likelihood of the strategy's success. This is particularly pertinent against the current backdrop of financial challenge across education, health and social care systems, where innovative approaches and new ways of working may be required.

Considering the local picture of need, national drivers, wide ranging impacts of poor mental health and emotional wellbeing in children and young people and the costs to individuals and the wider economy, children and young people's mental health is clearly a priority. There is a need to provide a collective and collaborative vision to improve the mental health and emotional wellbeing of children and young people in South Gloucestershire over the next five years.

Governance and accountability

The South Gloucestershire Children and Young People's Mental Health Strategy Group will oversee the development and implementation of this strategy. This group reports to the South Gloucestershire Children, Young People and Families Partnership who have oversight of the strategy. The South Gloucestershire Health and Wellbeing Board and Children, Adults and Health Committee will also be kept informed of ongoing strategic developments.

A public consultation on the strategy ran from 11 October to 6 December 2016. This included an online survey and paper copies at libraries and one stop shops, and consultees were also invited to respond by email, telephone or post. You can view the consultation here: https://consultations.southglos.gov.uk/consult.ti/MentalHealth/consultationHome. An equalities impact assessment has also been completed and is available at: http://www.southglos.gov.uk/jobs-and-careers/equal-opportunities-information/equality-impact-assessment-and-analysis/

In addition, there will be an ongoing engagement process via a range of established groups, such as the Youth Board, Young Carers Voice and Parent Carer forum, as well as through a proactive programme of user engagement.

Figure 1: Governance and accountability arrangements for the Children and Young People's Mental Health Strategy
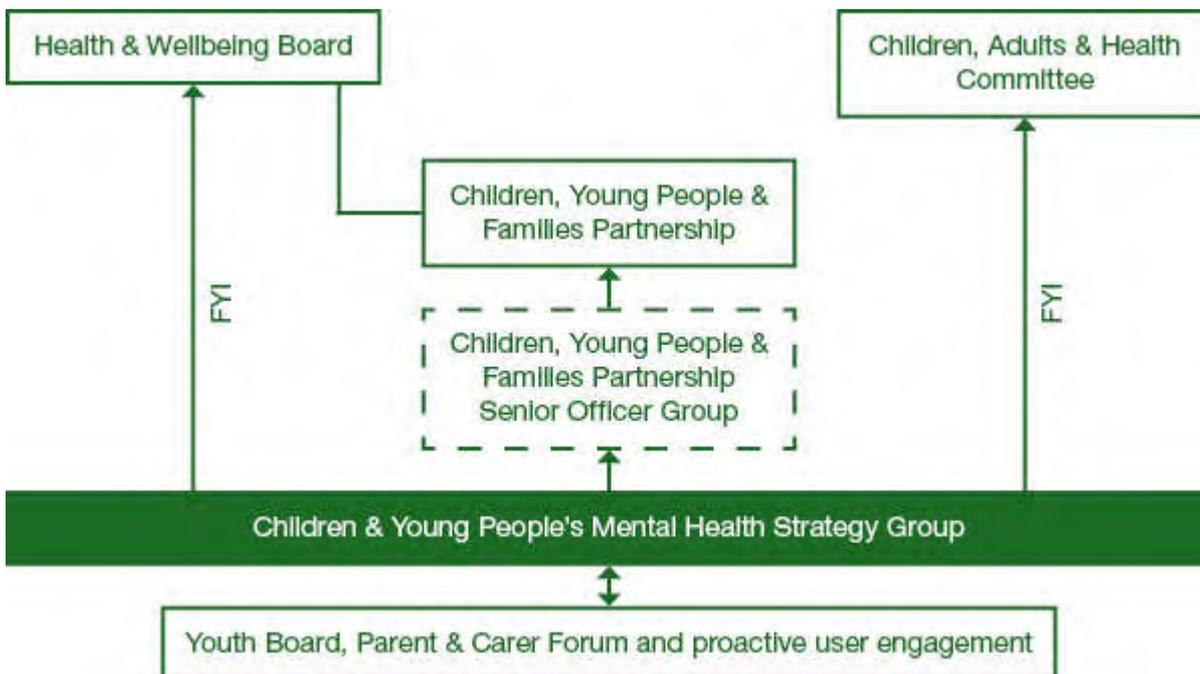
[9] HM Government (2011) *No health without mental health* [online] Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

[10] Department of Health (2014) *Closing the gap: priorities for essential change in mental health* [online] Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf

4. What is the identified local need?

Box 4: Key local statistics
The population for children and young people in South Gloucestershire is projected to increase by 16% over next 20 years: • 0-24 year olds: will increase from 80,860 in 2014 to 93,700 by 2034; • 0-19 year olds: will increase from 64,200 in 2014 to 74,500 by 2034. National estimates for mental health disorders suggest that in South Gloucestershire: • 4,800 children aged 5-19 years have a mental health disorder • prevalence is higher amongst boys except for emotional disorders which are higher amongst girls • 1,895 school aged children have a conduct disorder (characterised by awkward, troublesome, aggressive and antisocial behaviours) • 1,240 school aged children (5-16 years) have an emotional disorder (e.g. anxiety, depression and obsessions) • 535 have a hyperkinetic disorder (involving inattention and over activity) • 465 have a less common mental disorder

There are certain groups of children and young people who, due to their individual circumstances and/or presentation, have an increased risk of developing emotional health and mental health problems and experiencing poor health outcomes. Their needs and risks may differ to the general population and many may have experienced significant trauma in their lives (e.g. asylum seekers and refugees or children who have suffered abuse), which are important considerations when identifying and addressing the needs of these groups. Services and children's workforces must take this into account and aim to prevent long-term health inequalities. A list of vulnerable groups are listed in box 5, though this may not be exhaustive and a flexible approach to identifying emerging vulnerable groups is required.

Box 5: Vulnerable groups
Children and young people who:

• are in care (i.e. looked after children) • are in the criminal justice system • have special education needs and disabilities (SEND) • have a life limiting illness or long term condition • are lesbian, gay, bisexual or transgender • are from black and other ethnic minority groups • are from low-income households, of parents with no education qualifications or from households with no working parent • have physical and mental health needs • have social and communication difficulties • are in supported housing and accessing floating support	• have a parent with a mental health problem • are not in education, employment or training (NEET) • are misusing substances • are teenage parents • are refugees or asylum seekers • are in gypsy and traveller communities • have suffered abuse or neglect, including those seeking refuge • have eating disorders • experience bullying • are young carers • have suffered bereavement and loss • are transitioning from child to adult services

A broad range of agencies and organisations, both from the statutory and voluntary sectors, provide children and young people's mental health and emotional wellbeing services across South Gloucestershire. Although data on actual numbers of children and young people accessing mental health services is either not complete or not available, it is suggested that there is unmet need at the various levels of mental health support (table 1).

Table 1: Estimated number of South Gloucestershire Children and Young People requiring support

Mental health support required	Estimated no.
Prevention and promotion activities and strategies: information provision, resilience building, self-management, support and information for parents and carers	64,200
Protective activities and strategies and early intervention: signposting, self-management and one-off contact	8,560
More specialist mental health support: for example, primary mental health specialists, talking therapies	3,995
Extensive treatment: specialist multidisciplinary outpatient services: provided by CAMHS	1,060
Highly specialised inpatient and intensive community treatment services: provided by CAMHS	45

5. What have people told us?

A number of stakeholder events were held to obtain the views of children and young people, parents and carers, professionals and others who may have involvement with children and young people. This engagement found a broad range of views were expressed but a number of priorities were consistently identified.

An important theme to emerge from the engagement was the need for a **joined up care pathway** that is clearly mapped and understood by professionals and public and an understanding of services and support available to all, regardless of whether a clinical diagnosis has been received.

"Systems are too disjointed and take too long."

"We need clearer, more defined pathways."

The importance of focusing on **prevention, promotion and early intervention** was emphasised. Suggestions included more information and training for both parents and children in understanding what mental health is and promoting and managing mental health positively, in addition to specific work with children around the risks and opportunities of social media, working with schools to address exam and academic pressures, campaigns to address stigma and bullying and using approaches that consider the context of the whole family.

"Health services should work with schools to support education."

"More could be done in terms of preventative work in schools."

"There is a lack of capacity that specifically relates to the offer of early help."

A need for **improved support** was highlighted, not just in terms of more capacity in the Child and Adolescent Mental Health Service (CAMHS) to treat more children and young people, but more services and capacity for those who do not meet the CAMHS thresholds. This will further act to reduce the pressures on CAMHS and enable those with greatest need to be seen in a timely way. In addition to support for schools and GPs, who hold much of the need for those sub-threshold, specific reference was made to the need for more community based support for mums experiencing mild peri- and post-natal depression and consideration for those transitioning into adult services.

"Lower-level support should be available for children who do not meet the referral thresholds for CAMHS."

Vulnerable groups were identified as a key priority, with a need for proactive support and development of protective factors for those children and young people most likely to experience mental ill health (e.g. children in care, children with disabilities, young offenders). There was also support for basic mental health awareness training for non-mental health professionals working with children and young people.

"There is an absence of positive mental health promotion in the wider workforce."

Engagement of children and young people and their parents and carers is a priority for this strategy and must be included in the development of local plans and services.

"Young people should be as involved as they can be."

6. Priority needs

- **Increasing demand** on services due to predicted population growth.
- Children and young people with specific **risk factors** are particularly vulnerable.
- **Significant unmet need** exists at all levels, particularly for those sub-threshold.
- **Preventative services** have a key role in stopping people becoming unwell and promoting positive mental health.
- Services must be **timely** to ensure access is available when needed.
- Services for **16-25 year olds** should be accessible, flexible and based on need.
- A **whole family approach** (including a focus on perinatal and maternal mental health) is crucial.
- **Clear, accessible information** on mental health and available services is required.

7. How will we achieve our vision?

The vision will be achieved through implementation of a broadly owned action plan to accompany this strategy document. The action plan addresses seven key priority areas, which are based on the five recommendations outlined in the Needs Assessment and two additional priorities, identified by the Strategy Group as key areas for achieving the vision:

1. Develop an integrated whole system approach
2. Promote resilience, prevention and early intervention
3. Improve access to effective support
4. Care for the most vulnerable
5. Workforce development for non-mental health specialists
6. Communication
7. Perinatal, infant and maternal mental health

Delivering change

Task and finish groups were established for each of the seven key priority areas, with multi-agency representation. Each group was responsible for identifying key activities for that priority area, which together form the first iteration of South Gloucestershire's Children and Young People's Mental Health Action Plan 2016-2021.

Although most of the task and finish groups are short life groups, disbanding after fulfilling their immediate purpose, some of the groups will continue to meet where necessary for progressing work in that area.

The action plan itself is a working, dynamic document, owned and monitored by the Strategy Group, who will be responsible for its implementation. It will be regularly reviewed and updated to ensure it is responsive to the current environment and local need and will be subject to performance monitoring review (see section 8). The target for the activities listed in the action plan will be spread across the five year period of the strategy, but at any given point in time, activities will have a particular focus on the short term (12-24 months). This approach will ensure activities are achievable and relevant, but does not discount the importance of the long term horizon which is focused on ensuring all children and young people are able to enjoy good mental health as reflected in the strategy's overall vision and aims.

Action plan overview

Key priority area 1: Develop an integrated whole system approach

Success of this strategy depends on ensuring there is an integrated whole system approach to achieving the vision. The main focus of this key priority area will be to oversee and support achievement of the remaining six priorities and provide coordination between them, recognising that each priority area should not stand alone. This priority area will also ensure that mental health is considered in the broader context of other key agendas such as education, housing, cultural services, the natural and built environment, criminal justice, and employment.

Key priority area 2: Promote resilience, prevention and early intervention

Achieving good mental health is not only about treating mental ill health but is also about maintaining good mental health through prevention and resilience building strategies, as well as early identification and intervention where problems have begun to emerge but individuals are sub-threshold for services. This priority area will consider the whole family context and the environments that surround them; it is focused on promoting positive mental wellbeing and building an individual's networks and abilities through childhood and helping to minimise mental illness later in life.

Key priority area 3: Improve access to effective support

The focus of this key priority area is to ensure a range of person-centred and flexible mental health services and support are available and accessible. A stepped care approach will be developed that allows for the matching of need to the right level of support thereby making the best use of our local capacity and ensuring that all children and young people and their families can access appropriate services when they need them.

Key priority area 4: Care for most vulnerable

The most vulnerable in society are at a higher risk of mental health problems. Understanding these risks, their specific needs and addressing them will help to promote good mental health amongst these groups and reduce inequalities. The planning, delivery of services and resources should be sensitive to their needs and a flexible approach is required to account for emerging need in this area. This approach will include developing services that have the ability to offer outreach in settings that suit young people's needs. The approach will also work to support existing positive relationships that vulnerable young people have, by helping key workers to manage risk via access to specialist support.

Key priority area 5: Workforce development for non-specialists

In order to provide universal promotion and prevention services and encourage early identification, training and support for those working with children and young people is vital. This area will focus on workforce development and support for non-mental health specialists, such as GPs, teachers and school nurses. These workforces have a range of needs and we aim to develop a comprehensive single training programme that meets these needs and is accessed by large numbers of the CYP workforce every year.

Key priority area 6: Communication

Although communication is a key feature of the other priority areas, there is a need for overall co-ordination and responsibility, hence its inclusion as a separate key priority. It will focus on provision of information to children and young people and their families, including how to manage mental health positively (including self-care) and what services are available. It will develop web content and campaigns and consider social media use both in terms of the risks but also the opportunities it presents.

Key priority area 7: Perinatal, infant and maternal mental health

Perinatal, infant and maternal mental health has a vital role in the mental health of children and young people with influences on health beginning before conception and continuing during pregnancy and the early years of life. Specialist services and targeted interventions are important for ensuring good mental health of not only the mother but also the child, hence inclusion of this key priority area. As with other parts of the mental health care pathway we will develop support for all levels of need ranging from information for all parents about looking after the mental health of their child and themselves but also more community based support and specialist support for those with the most acute needs.

Figure 2, based on Dahlgren and Whitehead's representation of the wider determinants of health, illustrates the factors identified as priorities for children and young people's mental health needs in South Gloucestershire and the interrelationship between those factors.

Figure 2: Achieving the vision
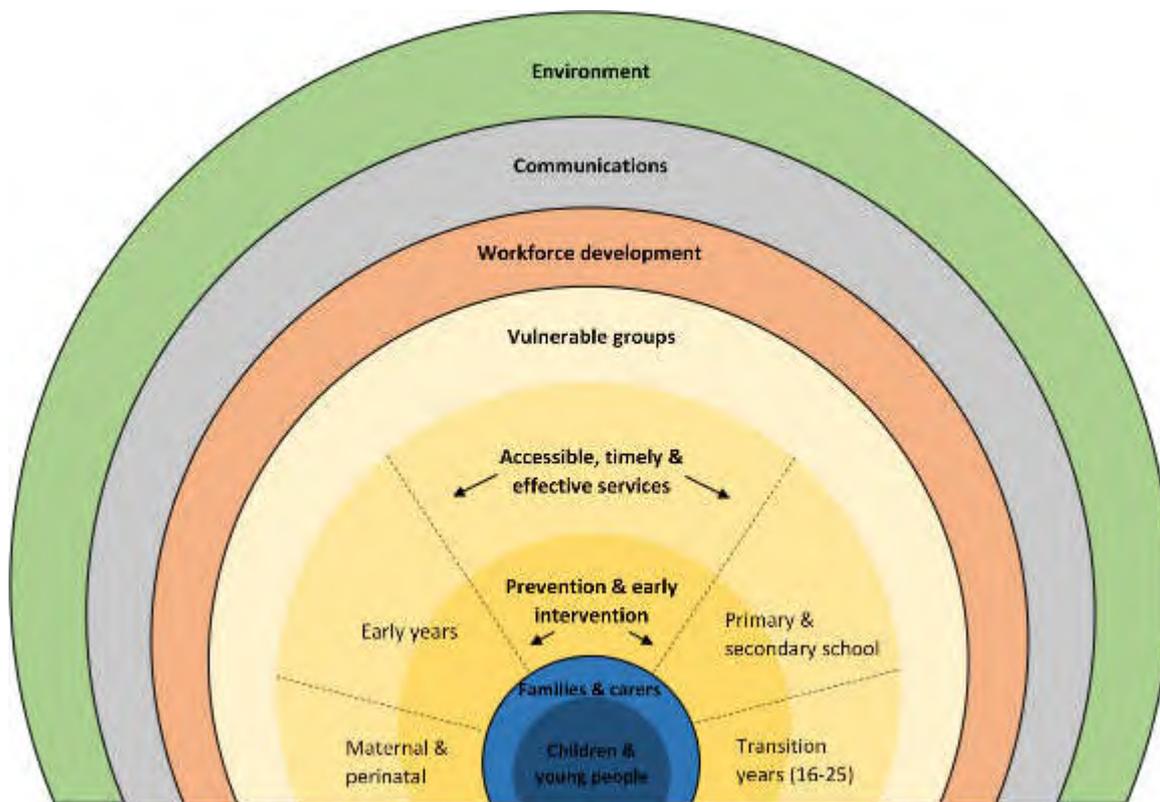
8. How will we know when we have been successful?

A set of key performance indicators will enable monitoring of progress against the strategy. They will be based on the seven priority areas, will be mapped against the action plan and will be specific, measurable, attainable, realistic and time-bound. The indicators underpin the aspirational statements presented in figure 3, which illustrate what success and 'good' will look like in achieving the vision.

The Strategy Group will be responsible for the ongoing planning and reporting cycle, which is fundamental to determining success, including an annual performance report of the key indicators and evaluation of services.

Figure 3: Aspirations for achieving the vision: what will success look like?

Mental health is everyone's business and will be understood and acted upon by all	All children and young people in South Gloucestershire will feel more confident and emotionally resilient

Children and young people in South Gloucestershire will feel able to manage their own mental health and manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs	Children, young people and their families accessing services will have a positive experience of care. They will experience accessible, equitable and flexible services that are centred upon their personalised choices and decision-making and allow them to move flexibly between the services depending on their need
Key workforces working with children and young people will feel skilled and equipped to support and signpost children who are showing signs of mental illness	Agencies will be working collaboratively to promote and improve the mental health of children and young people across South Gloucestershire
Services will be knowledgeable, high quality, evidence – based (where possible), safe and delivered at the right time, in the right place by the right people, by a trained workforce	People will know what choices are available to them locally, and who to contact when they need help. Communication will be clear and information provided in appropriate formats on what is available
Transition between services and onto adult services will be smooth and optimal for those young people and their families, who require ongoing care and care into adult life	Parents will understand how to support their children to be mentally healthy

9. Glossary

Below is a list of words and phrases explained in the context of this strategy.

Best practice

Procedures, interventions or ways of working that are accepted or considered as being the most successful or effective.

Care pathway

A standard way of giving care or treatment to someone with a particular diagnosis.

Child and adolescent mental health services (CAMHS)

Specialist NHS services that work with children and young people who have difficulties with their mental, emotional or behavioural wellbeing.[11]

Clinical commissioning group (CCG)

CCGs replaced the former Primary Care Trusts; they are responsible for buying the majority of healthcare services for their resident population, from emergency care through to community health services.

Early intervention

A process used to recognise warning signs for mental health problems and to take early action against factors that put individuals at risk. Early intervention can help people get better in less time and can prevent problems from developing or becoming worse.[12]

Emotional wellbeing

A positive sense of wellbeing which includes being happy and confident and not anxious or depressed.[13]

Evidence based practice

Where decisions about actions, treatment, care or interventions are based on the best available information, gathered by a systematic and critical review of the literature.

Inequality

Mental health problems can affect anybody but it can be more pronounced or more common in some groups of society than others, resulting in differences in mental health between particular groups.[14]

Intervention

An activity which is designed to either promote positive mental health and emotional wellbeing or prevent or treat mental illness, with the aim of improving the mental health and emotional wellbeing of that person.

Key performance indicator

A summary measure that describes a particular aspect of health or health system performance in order to enable comparisons over time to determine whether there has been any change in that area.

Mental health

A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.[15]

Parity of esteem

Parity of esteem refers to valuing mental health on the same level as physical health. This means that we have equal access to support, treatments and services if we have mental ill health as we would if we were physically unwell.[16]

Policy drivers

Policies, strategies and documents which guide what work needs to be done in that area to improve the health of the population.

Preventative services

Services, activities or interventions aimed at stopping people from becoming mentally unwell. Preventative services can be targeted at different groups of people: those at high risk, those whose risk is higher than the general population (i.e. they have particular risk factors) and the whole population (see *Universal services)*.

Quality of life

The standard of health, comfort and happiness experienced by an individual or group. It is the perceived quality of an individual's daily life and provides an assessment of their wellbeing. It includes emotional, social and physical aspects of the individual's life.

Services

These are health services which are available to children and young people who have an identified mental health need and would benefit from activities or interventions to improve their mental health.

Stakeholder

People or parties who have an interest or influence over a particular area or service.

Stigma

Society's negative attitude to people, usually a result of a particular characteristic or illness. It is based upon societies fear and ignorance, causing people to be marginalised and mistreated and therefore leads to social isolation, health inequalities and discrimination.

Transition years

Young people between the ages of 16 to 25.

Universal services

Services, activities or interventions that are available to *all* children and young people and are focused on preventing mental ill health and promoting mental wellbeing (see also *Preventative services).* They are not based on need and are not limited to a particular group of people but are more general population based approaches to mental health and wellbeing improvement, promotion and prevention.

Wider determinants of health

Wider factors which impact an individuals' health and wellbeing. They include personal characteristics (e.g. sex, age, genetics), lifestyle or behavioural factors (e.g. smoking), the networks around us (e.g. family, friends and the community), living and working conditions (e.g. housing, education and unemployment) and general socioeconomic, cultural and environmental conditions (e.g. wages, taxation).

[11] http://www.nhs.uk/NHSEngland/AboutNHSservices/mental-health-services-explained/Pages/about-childrens-mental-health-services.aspx

[12] http://www.wamhinpc.org.uk/glossary-of-mental-health-terms

[13] https://www.nice.org.uk/advice/lgb12/chapter/introduction

[14] http://www.mentalhealth.org.uk/a-to-z/all

[15] http://www.who.int/features/factfiles/mental_health/en/

[16] http://www.mentalhealth.org.uk/a-to-z/p/parity-esteem