

Oxfordshire's Better Wellbeing and Mental Health Strategy for Children and Young People

2022 to 2025

Foreword

In Oxfordshire we want to make it everyone's business to support children and young people to achieve good mental health and emotional wellbeing whether you are a parent, carer, young person, friend, practitioner, commissioner, or service provider. To this end, our emotional wellbeing and mental health strategy for children and young people outlines our vision, priorities and plans based on the principles of taking a preventative approach and involving young people, families/carers and local service providers in its development and delivery.

We are aspiring to put children and young people at the centre of the decision making around their own mental health and emotional wellbeing and that is why the strategy is embedded within the i-Thrive model of delivery of child and adolescent mental health services. By taking this approach, we hope to provide a solid foundation for all Oxfordshire children and young people to be able to realise their ambitions but also to address their own challenges through access to appropriate and timely support.

1. Executive Summary

This vision for this strategy is to ensure that all children and young people in Oxfordshire can achieve good mental health and wellbeing. It aims to take a public health approach to the emotional wellbeing and mental health of children and young people which includes considering where people live, work, and play – the wider determinants of health – as well as access to services that provide support when needed.

The strategy focuses on both promoting emotional wellbeing, which can be understood as how people feel and function and ensuring that services are working together to reduce the likelihood of people needing support for mental health difficulties such as depression and anxiety.

In developing the strategy, an analysis of local need has demonstrated that children and young people's emotional wellbeing and mental health needs has been increasing over the past five years, which was compounded by the COVID-19 pandemic.

From our recently published Mental Wellbeing Needs Assessment we know that things such as body image and appearance, loneliness, bullying, social media, struggling to concentrate, worries around money, and sleep, are all issues that our children and young people are concerned about and are experiencing and that impact on their wellbeing.¹

¹ Oxfordshire [Mental Wellbeing Needs Assessment](#)

Nationally, one in six children and young people (5 to 16 year olds) have a probable mental disorder in 2020 compared to one in nine in 2017.² Our local needs assessment shows us that this has impacted certain groups more than others, such as those with a disability, those from less affluent backgrounds, those who identify as LGBTQI+, those from ethnic minority backgrounds, and young carers, and as an area we will focus resources to these groups. The strategy will take a data-driven proportionate universalism approach working to improve the health of all children and young people while targeting resources at the most disadvantaged groups, to help tackle key local health inequalities.

The pandemic restricted children and young people's access to many services in person that support wellbeing and mental health and restricted positive social activities that they would usually build into their everyday lives. This has contributed to an increase on demand for statutory and non-statutory services, often during times of crisis. Services are still in recovery from the pandemic and some services in the voluntary and community sector have sadly not survived leaving gaps in provision and an inability to meet needs earlier and prevent crisis.

However, the pandemic has also brought about new opportunities to support children and young people's wellbeing and mental health in different ways, such as receiving services and support digitally.

The strategy will seek to build on the success of the innovative and creative ways of working in universal and targeted services. It will also build upon the current approaches within Oxfordshire that seeks to address the wider determinants of health which in turn create the conditions for good mental health and wellbeing, such as access to green spaces, poverty, or housing – and that children and young people can access support easily to meet their needs in a timely way. The strategy will be used to inform early intervention strategies and services to ensure that services work together to support families, children and young people so that they can be empowered to improve their resilience and wellbeing and to help prevent the onset of mental health difficulties.

2. Introduction: what influences our health and wellbeing

The World Health Organization defines mental well-being as relating to an individual's ability to cope with everyday stressors of life, contribute to their local community, work productively and achieve their full potential.³

The terms mental health and mental wellbeing do not necessarily always refer to the same thing. Mental health is profoundly important to growth, development, learning and resilience. Mental wellbeing is a valuable resource for individuals, families, and communities. It is associated with better physical health, positive interpersonal relationships, and socially healthier societies. It helps people to achieve their potential,

² [Mental Health of Children and Young People in England, 2020 - Wave 1 follow up to the 2017 survey](#)

³ WHO. Strengthening mental health promotion. Geneva, World Health Organization, 2001: Fact sheet, No. 220

realise ambitions, cope with adversity, work productively and contribute to their community and society.⁴

As with other health outcomes, our mental health and wellbeing is determined by a complex mix and interaction between our biology, which includes our genes and the ways they are expressed, our environment, such as the places where we are born, live, work and age, and our personal experiences.⁵

Inequalities in health are largely due to inequalities in society. It is the unequal distribution of the social determinants of health, such as education, housing, and employment, which drives inequalities in physical and mental health, although the mechanisms by which this happens can be complex and inter-related. Disadvantage can start even before a child is born and can accumulate over time and impact on future generations. Factors include:

- adverse childhood events such as being a victim of abuse
- insecure or poor-quality housing
- poverty
- traumatic events
- insecure, poor working conditions and unemployment
- children facing multiple risks have a heightened risk of multiple and sustained childhood mental health difficulties.⁶
- Being a member of a protected characteristic group

Our approach recognises that there are a number of social, environmental, physical and economic enablers that promote better mental wellbeing and mental health, and these take place in a variety of settings across the life course (this is illustrated in figure 1 below).

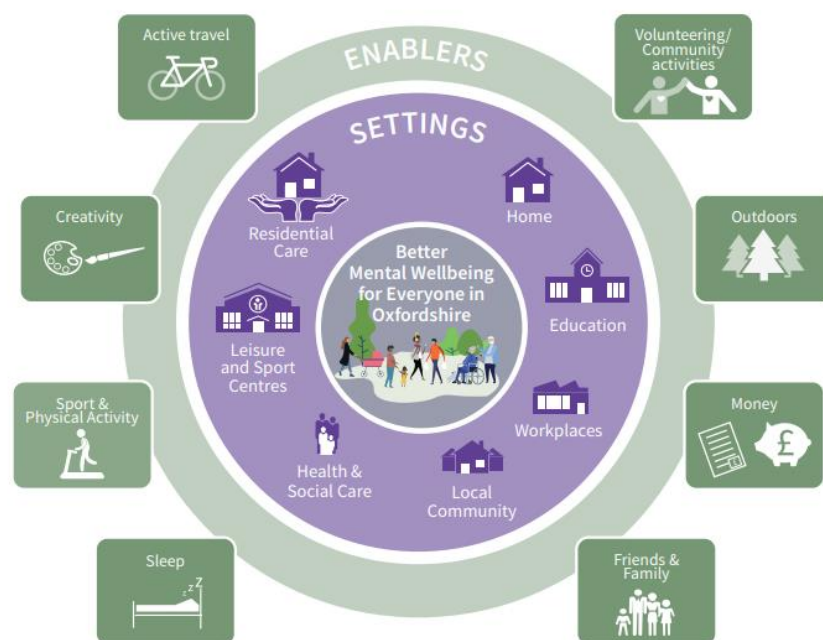
Figure 1: Enablers and settings that can help support good wellbeing and mental health in Oxfordshire⁷

⁴ Better Mental Health For All: A public health approach to mental health improvement, Mental Health Foundation, 2016

⁵ [MHF Prevention Report ONLINE-VERSION.pdf \(mentalhealth.org.uk\)](#)

⁶ [PHE: Health matters: reducing health inequalities in mental illness, December 2018](#)

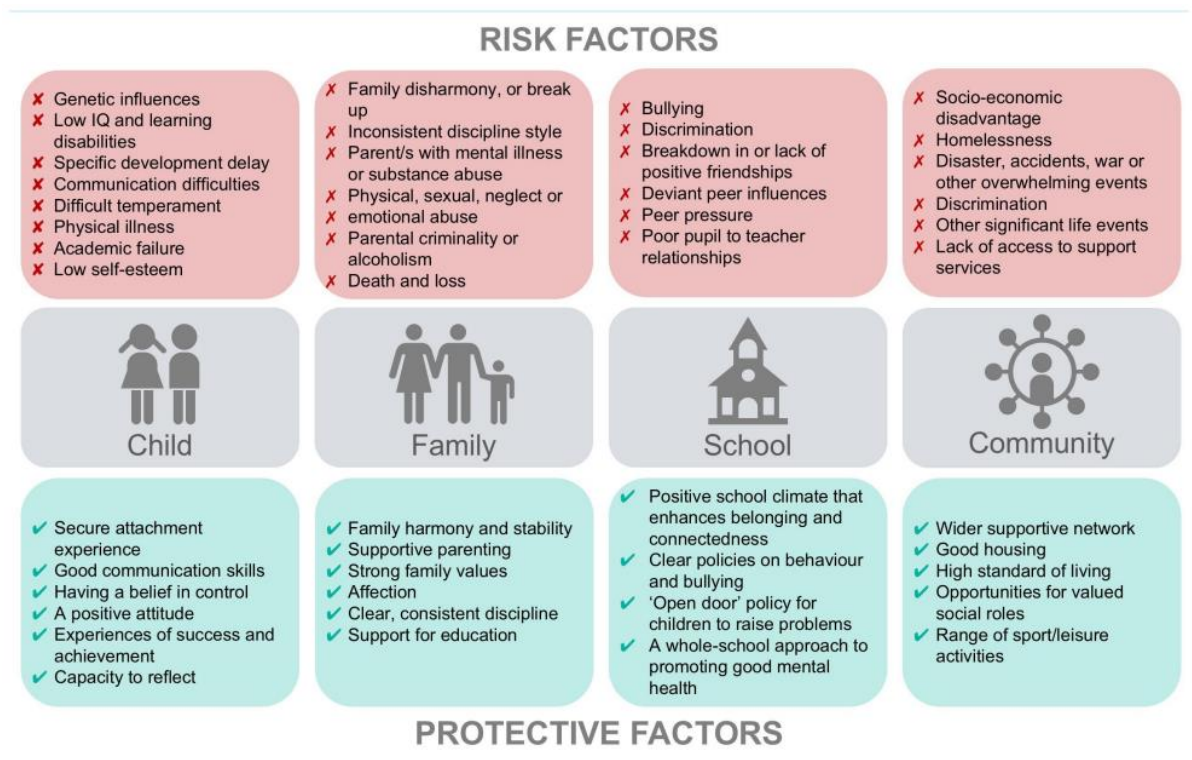
⁷ [Oxfordshire Mental Health Prevention Framework 2022-2023](#)



Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to people themselves, to their family, or to their community or life events. Research suggests that there is a complex interplay between the risk factors in people’s lives, and the protective factors which can promote their resilience. The key protective factors which build resilience to mental health problems in children and young people specifically, are shown alongside the risk factors in figure 2, below.⁸

Figure 2: risk and protective factors for children and young people’s resilience, wellbeing and mental health

⁸ [PHE: Mental health of children in England, December 2016](#)



Mental health illnesses can have adverse long-lasting effects. Those who experience mental ill health as children and young people are more likely to experience poor mental health into adulthood.⁹ Those who experience mental ill health are more likely to practice health risk behaviours such as smoking, alcohol and substance misuse, and less likely to practice positive health behaviours such as being physically active and eating well. They are also less likely to do well at school, build positive social relationships, and will have reduced employment prospects.¹⁰

As well as the distress on individuals and families, mental health problems have a significant cost to the health and care system and to wider society. Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child (across a variety of agencies, e.g., education, social services and youth justice).¹¹ Taking a wider societal viewpoint, it has been estimated that the overall lifetime costs associated with a moderate behavioural problem amount to £85,000 per child and with a severe behavioural problem £260,000 per child.¹²

In England in 2020 rates when one in six children aged 5 to 16 years have a probable mental disorder compared to one in nine children in 2017. The likelihood of a probable

⁹ Dunedin Multidisciplinary Health & Development Research Unit. Welcome to the Dunedin Multidisciplinary Health and Development Research Unit (DMHDRU). <http://dunedinstudy.otago.ac.nz/>

¹⁰ [Mental health of children in England \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/424222/mental-health-of-children-in-england.pdf)

¹¹ [2901304_CMO_complete_low_res_accessible.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/424222/2901304_CMO_complete_low_res_accessible.pdf)

¹² Parsonage M, Khan L, Saunders A (2014). Building a better future: the lifetime costs of childhood behavioural problems and the benefits of early intervention. London: Centre for Mental Health.

mental disorder increases with age; one in five young people aged 17 to 22 years were identified as having a probable mental disorder in England in 2020.¹³

Investing in preventing children and young people's mental ill health and promoting wellbeing and resilience and meeting needs earlier will have wide long-term benefits, e.g. children and young people are less likely to fall into crisis, reductions in the use of public services (e.g., adult mental health services, adult social care, and the criminal justice system).¹⁴

The coronavirus pandemic has resulted in fundamental changes to the lives of children and young people. While some studies show that children and young people have coped relatively well, other evidence suggests that some, especially those with certain characteristics, such as those who are disadvantaged economically, females, and those with pre-existing mental health needs and special educational needs and disabilities (SEND), appear to have experienced greater negative impacts on their mental health and wellbeing.¹⁵

3. Strategic Context

3.1 National strategies

[NHS Long Term Plan](#) aims to expand mental health services for children and young people, reduce unnecessary delays and deliver care in ways that young people, their families and carers have told us work better for them (this includes the NHS-funded school-based Mental Health Support Teams).

[Future in Mind \(2015\)](#) highlighted the need to build resilience, promote good mental health, and promote prevention, and to provide early identification and co-ordinated support.

[The Five Year Forward View for Mental Health \(2016\)](#) set out an ambition for transforming mental health services to achieve greater parity of esteem between mental and physical health for children, young people, adults and older people.

In 2017 The Department for Health and Social Care (DHSC) and the Department for Education (DfE) jointly published '[Transforming children and young people's mental health provision](#)':

- designated mental health leads in all schools,
- new mental health support teams prioritised in working with children experiencing mild to moderate mental health problems
- trialling reduced waiting times for specialist mental health services.

¹³ Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital

¹⁴ [Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](#)

¹⁵ Public Health England. 'COVID-19 mental health and wellbeing surveillance report, Chapter 7: Children and young people' London: 2021

Public Health Guidance PH40 (2012) - social and emotional wellbeing; early years; outlines the importance targeting investment in early intervention to support health and wellbeing. The recommendations cover home visiting, early education and childcare for vulnerable children outlining what action should be taken.

Nice Guidance 223 (2022) - recommends that positive social, emotional and mental wellbeing in schools should be promoted through the adoption of a [whole-school approach](#).

3.2 National Data from the NHS digital survey 2020

NHS digital ran a survey on the mental health of children and young people in 2020 in follow up to a similar survey in 2017. Applying national prevalence rates of children and young people who have a probable mental disorder from 2020 (16% of 5 to 16 year olds and 20% of 17 to 22 year olds) to the mid 2020 estimated Oxfordshire population suggests there are 16,159 children aged 5 to 16 years old and 11,069 children and young people aged 17 to 22 years old with a probable mental disorder in Oxfordshire (see figure 5).¹⁶

Figure 5: Estimated populations and prevalence of children and young people with a probable mental disorder, 5 to 16 year olds and 17 to 22 year olds in Oxfordshire, 2020



Source: [Office for National Statistics \(ONS\)](#) and [NHS Digital](#)

¹⁶ National data applied to Oxfordshire mid 2020 population. Nationally, rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital](#)

Emotional, anxiety and behavioural disorders are the three most common probable mental disorders in children and young people across aged 5 to 19 years old in Oxfordshire (see table 1 below).¹⁷

Table 1: *Estimated count of probable mental disorders in Oxfordshire across age ranges, 2017 prevalence applied to mid-2020 population by the Oxfordshire Research Team*

	5-10 years	11-16 years	17-19 years	All
Emotional disorders	2,124	4,435	3,711	10,163
Anxiety disorders	2,022	3,922	3,250	9,104
Behavioural disorders	2,579	3,087	197	5,848
Depressive disorders	156	1,347	1,198	2,649
Hyperactivity disorders	887	987	198	2,069
Pervasive Developmental Disorder (PDD)/Autism Spectrum Disorder (ASD)	761	605	122	1,493
Tics/other less common disorders	588	311	154	1,062
Eating disorders	28	292	194	502

Source: [ONS](#) and [NHS Digital](#)

Inequalities

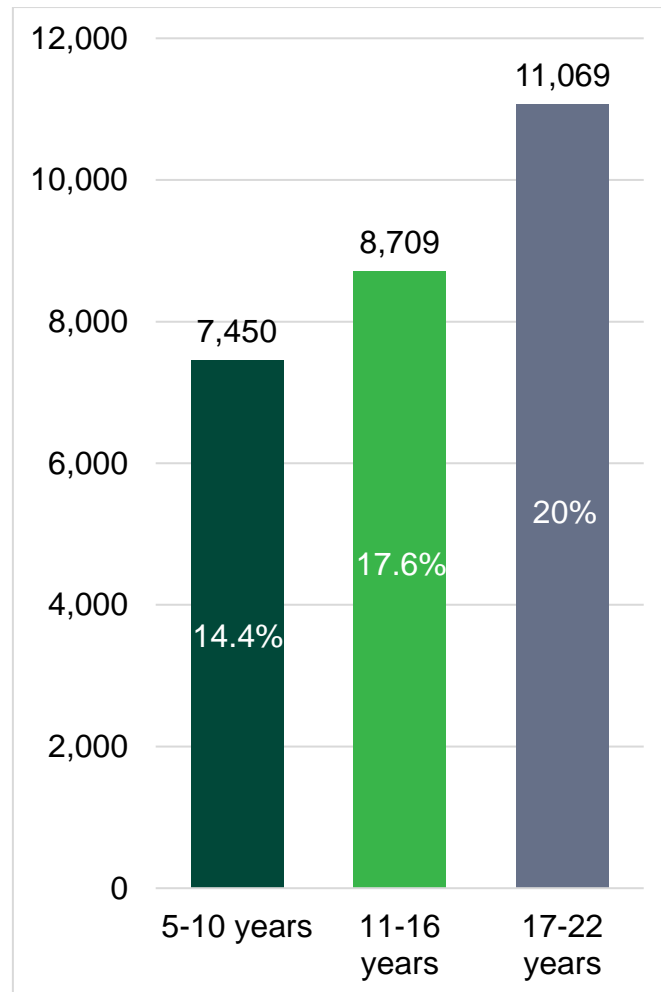
The following estimates have been made by applying the results from the recent national NHS digital Mental Health of Children and Young People surveys to local population datasets. Please note that the national data does not wholly reflect the specific experiences of children and young people in Oxfordshire.

Age

The number of children and young people with a probable mental disorder increases with age. Applying the national estimated prevalence to the Oxfordshire population shows that 11,069 young people aged 17 to 22 years old, 8,709 children aged 11 to 16 years old, and 7,450 children aged 5 to 10 years old have a probable mental disorder in Oxfordshire (see figure 6 below).

Figure 6: estimated number of children and young people with a probable mental disorder in Oxfordshire, 2020, by age bands

¹⁷ National data 2017 survey applied to Oxfordshire mid 2020 population, [Mental health of children and young people 2017 - key facts](#). Given that overall probable prevalence has increased in 2020 it is likely that all disorders have increased. 2020 data was not broken down by type of disorder.



Source: [ONS](#) and [NHS Digital](#)

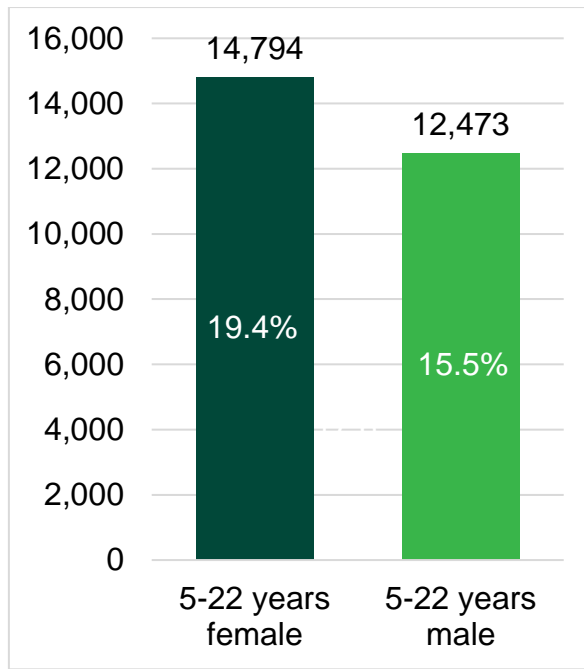
Sex¹⁸

Overall, more females aged 5 to 22 years old have a probable mental disorder compared to males of the same age, accounting for 19.4% of females (14,794) and 15.5% of males (12,743) in Oxfordshire (see figure 7 below).

When looking at the age bands by sex, probable mental disorders increase with age for females, but decrease with age for males (see figure 8). More females aged 17 to 22 years old have a probable mental disorder compared to any other age band and sex, totalling 7,319 (27.2%).

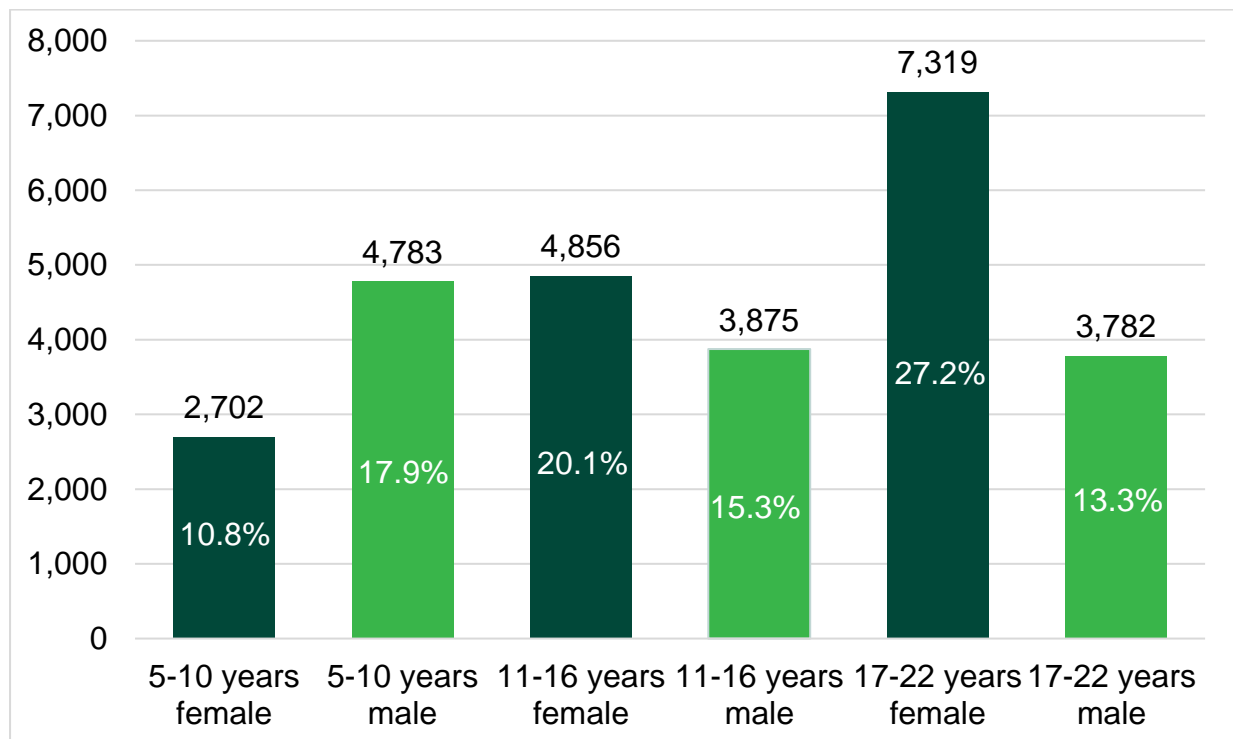
Figure 7: estimated number of children and young people with a probable mental disorder in Oxfordshire, 2020, by sex

¹⁸ Category of 'sex' and 'male/female' fields were determined by NHS Digital survey, a separate category of 'gender' or 'gender identity' was not available in the survey.



Source: [ONS](#) and [NHS Digital](#)

Figure 8: estimated number of children and young people with a probable mental disorder in Oxfordshire, 2020, by sex and age bands

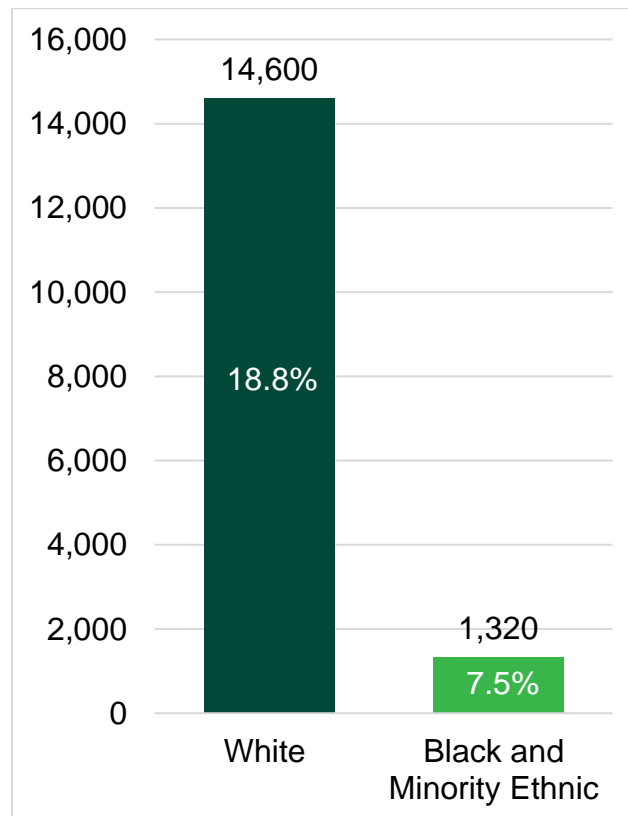


Source: [ONS](#) and [NHS Digital](#)

Ethnicity

For 5 to 16 year olds, 18.8% of children of White ethnic backgrounds had a probable mental disorder in 2020, compared with 7.5% of children of Black and Minority Ethnic backgrounds (see figure 9).¹⁹ In Oxfordshire this equates to 14,600 children of White ethnic backgrounds and 1,320 children of Black and Minority Ethnic backgrounds.

Figure 9: estimated number and proportion of children aged 5 to 16 years old by broad ethnic group with a probable mental disorder, Oxfordshire 2020



Source: [Department for Education](#) and [NHS Digital](#)

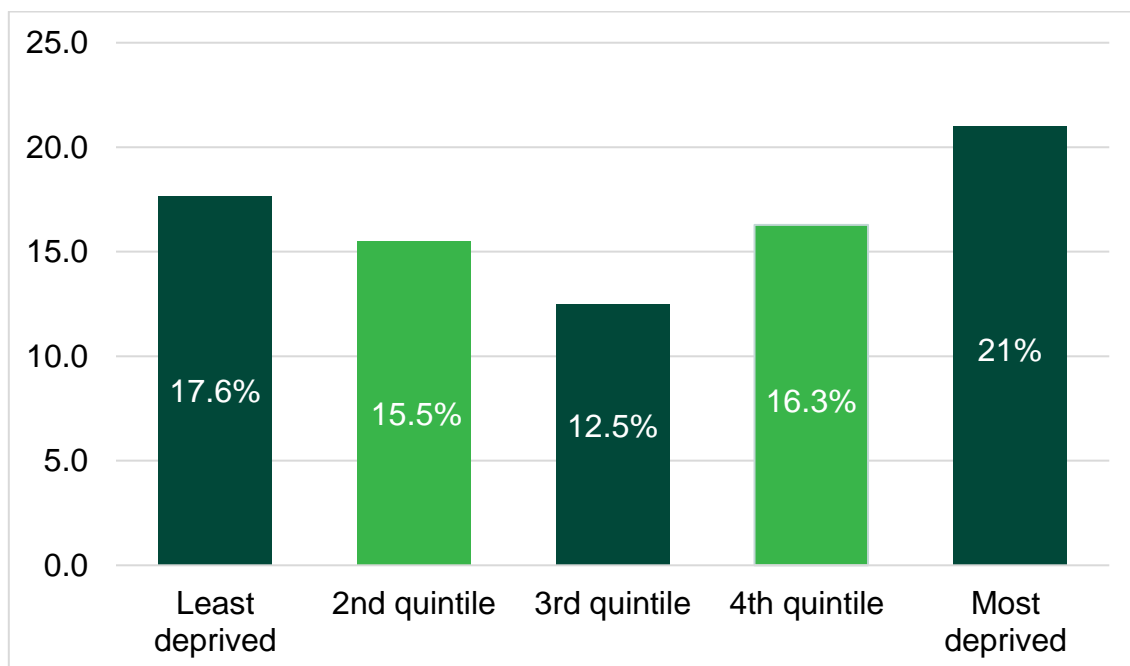
For 17 to 22 year olds, 20.8% of children and young people of White ethnic backgrounds had a probable mental disorder in 2020, compared with 17.3% of children and young people of Black and Minority Ethnic backgrounds. There is no data available by this specified age band and ethnicity locally.

Deprivation

For 5 to 16 year olds, 21% of children and young people who live in the most deprived neighbourhoods had a probable mental disorder, compared to 17.6% in the least deprived (see figure 10). Sample sizes from 17 to 22 year olds in the survey were too small to report on accurately.

¹⁹ Ethnic groups were combined due to small sample sizes. 'White' refers to individuals who identified as 'White British' or 'White Other'. 'Black and Minority Ethnic' refers to individuals who identified as 'Black/Black British', 'Asian/Asian British', 'Mixed' and 'Other'.

Figure 10: Proportion of 5 to 16 year olds with a probable mental disorder by neighbourhood deprivation, England, 2020



Oxfordshire has relatively low levels of deprivation, it is the 10th least deprived of 151 upper-tier local authorities in England – up from 11th in 2015. However, Oxfordshire contains 17 (out of 407) Lower Super Output Areas (LSOAs) within the two most deprived IMD deciles. These are mostly contained within 10 wards, one in Abingdon, three in Banbury and six in Oxford.²⁰

Disability

In 2021 in England more than half of 6 to 16 year old children with a special educational need or disability (SEND) had a probable mental disorder (56.7%), compared with 12.5% of those without SEND; this was an increase from 43.9% and 8.2% in 2017 for these respective groups.

Around 19,000 children and young people in Oxfordshire have identified Special Educational Needs (2015) which means that by applying the England levels above there approximately 11,000 of those have a probable mental disorder.

LGBTQI+

Data on mental health outcomes and LGBTQI+ status is not routinely available at a national or local level. Stonewall completed a survey in 2018 of 5,000 people aged 18 and over that can be used as a proxy estimate what might be the wellbeing and mental health experience for children and young people who identify as LGBTQI+ in the county. Over half of LGBT respondents (52%) to the survey reported that they had experienced depression in the last year. Two-thirds of trans people (67%) reported that they had experienced depression in the last year. Seven in ten non-binary people

²⁰ [Oxfordshire's 10 most deprived wards 2020 - Oxfordshire insight bitesize JSNA](#)

(70%), more than half of LGBT women (55%) and more than two in five GBT men (46%) had also experienced depression in the previous year.²¹ For comparison in Oxfordshire in 2019/20 the prevalence of the total adult population diagnosed with depression was 11.86%.²²

Target groups: summary

There is a need to promote good mental health for all while targeting support to those who need it most to tackle health inequalities. Local data and stakeholder engagement highlighted specific target groups to include:

- CYP with autism/ADHD,
- CYP with disabilities,
- CYP who identify as LGBTQI+,
- CYP from low-income families,
- CYP with adverse childhood experiences (ACEs)²³,
- CYP and families from ethnic minority backgrounds,
- young carers.

The above list is not exhaustive, and we will monitor and assess data that indicates where inequalities exist and target support where it is needed.

Local Strategies

The emotional wellbeing and mental health of children and young people is a key cross-cutting public health priority in Oxfordshire covering the health, education, and care system. It is a key priority of the local Health and Wellbeing Board.

This strategy dovetails with and complements key priorities and deliverables within Oxfordshire's [Mental Health Prevention Framework 2020-23](#), [Suicide and Self-Harm Prevention Strategy 2020-24](#), the recently updated [CAMHS Local Transformation Plan \(LTP\) Refresh 2020-22](#), and Oxfordshire's [Healthy Place Shaping](#) programme.

There are several other key local strategies and plans that support children and young people's emotional wellbeing and mental health and will help to support the delivery of this strategy:

- [Joint Health and Wellbeing Strategy 2018-23](#)
- [Prevention Framework 2019-24](#)
- [Children and Young People's Plan 2018-23](#)
- Early Help Strategy – June 2022
- Oxfordshire Local Area Special Educational Needs and Disability (SEND) Strategy (0-25) 2022-2025
- Thames Valley Police Violence Reduction Unit (VRU) programme

²¹ [LGBT in Britain Health Report, Stonewall, 2018](#)

²² [Oxfordshire Joint Strategic Needs Assessment 2021](#)

²³ [Practitioner Toolkit | Family Information Directory \(oxfordshire.gov.uk\)](#)

There are also a number of local strategies and partnerships across the county that impact on the wider determinants of emotional wellbeing and mental health.

4. Needs analysis

4.1 Local intelligence and needs assessments

Oxfordshire Mental Wellbeing Needs Assessment

A full wellbeing needs assessment for Oxfordshire was completed in 2021 and the recommendations have been used to steer the development of this strategy including to:

- Take a systems approach to mental wellbeing, given the broad range of enablers and environments that impact mental wellbeing across the life course
- Better understand the mental wellbeing of our communities
- Ensure that wellbeing is considered in all policies
- Reduce inequalities in wellbeing, by using inclusive language, reducing stigma, and making sure services are inclusive and accessible
- Focus on areas of most need
- Take forward lessons learnt and build back fairer from COVID-19.

The needs assessment includes chapters on:

- Mental wellbeing and background data on common mental illness
- Impact of COVID-19 on mental health and wellbeing
- Wider determinants of mental wellbeing
- Recommendations

The report is available here: [Mental Wellbeing Needs Assessment for Oxfordshire, Oxfordshire Insight](#).

Oxfordshire Mental Health Needs Assessment

A full Mental Health Needs Assessment was completed in February 2018, including chapters on:

- Mental Health Conditions
- Use of Mental Health Services
- Work, affluence and deprivation
- Adult wellbeing and lifestyles
- Maternity, children and young people
- Population groups
- Housing and homelessness
- Physical and social environment
- Population changes and implications for future demand.

The report is available here: [Mental Health JSNA February 2018 | Oxfordshire Insight](#).

OxWell School Survey 2021

The OxWell School survey 2021 collected data from over 30,000 children and young people aged between 8 and 18 years across Oxfordshire, Berkshire, Liverpool and Buckinghamshire. The survey asks questions on general wellbeing, highlights risk groups and populations of concern.

OxWell School survey 2021 key highlights:

- Self-reported wellbeing (Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) score) gets worse with age with 49% and 44% of those in years 12 and 13 (16 to 18 year olds) reporting low wellbeing compared to 20% in year 5 (9 to 10 year olds)
- Revised Children's Anxiety and Depression Scale (RCADS) – a clinical measure for depressions and anxiety – is closer across age groups (years 8 to 13), with a range of those with a more serious outcome from 18% in year 8 to 26% in year 13.
- As with WEMWBS, loneliness scores generally get worse with age. From year 5, where 13% often feel lonely, to year 12 and 13, where 24% and 20% often feel lonely, respectively. Over half feel lonely sometimes or often across all age groups.
- ~75% of females across all ages were worried/extremely worried about appearance and ~50%+ of males across all ages were worried/extremely worried about appearance.
- Of the respondents from year 8 to 13 (ages 12 to 18) 6.7% reported as having self-harmed within a month of the survey, further analysis of the data needs to be completed to before conclusions can be made on intention and ongoing risk.
- Students across most age ranges are doing more exercise compared to before the first lockdown
- 48% are playing computer games for four hours a day / 37% on social media for four hours a day
- Range across ages between 22% and 37% that are too worried to sleep often and for year 12s (16 to 17 year olds) 37% are too worried to sleep often
- Bullying decreases with age from 9% in year 5 to less than ~5% in year 12.²⁴

5. Emotional wellbeing and mental health indicators

Office for Health Improvement and Disparities (OHID) – Children and Young People's Mental Health and Wellbeing health

The Office for Health Improvement and Disparities (OHID) publishes key data relating to children and young people's mental health and wellbeing from various sources. Key indicators for Oxfordshire are summarised below²⁵:

²⁴ OxWell School Survey 2021 – preliminary summary report – University of Oxfordshire

²⁵ [Children and Young People's Mental Health and Wellbeing – OHID Fingertips](#)

- In 2020/21 in Oxfordshire 390.2 per 100,000 people aged 10 to 24 years old were admitted to hospital after a self-harm incident, lower than the England average of 421.9.
- In 2021, Oxfordshire had a higher proportion of all school age pupils with social emotional and mental health needs (3.25%) compared to the England average (2.79).
- In 2019/20 in Oxfordshire 37% of looked after children's emotional wellbeing was a concern, similar to the England average of 37.4%.

Also included in the profile are indicators under the following topic areas:

- Identification of need
- Protective factors (including school readiness and educational attainment)
- Primary prevention (including family income and children in need)
- Services
- Inequalities

6. Access and CAMHS

In the four year period from 2016/17 to 2019/20, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 38% overall and by:

- +83% for people aged 0 to 9 years
- +58% for people aged 10 to 19 years
- +36% for people aged 20 to 24 years
- +22% for people aged 25 years and over.²⁶

The median number of days of all children and young people waiting for CAMHS appointments peaked in August 2019 at 169 and had dropped to 36 by December 2020.²⁷

In 2022, 48% of referrals made into the local single point of access (SPA) were not appropriate for the service. Feedback from CAMHS following assessment and liaison with appropriate services in SPA, concluded that these referrals were inappropriate and should have been signposted to social care or SEN and in some cases, a CAMHS input was not required. , .²⁸

In 2020/21 there was an increase in both demand and acuity – meaning an increase in the severity of the presenting illness. There was a 63% rise in referrals compared to the previous year. The rise in acuity was seen most for eating disorders, where there was a 41% increase in referrals to the Crisis Resolution Home and Treatment Teams for eating disorders, a 94% increase of emergency department presentations to paediatrics for eating disorders, a 77% increase in admissions, and a 112% increase in paediatric bed days (partly due to lack of specialist beds).²⁹

²⁶ [Joint Strategic Needs Assessment | Oxfordshire Insight](#)

²⁷ As above.

²⁸ Oxford Health CAMHS

²⁹ As above.

7. Impact of COVID-19

Nationally, rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls. Children and young people with a probable mental disorder were more likely to experience anxieties about the pandemic than those unlikely to have a mental disorder.³⁰

A series of reports by Young Minds demonstrated that the pandemic has had a significant harmful effect on the wellbeing and mental health of children and young people with existing mental health needs.³¹

Locally, the 2020 OxWell survey conducted across the South-East during the first lockdown showed that for respondents in years 9 to 13 the highest proportion reported that their general happiness and sleep had worsened, and that they were lonelier during lockdown.³² The recently completed [Mental Wellbeing Needs Assessment for Oxfordshire](#) gives greater detail about the impact of COVID-19 on the wellbeing of children and young people in Oxfordshire.

Since the pandemic there has been a continued rise in both the number and acuity of referrals into local services, including CAMHS (as above in section 9).

8. Services and gaps mapped against THRIVE framework

From October 2021 to February 2022 a survey was open to statutory and non-statutory providers of children and young people's emotional wellbeing and mental health services. The Youth in Mind Guide was used to identify services and projects from the voluntary and community sector.

Table 2: Survey return results from provider engagement, Oxfordshire, 2021/22

Total returns	20
Total organisations contacted	55
% returned	36
Projects/services	47

In total, 55 services were identified and included. Of these, 20 responded to a survey and accounted for 47 different services or projects with an estimated annual cost of £16.4m from a combination of funding streams.

There were two main local commissioners: The Buckinghamshire, Oxfordshire and Berkshire West Integrated care Board and Oxfordshire County Council, as well as

³⁰ [Mental Health of Children and Young People in England, 2020 - Wave 1 follow up to the 2017 survey](#)

³¹ [Covid Impact On Young People With Mental Health Needs, YoungMinds](#)

³² [OxWell school mental health summary report 2020](#)

district councils. Various services or projects were either funded nationally or self-funded.

The I Thrive Model

Oxford Health CAMHS provide services across different aspects of the iThrive model that includes a Single Point of Access.

Figure 4: *The i-THRIVE framework*



The i-THRIVE framework was developed by Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families (see figure 3 above). The framework has been adopted by the local CAMHS in Oxfordshire and is a set of principles built on child and young person need, moving away from defining the system in terms of the services organisations provide in a 'tiered' model.

It can also be used to present information about the range and diversity of services and interventions already in place in Oxfordshire, and how they link together. Using the i-THRIVE framework in this way will give us a broad overview of the gaps in need and inform recommendations on what our local offer should be.

The framework includes the following segments:

- **Thriving:** Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support around their mental health issues.

- **Getting advice:** This group includes both those with mild or temporary difficulties and those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input.
 - **Getting help:** This grouping comprises those children, young people and families who would benefit from focused, evidence-based help and support, with clear aims, and criteria for assessing whether these aims have been achieved.
 - **Getting more help:** This is a small group of individuals who may require particular attention and coordination from those providing services across the locality.
- Getting risk support:** This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk.

One of the fundamental principles is that children and young people are at the centre of the decision making around their own mental wellbeing and mental health and may be accessing more than one intervention or service at any given time.

The spend and number of projects in 'Getting Advice' is one of the lowest areas of spend – demonstrating a low level of early intervention and prevention interventions across Oxfordshire (see table 3 below).

It is important to note that the mapping exercise does not provide a complete picture of services or projects but only those that were known to commissioners or who were identified from local directories and those who responded to the survey. There are also many services or projects that were out of scope in this mapping exercise that support emotional wellbeing and mental health, especially those in the 'Thriving' category of the i-THRIVE framework. This includes prevention and promotion universal provision, such as the public health School Health Nursing and Health Visiting services, as well as work on the wider determinants of health. For this reason, the organisations that reported in the survey that they provide services at the 'Thriving' level have not been included in the table below.

Table 3: Survey returns – number of organisations and services and projects that support children and young people's emotional wellbeing and mental health in Oxfordshire, 2021/22, aggregated budget by i-THRIVE framework, 'Getting Advice' to 'Getting Risk' support category

	Number of organisations	Number of projects or services	Annual aggregated budget (£)*
Getting Advice	8	8	1,267,252
Getting Help	15	15	3,031,976
Getting More Help	1	6	10,264,492
Getting Risk Support	1	1	846,213
TOTAL	13**	30	15,409,933

Source: OCC Public Health

*N.B. not all organisations were able to provide budget information for each service or project.

**total number of organisations exceeds number in each i-THRIVE category as organisations provide services across different categories.

All statutory clinical children and young people mental health services – CAMHS – are commissioned by the CCG and delivered by Oxford Health. For more info on local CAMHS see the latest [Oxfordshire CAMHS Transformation Plan 2020-22 Refresh](#).

Figure 11: Survey returns – number of local services/projects mapped against the i-THRIVE framework – ‘Getting Advice’ to ‘Getting Risk Support’



9. Prevention approach PRINCIPLES BEHIND THE STRATEGY:

9.1. TAKING A PREVENTATIVE APPROACH

For our mental health and wellbeing strategy, we will apply a prevention approach across the system with the aim of promoting wellbeing and supporting the prevention of mental ill health. The Oxfordshire Prevention Framework (2019-24) adopted by the Health and Wellbeing Board is based on an approach that seeks to:

- prevent illness – preventing illness and keeping people physically and mentally well (primary prevention)
- reduce the need for treatment – reducing impact of an illness by early detection (secondary prevention)
- and delay the need for care – soften the impact of an ongoing illness and keep people independent for longer (tertiary prevention).

As well as improving health outcomes in the short and long term for children and young people there is a compelling economic argument to invest in early prevention activity. In addition to mental health and wellbeing improvements, investing in prevention interventions will likely see young people use public services less and be in education, training and employment into adulthood.³³

Mental health and wellbeing is an important priority within the Early Help strategy that outlines a plan with clear objectives for all partners in relation to the delivery of early help services. One of the expectations within the Early Help strategy is that staff across the whole system are confident to deliver mental health and well-being interventions. This will be achieved by agencies resourcing the provision of training to ensure front-line/designated staff across all services are trained in the early identification and support that can be offered in relation to mental health and well-being.

9.2. PRINCIPLES BEHIND THE STRATEGY : INVOLVING YOUNG PEOPLE AND FAMILIES/CARERS and local service providers

The below surveys and consultations were used as a starting point to inform the workshop and focus group topic areas below, and where applicable have been used to help inform the vision, aims and objectives of the strategy:

- [2021 'Be Supported' questionnaire engagement report](#)
- Oxfordshire Youth 'Assessment of Youth Services Study' April 2021
- [OxWell School Survey 2021](#)

³³ [Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](#)

Children, young people, and parent/carer focus groups, round 1

A focus group was conducted in August 2021 with young people from the Sweatbox Youth Group in Wantage. This group gave an initial strategic steer to the engagement work that followed, covering what works for children and young people's emotional wellbeing and mental health, and things that didn't work so well. The group also focused on some of the causes of poor mental health, stress and anxiety, and generated some potential solutions.

In this focus group, young people felt that exam stress, lack of sleep, social media, the COVID-19 lockdowns, and social relations could be the causes of poor wellbeing, mental health, stress and anxiety for young people in the county.

They felt that support from schools, including making adaptations for exams, online therapy and forums, positive social media profiles, peer support and face-to-face counselling, helped their wellbeing and mental health.

They felt that long waiting lists, unsupportive or stigmatising responses from adults – including teachers and parents, the lack of services available county-wide, and generic 'wellbeing advice', were not helpful to children and young people's wellbeing and mental health.

Children, young people, and parent/carer focus groups, round 2

Five additional focus groups took place throughout April and May 2022 with the following groups:

- 22 April – a focus group with 15 young people from the Sweatbox Youth Group at the Buzz Café in Wantage.
- 5 May – an online focus group with 5 members of the Oxford Young People Advisory Group (YPAG) co-facilitated by the University of Oxford
- 11 May – two online focus groups with 10 members of the Oxfordshire Parent Carers Forum (OxPCF) co-facilitated by OxPCF
- 13 May – an in-person focus group with 3 Mental Health Ambassadors, part of the Mental Wealth Academy service, co-facilitated by Oxfordshire Youth
- Another focus group with has been organised for June 2022 with CYP who identify as LGBTQI+

All groups were asked for feedback on each opportunity area discussing both positives, negatives and any areas for improvement, and if they had any other suggestions.

Key feedback from the children and young people focus groups:

General feedback

- CYP did not feel that there was anything missing from the long list but emphasised that the services would need to have enough capacity to meet need, they did not want to be transferred from the CAMHS waiting list to another waiting list elsewhere.

- In general, young people use a number of strategies to maintain and improve their wellbeing from a wide range of sources, including solo activities (accessing nature and green spaces, journaling), taking part in clubs/activities with others, and spending time with friends and family.

Access

- They wanted easy access to all services including any new services, felt that one place to access all provision was the right thing to do to reduce confusion and be triaged and referred to the right service according to their needs.
- Young people would like to see physical and/or digital signposting resources in schools and other places they go.
- Young people would seek support for their wellbeing and mental health from their trusted relationships with e.g., teachers, parents or peers, and would go to different people with different needs.
- Young people sometimes do not seek support because they do not think their issues are serious enough.
- Another barrier is long waiting lists.

Schools

- Support for mental health at school is essential, CYP gave examples of where they felt schools had failed them and were not putting in any strategies to support CYP mental health and were only listened too during a crisis or when doing something extreme such as self harm to an extent that needed medical treatment. They explained that any resilience programmes needed to be delivered by well trained people, not their teachers, and from those who have been through the same experience were valued e.g., other young people or adults who have learned to manage their mental health to give support and advice is valued.
- Young people would like distinct spaces for mental health that are confidential and good quality, separate from school, including online spaces. Schools and youth groups should be supportive and positive spaces for mental health, where staff, children and young people are empowered and have the skills to spot signs, give advice, and signpost to relevant services outside of the school environment.

Family and learning support

- Support should ideally be offered to parents for their own wellbeing and mental health, where they need it, and for parents of children who are experiencing mental ill health on specialist topics.
- Support for parents and families was well supported, some CYP reported that they felt that they were burdening their parents with issues that they knew they did not have any knowledge of or would not discuss their worries with their parents at all. If they knew their parents had training to support or could access joint training this would be of great benefit to help manage triggers and be given help support and strategies to better manage their mental health at home.

Digital support

- Digital support was seen as essential as that is a popular way that CYP like to communicate e.g., through phones or tablets. Young people felt that this should

not replace face to face contact but be offered in addition to support those who prefer to communicate this way. CYP also offered a number of ways apps could be designed and promoted. They felt that instant support would be of great benefit so CYP could access help when they needed it without the need for an assessment or wait.

- Young people would want to access an online platform that was anonymous, moderated, and safe, available 24 hours that provides both ad-hoc and scheduled counselling.
- The online platform ideally would provide bespoke support and content to its users, covering topics relevant to them, with safe peer support.
- Material should cover a broad age range, each age group seeing material appropriate to their age on the platform, and the platform should be welcoming, validating and of a good quality.

16-25 transitions

- Transition was very important and CYP felt there was a need for a 16 to 25 year old transition service, however, not many young people knew about the existing offer and felt it wasn't very well promoted. Some young people who turn 18 are not eligible for adult mental health services and we need to continue to fund and promote services for this age group to ensure all those exiting CAMHS at adulthood are offered support if they have on-going mental health requirements.

Key feedback from the parent/carer engagement focus groups:

General

- Services and support should be evidence-based and adapted to be welcoming and appropriate to support a wide range of needs, including children and young people who are neuro divergent.
- Language and terminology are important when trying to engage parents, e.g., mental health prevention should be mental ill health prevention or mental health protection, wellbeing promotion and resilience. E.g., support services at the prevention level could use terms like 'wellbeing' over 'mental health'. This might help reduce stigma and increase engagement.

Access

- Parent/carers are 'time-poor' and so want to be able to find relevant support and services quickly, ideally from a single source. They would ideally want a single point of access for wellbeing and mental health support services.
- In general parent/carers said that children and young people go to a wide range of sources for help or support for their emotional wellbeing and mental health, including their friends, parents, school staff, websites, and youth leaders. Parent/carers highlighted that children and young people would seek support from their trusted adult relationships.

Schools

- Parents/carers suggested that children and young people should be taught emotional wellbeing literacy in schools, and that schools should be a supportive environment for wellbeing and mental health, e.g., including evidence-based

wellbeing interventions, such as forest schools, walks, nurture rooms, and staff dedicated to student wellbeing (e.g., Pastoral Support Workers).

- Parents/carers felt that school staff and youth workers should be trained to spot signs of poor wellbeing and mental health and given the confidence to help make adaptations, provide options for appropriate onward support – outside of school – and communicate this early to parents/carers.

Digital support

- Parent/carers were largely supportive of an online platform that could support children and young people's wellbeing and mental health, including peer support, a range of media content (including peer articles and podcasts), that was anonymous, available 24 hours, and with counselling sessions available via video or a chat function.
- Any digital platform would need to be embedded within the current health, care and safeguarding pathways to ensure it was safe and that appropriate onward referrals could be made.

Family and learning support

- Parents/carers said they would like to access a strengths-based programme of support that was expert-led either in a peer group or as a one-to-one, either online or in-person.
- Specific support should be made available to parent/carers of children/young people who are neuro-divergent or who are awaiting diagnosis.
- The language used in these programmes will be important in effectively engaging parents, e.g., use more positive language such as 'Family and Learning Support Programmes' rather than 'Parenting Programmes or Lessons', which can come across as stigmatising or condescending.

Service Providers Workshop 1: identifying challenges and opportunities

In addition to the engagement with service providers via the survey exercise, a workshop meeting with provider organisations and other system partners took place on 18 January 2022. The aims of the workshop were to share what we know so far, to get input on system gaps, needs, target groups and conditions, and on what interventions or changes to current ways of working might better support children and young people in Oxfordshire. Additional engagement took place with stakeholders at various partnership meetings such as at the Children and Young People's Emotional Wellbeing and Mental Health Partnership Board, and the VCS Children and Young People Mental Health Partnership. The main outputs of the workshop and stakeholder engagement at this stage were the generation of the overall strategic themes, aims and objectives of the strategy, and key priority areas listed below:

- **Digital platform for wellbeing and mental health** – access to an anonymous and confidential digital counselling platform that offers ad-hoc and scheduled

therapeutic interventions provided by a qualified counsellor. The platform could also include a peer support function and self-help resources.

- **Enhanced or integrated single point of access** – expanding the SPA to integrate voluntary and community sector (VCS) organisations alongside statutory services, this could include a signposting helpline to support parents, and social prescribing.
- **Interactive directory of services** – digital, dynamic, and interactive directory of services with the full range of national and local wellbeing and mental health support and services available to children, young people and families, including signposting to self-help resources, from a single source.
- **Whole-school wellbeing and resilience programme** – whole-school approaches to wellbeing promotion to be rolled-out to primary and secondary schools. Interventions to focus on developing social, emotional and mental health literacy skills and instilling good behaviours in children and young people.
- **16 to 25 year old transition service(s)** – non-clinical service or intervention to support transitions between child and adult services for young adults who do not meet adult mental health service requirements, and/or those who are exiting CAMHS and would benefit from support with their recovery. This could be a combination of non-clinical 1:1 CBT, group sessions, or co-produced ‘lessons’ on wellbeing/mental health topics.
- **Family learning and support programme(s)** – programmes support parents of children with or at risk of developing a conduct disorder (including children with ASD/ADHD pre/post diagnosis) and are designed to improve parenting styles and parent-child relationships.
- **Training programme(s) for the children and young people’s workforce** – identify resources to ensure frontline staff across all our services (social care, health, education) are trained in the early identification of and can support mental health issues and provide appropriate support and signposting, informed by positive attachment, trauma informed and linked to the whole family. Scope and coordinate the existing offer to identify gaps.
- **Wellbeing and preventative mental health support within the OCC Youth Offer** – one trained mental health worker for each district within the new OCC Youth Offer. Six personalised sessions, delivering a programme of support on self-management tools and goals-based using a CBT-informed approach. Sessions led by young person need. Mild-moderate needs such as exam stress, low mood, or anxiety. Education of Youth Workers from the trained mental health worker to provide ongoing support.

Workshop 2: prioritisation exercise 3: MULTIAGENCY CONSULTATION to consider priorities

A wide-ranging stakeholder group met online on 19th May 2022 to take part in a prioritisation exercise, shortlisting a longer list of priorities to be taken forward as part of the action plan for the strategy. The criteria for taking priority areas forward were those that best supported the aims and objectives in the strategy, would best meet the needs of our children and young people and families (using insight from the focus groups), be most feasible, and have the greatest impact.

The long list of priority areas considered were:

- A digital mental health platform for children and young people
- Enhanced integrated Single Point of Access (SPA)
- Interactive directory of mental health and wellbeing services
- Whole-school wellbeing and resilience programme
- 16-25 transition service(s) to support young people with their mental health who are being discharged from CAMHS and are not eligible for Adult Mental Health Services
- Family learning and support programme(s)
- Training programme(s) for children and young people workforce in how to better support CYP mental health and wellbeing
- Young person's preventative mental health and wellbeing support – community Youth Offer

The output of this workshop and the focus groups was the generation of a list of prioritised areas to identify funding and develop the deliverables for in the action plan of the first year of the strategy.

10. Vision

This vision for this strategy is to ensure that all children and young people in Oxfordshire can achieve good mental health and wellbeing with access to the right support at the earliest opportunity when they need it. It aims to take a public health approach to the emotional wellbeing and mental health of children and young people which includes considering where people live, work, and play – the wider determinants of health – as well as access to services that provide support when needed.

We will achieve this by

- 1. Multiagency working to ensure service provision in the County is coherent**
- 2. Ensuring a good universal approach by services**
- 3. Ensure targeted approaches which respond to identified needs/vulnerabilities**

11. Aims and Objectives

The following aims and objectives were created in response to a local gap and needs analysis and stakeholder engagement including with Oxfordshire children, young people, and families.

Aim 1: Provide early help and create supportive environments

Providing support at the earliest opportunity was a key aspiration voiced during stakeholder engagement. This also chimes with what we know about how taking a prevention approach to health can help reduce the need for care and resolve issues early on before they may escalate. This includes considering how we can work together on the wider determinants of health, including for example access to green spaces and nature, making Oxfordshire a place that is positive for wellbeing and mental health. We want to ensure that all children, young people, and families have

access to positive wellbeing and preventative mental health support to improve their resilience, while targeting support at those that need it most.

Objectives:

- We will work to improve the wellbeing and resilience of all children, young people, and families, including focusing on the wider determinants of health
- We will target support to those with the most need to tackle local health inequalities
- We will provide early support to everyone to prevent problems from getting worse

Aim 2: Develop a confident workforce

There are many passionate people in Oxfordshire who care for and want the best for the children, young people, and families that they work with. We want to ensure that staff in schools, education, early years, healthcare, youth clubs, and wherever staff work with children, young people, and families, are confident and understand how to support them with wellbeing and mental health needs, including knowing where to go should they require additional support.

Objectives:

- We will build capacity and confidence in the workforce to support children, young people, and families' wellbeing and mental health, and create supportive environments that are positive for wellbeing and mental health, in schools, colleges, youth clubs and early years settings.
- We will improve the understanding of the workforce of how and where to apply interventions and strategies to meet children and young people's needs and to ensure the workforce understand who to signpost and refer children and young people too to support their wellbeing and mental health.

Aim 3: Ensure Positive transitions

The recent coronavirus pandemic impacted us all and this was acutely felt by those aged between 16 to 25 years old locally, a key age where children transition into adulthood, either leave or continue education and training and start to find their feet in employment. We want to focus on providing children and young adults a positive transition into adulthood, and, where applicable, a smooth transition between services so that they can access the support that they need and stay well.

Objectives:

- We will help build the emotional wellbeing and resilience of young people aged 16 to 25 years old, including supporting recovery
- We will ensure that children and young people have and are prepared for positive transitions between children and adult mental health services

Aim 4: Improve Access

Having access to the right support and services at the right time and in the right place was routinely cited in stakeholder engagement as a key aim for the local system. A lack of coordination between the current support available, a limitation based on geography, and at times confusing pathways were all raised as issues to be resolved. The objectives below, subsequent action plan and applying the i-THRIVE needs-based model will seek to ensure that there is a fuller range of options that are easy to access and navigate and can support children, young people, and families in a timely and effective way.

Objectives:

- We will increase the amount of and quality of support available across the County to children, young people, and families to promote positive wellbeing and support mental health problems
- We will increase the range of options to include a mix of face-to-face, telephone, and digital support
- We will ensure that children and young people get directed to the right place at the right time

12. Scope and Governance

The scope of this strategy is on promoting the wellbeing and resilience of all children and young people (aged 0 to 25 years old) and families and supporting mental health problems with a specific focus on prevention. It aims to take a public health approach to the emotional wellbeing and mental health of children and young people which includes considering where people live, work, and play – the wider determinants of health – as well as access to services that provide support when needed.

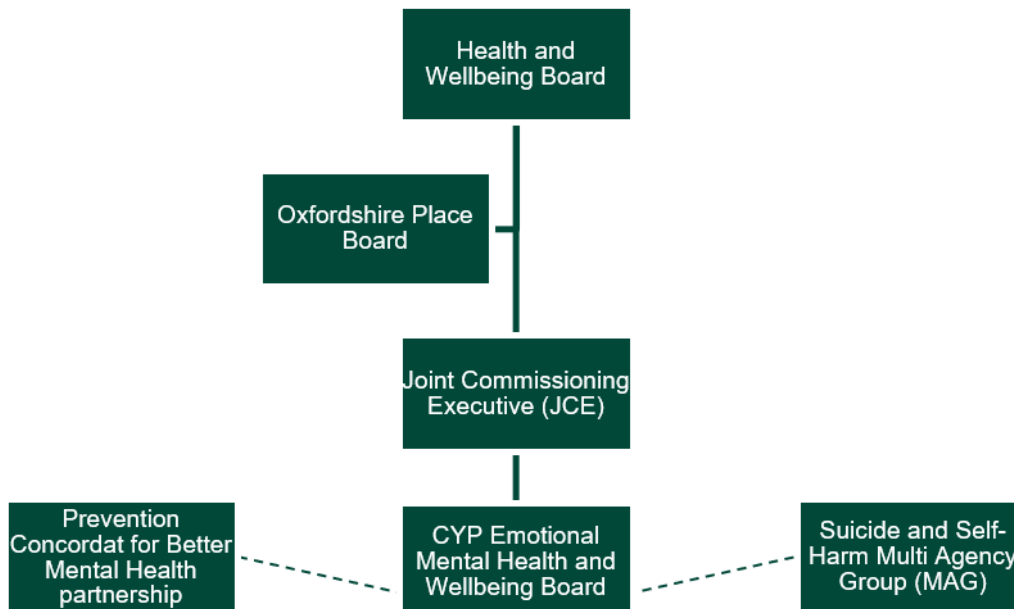
Centred around children and young people's needs using the THRIVE framework (see below), the new strategic approach will seek to address local gaps and issues relating to increased prevalence and acuity of poor wellbeing and mental ill health in Oxfordshire over the last few years alongside the added impact of COVID-19.

The deliverables within the recently published Oxfordshire Child and Adolescent Mental Health Services (CAMHS) Transformation Plan (2020-22) will be brought together with the new deliverables generated during the development of this strategy and be delivered through Oxfordshire's Children and Young People's Emotional Wellbeing and Mental Health Board and other local system partnerships.

The strategy will report progress on deliverables to the Joint Commissioning Executive (JCE) and Health and Wellbeing Board, with updates to other strategic partnership boards as requested, such as the Children's Trust Board, or Oxfordshire Place Board.

New local commissioning arrangements under an Integrated Care Systems (ICS) give fresh opportunities to consider a more integrated approach to how provision is delivered within Oxfordshire from 2022 onwards.

Figure 3: Governance, delivery, and partnership boards for children and young people’s wellbeing and mental health in Oxfordshire



13. Implementation

As outlined in the scope and governance section above, the action plan and implementation of the strategy will be overseen by the Oxfordshire Children and Young People’s Emotional Wellbeing and Mental Health Board, alongside other key system partnerships and will report progress to the Joint Commissioning Executive and Health and Wellbeing Board.

The action plan will be key in producing the deliverables to realise the vision, aims and objectives of the strategy whilst addressing the key gaps in the system. We will also develop a robust set of system KPI’s to ensure that we know we are delivering the best outcomes for our children and young people, meeting the vision, aims and objectives of the strategy including tracking spend, referral pathways, service outputs, performance measures, and key inequalities so that we target resources as effectively as possible and to understand if our commissioned services are making a difference to children and young people’s mental health and wellbeing.

We will use qualitative evaluation methods with children and young people such as case studies and storytelling to paint a richer picture of wellbeing and mental health outcomes. We will work with children and young people to get ongoing feedback on the implementation of the strategy, including mystery shopping on new services taken forward.

Using the data and insight will ensure that local needs will continue to drive the work of the strategy.

Table 4: Oxfordshire Children and Young People’s Emotional Wellbeing and Mental Ill Health Prevention strategy implementation plan

Activity	Timeline
Present the draft strategy at the Health and Wellbeing board	7 July 2022
Informal consultation of the draft strategy	August 2022
Publish strategy	September 2022
Finalise the action plan and deliverables for the strategy	Mid-August 2022
Create business cases for the opportunities to be taken forward	End of August 2022
Identify funding source for opportunities and final decision making	August – September 2022
Develop evaluation and impact measures	September 2022
Deliver actions in the strategy including starting procurement activity	From September 2022
Implementation and mobilisation of new services	From December 2022-23
Review impact and progress against priorities	Six monthly and on an annual basis