

Children and Young People's mental health and well-being programme

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Background

Why are we focusing on children and young people's mental health?

Previous research and reports show certain groups or communities experience barriers to accessing mental health care,^{1,2} examples include:

- children and young people
- ethnic communities
- LGBTQ+
- asylum seekers and refugees
- women with perinatal problems
- less affluent and middle-aged men
- armed forces veterans
- people with intellectual disability
- older adults

The reasons for barriers to access to mental health care across these groups are many and include:

- inability to recognise and accept mental health problems
- impact of social networks
- reluctance to discuss psychological distress and seek help
- cultural identity
- financial factors
- negative perception of, and social stigma against mental illness
- language barriers
- poor communication between service users and services
- lack of knowledge about service availability

Previous literature is mainly in the USA from cross-sectional studies or qualitative studies

Does this apply to children and young people in Wales? Can we look at their journey longitudinally using SAIL data?

1. Mills et al. Beyond the call: National Review of Access to Emergency Services for those experiencing mental health and/or welfare concerns, 2020. National Collaborative Commissioning Unit, NHS Wales.

2. Anderson et al. A scoping literature review of service-level barriers for access and engagement with mental health services for children and young people. Children and Youth Services Review 77 (2017) 164–176.

Background

Importance and rationale

The Welsh Government has recently reported increasing demand for crisis support in the population

- > 1,200 referrals per month to crisis resolution and home treatment teams¹

In addition, reports show for children and young people:

- rising pre-pandemic trends for mental health problems for referrals that have more complexity²
- challenges and stress from the pandemic e.g. school disruption
- potential impact from the cost-of-living crisis – previous research shows austerity was associated with a poorer well-being³

Mental health is an urgent priority for provision of services. Unsupported mental health problems are likely to get worse.

The Children and Young People's mental health and well-being programme has been designed to help:

- support the PHW Strategy on mental well-being
- inform the upcoming refresh of the Welsh Government Together for Mental Health Strategy

Consideration of the latest Welsh Government policies for mental health:

- the whole-system approach that includes schools
- a collaborative 'no wrong door' approach⁴ to services.

1. Neagle N, Deputy Minister for Mental Health and Well-being. Statement by the Deputy Minister for Mental Health and Well-being: 'Together for Mental Health' Strategy and Next Steps. Wales: Welsh Parliament, Plenary; 2022.

2. Lennon M. The state of children's mental health services 2019/20. England: Children's commissioner for England, Ann Langfield; 2021.

3. Gromada A et al. Innocenti Report Card 16: Worlds of Influence Understanding What Shapes Child Well-being in Rich Countries. Italy: Unicef; 2020.

4. Plant Cymru. No Wrong Door: bringing services together to meet children's needs. Wales: Children's Commissioner for Wales, Sally Holland; 2020.

The mental health and well-being programme

3 projects about children and young people in Wales age 11-24 years

understanding
crisis presentation
and routes to care

SAIL data linkage project
health, care, ONS census and
data sets

exploring the lived
experience of seeking
and accessing support
for mental well-being,
mental health problems
or crisis

Qualitative project in partnership
with the third sector

understanding
patterns of mental
well-being:
investigating
trajectories from
population well-being
to mental health
diagnoses

SAIL data linkage project
health, care, ONS census and education
SHRN* data sets

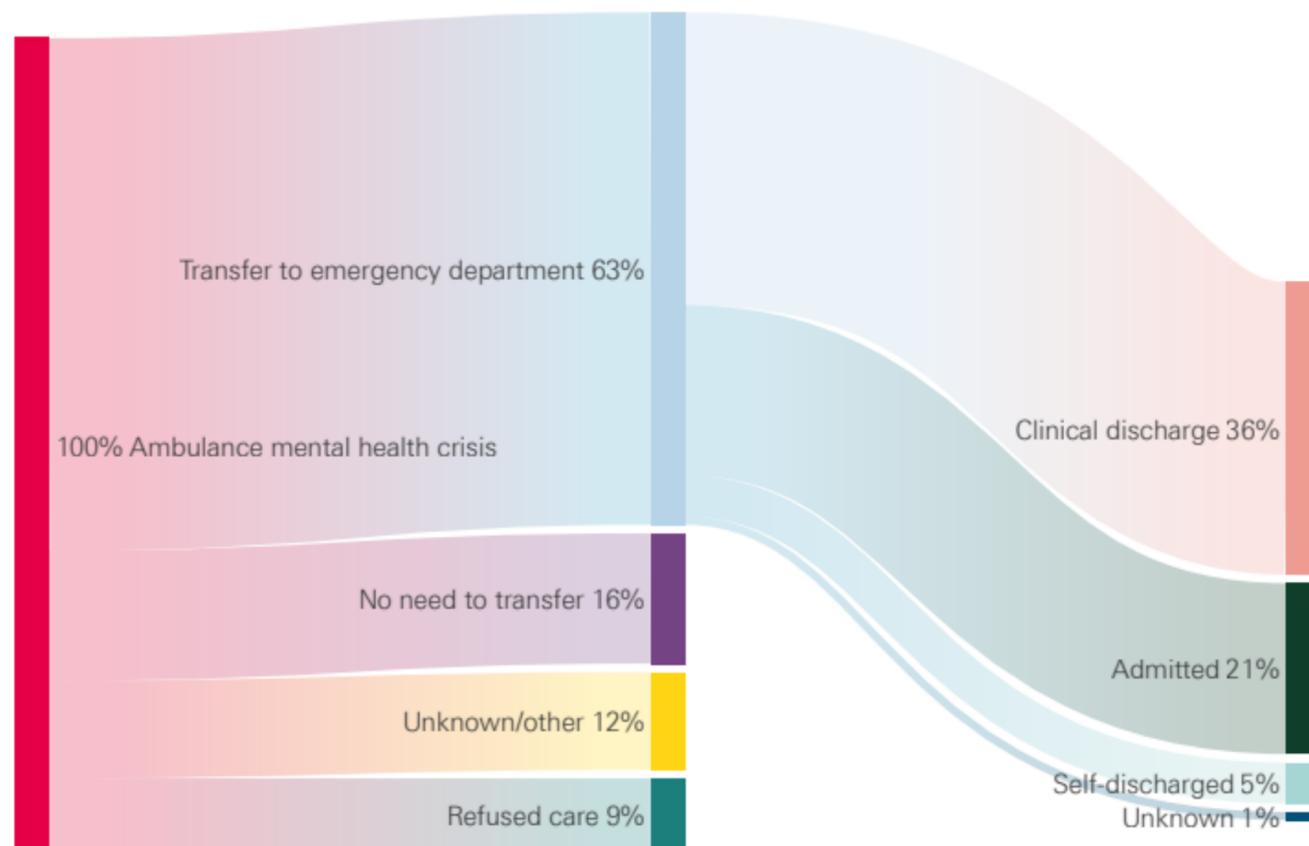
* School Health Research Network survey

1. Understanding crisis presentation and routes to care

Building from a previous PHW project by the National Data Laboratory Wales

Figure 12: Children and young people aged 11–24 years presenting to WAST with mental health crises by outcome, 2018–2020

Unknown/other includes cases where clinicians requested transport, hoax calls or erroneous data, no patient found at the scene or ambulances were cancelled pre-arrival.



Source: NDL Wales analysis of Welsh Ambulance Service Trust, emergency department and admissions data.

New linkage to Welsh Ambulance Service Trust (WAST) data using:

- Patient Clinical Record (PCR) data, completed by the ambulance crew
- Advanced Medical Priority Dispatch System (AMPDS) code in the Computer Aided Dispatch (CAD) data, recorded by the call taker at dispatch

These crises included self-harm, suicide attempts, overdose, psychosis, and other serious mental illnesses requiring urgent care

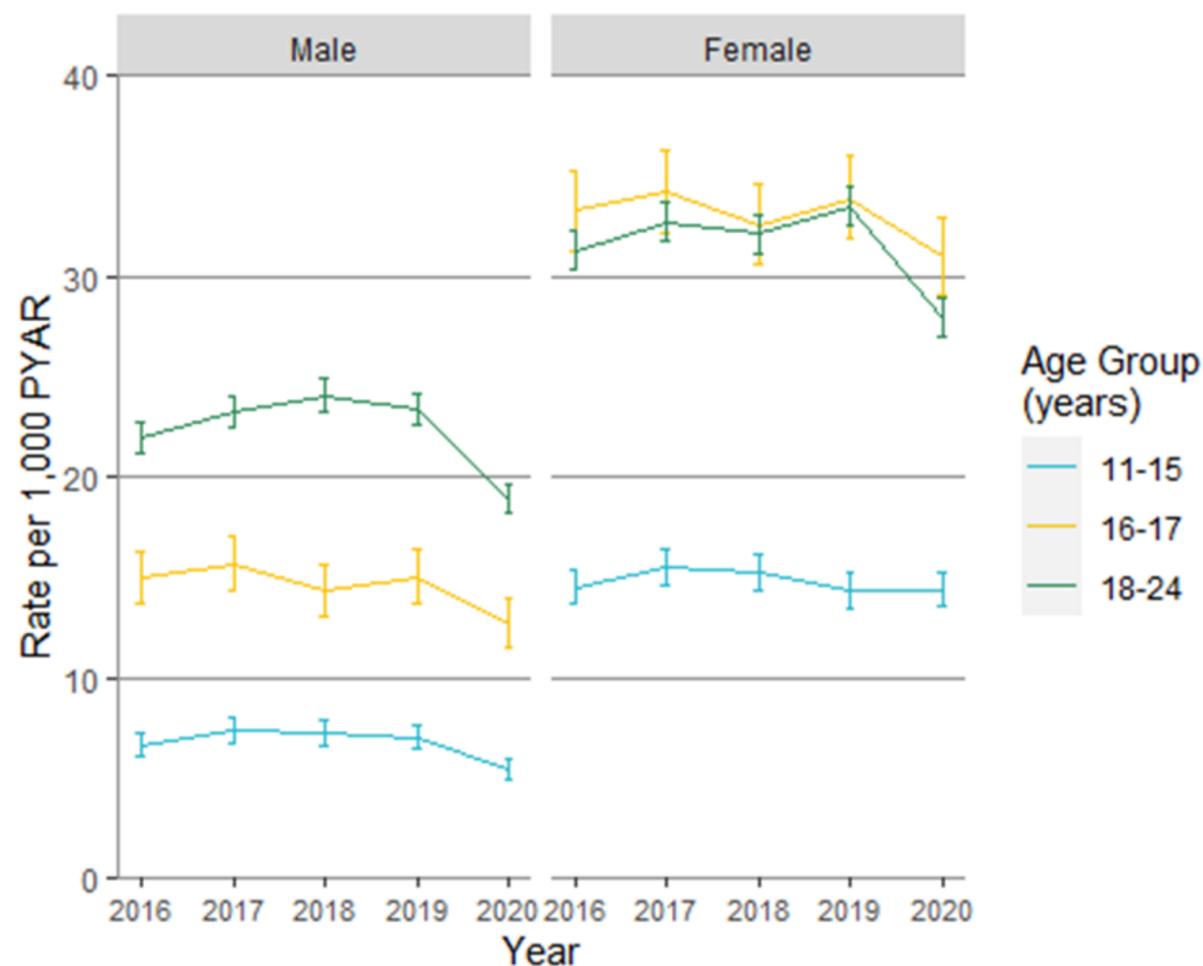
In 11-24 year olds, over 4,000 ambulance call outs related to mental health crisis were found in ambulance data and linked to Emergency department and emergency hospital admissions between 2018-2020.^{1,2}

1. Grimm F et al. Briefing: Improving children and young people's mental health services. UK: Network Data Laboratory; 2022.
2. NDL Wales. The Networked Data Lab Wales: Children and Young People's Mental Health Methodology. Wales: PHW Research and Evaluation Division; 2022.

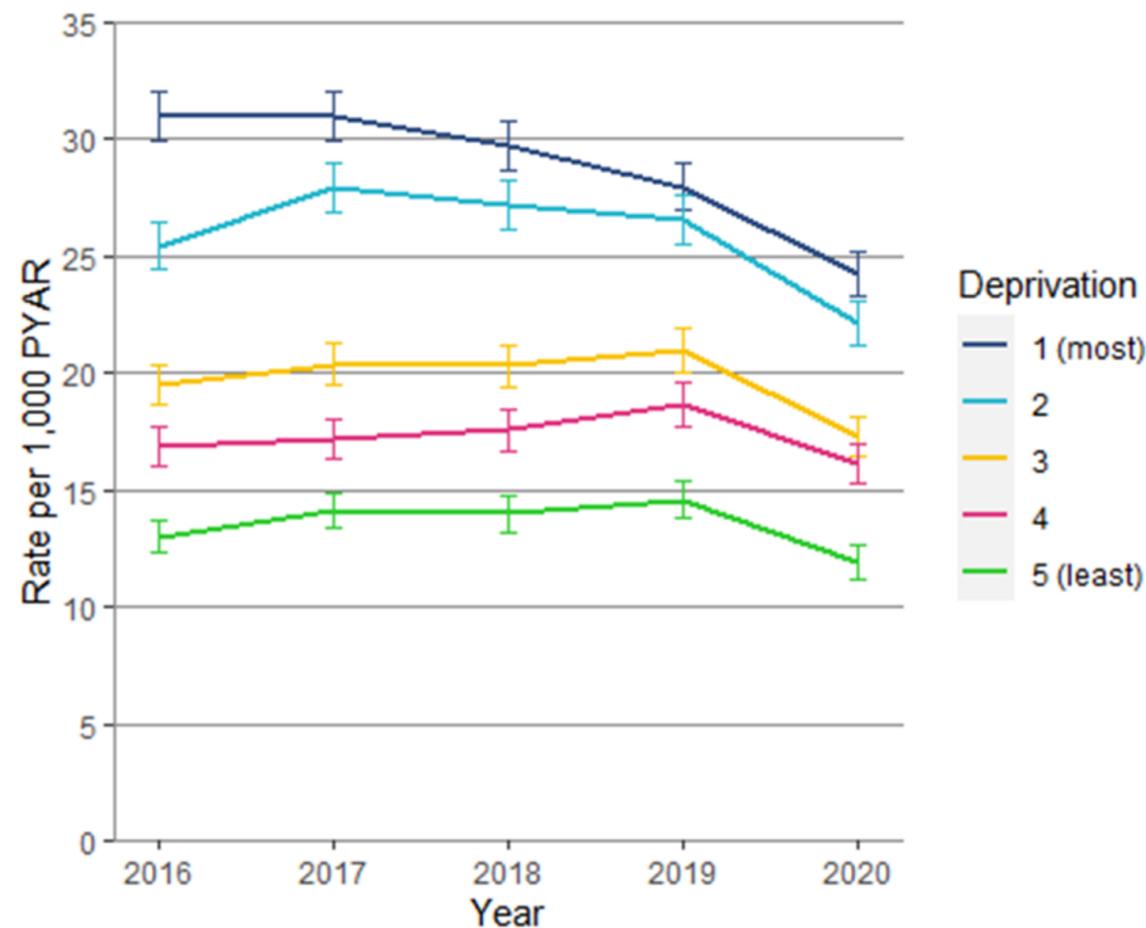
1. Understanding crisis presentation and routes to care

National Data Laboratory Wales results on mental health crisis

Mental health crisis by age and sex



Mental health crisis by deprivation quintile



Mental health crises in ambulance, Emergency department or inpatient hospital admissions: >50,000 events

More crisis events in females age 16-24 years

Close to twice the rate of crisis events between those in the most deprived to least deprived areas

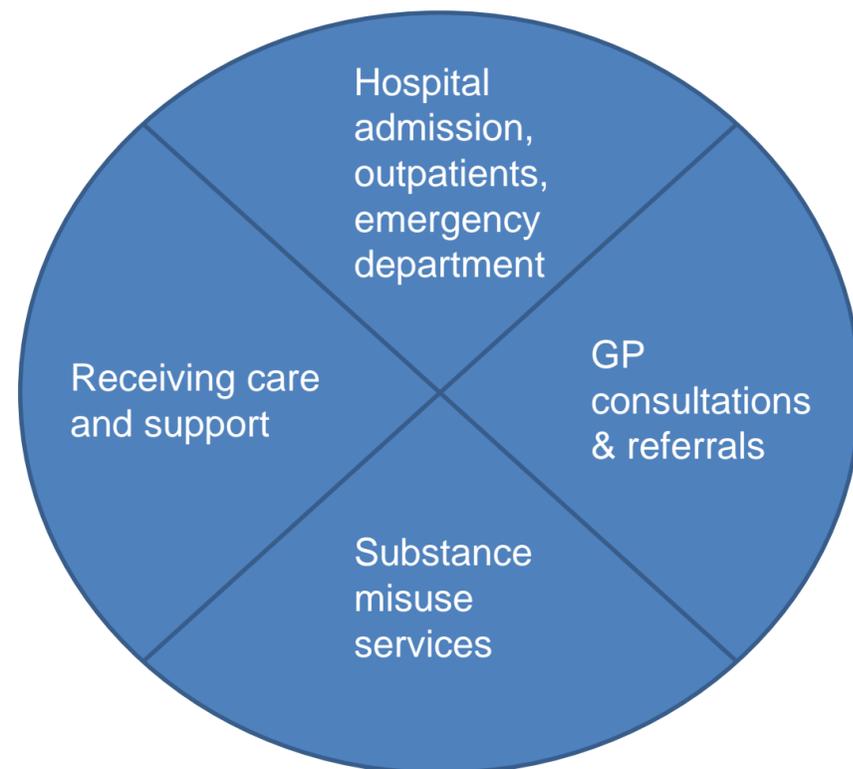
1. Grimm F et al. Briefing: Improving children and young people's mental health services. UK: Network Data Laboratory; 2022.
 2. NDL Wales. The Networked Data Lab Wales: Children and Young People's Mental Health Methodology. Wales: PHW Research and Evaluation Division; 2022.

1. Understanding crisis presentation and routes to care

Service use ahead of mental health crisis

Investigation of children and young people age 11-24 years

- touchpoints with health and social care services



Investigation will also consider:

- History of mental health diagnoses
- Learning difficulties
- Special educational needs at school
- NHS 111 press 2 services
- Potential inequalities: ethnicity, Welsh speakers, demographics

2. Exploring the lived experience of seeking and accessing support

For mental well-being, mental health problems or crisis

During the initial design of the data linked studies many unanswered questions arose

Qualitative study using semi-structured interviews designed to inform the linked data projects of the programme

Exploration of how individuals seek and access services or reasons why they do not seek support

- Young people age 18-24 years
- Lived experience of mental health problems or crisis

- Includes third sector services

- Considers WG priority groups: ethnicity, LGBTQ+, Welsh speakers
 - currently recruiting...



3. Understanding patterns of mental well-being

Trajectories from population well-being to mental health diagnoses

Linkage between the School Health Research Network (SHRN) survey and SAIL health and care data sets

SHRN in SAIL

- Short Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) asked of 120,000 children in Wales (nationally representative)
- Approximately 50% of parents have give consent for linkage to anonymised data in the SAIL databank
- Children age 11-16 years
- Survey asked in 2017, 2019, 2021

- Short Mood and Feelings questions (SMFQ) - depression scale
- Strength and Difficulties (SDQ) questions

Health data

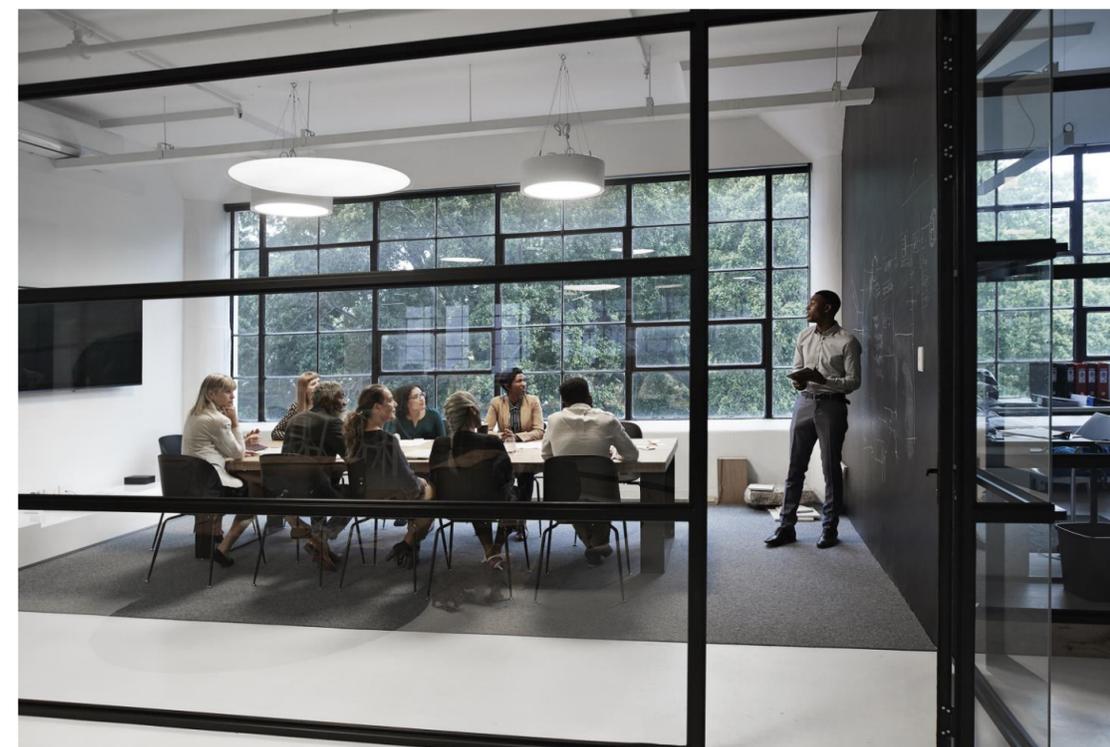
- GP diagnoses of common mental disorders
- GP diagnoses of serious mental illness

Stakeholder advisory group

Multiple sectors to consider for children and young people's mental health

The programme is in the process of establishing an advisory group for the work containing members from sectors such as:

- Welsh Government
- CAMHS / AMHS
- Ambulance service
- Emergency department
- GP
- Social services
- Police
- Education
- Academia



Co-production

During certain stages of the projects

“Co-producing a research project is an approach in which researchers, practitioners and the public work together, sharing power and responsibility from the start to the end of the project, including the generation of knowledge”¹

1. Mental health crisis project: data analysis stage. What should we look for in the data? What is the journey of individuals through services?
2. Mental health qualitative project: design of output stage. Should we use an infographic to disseminate findings to the public? What should it look like for children and young people age 11-24 years?
3. Mental health well-being project: interpretation stage. Do the trajectories we have found sound like you?

1. NIHR, Guidance on co-producing a research project, p.1



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Thank you

Any questions?

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