1. Children and young people's mental health

1.1. Introduction

Mental ill health in childhood is strongly linked to mental ill health later in life. Half of all adults with mental ill health experience their first symptoms by the age of fourteen, and three-quarters by the age of twenty-four.[i]

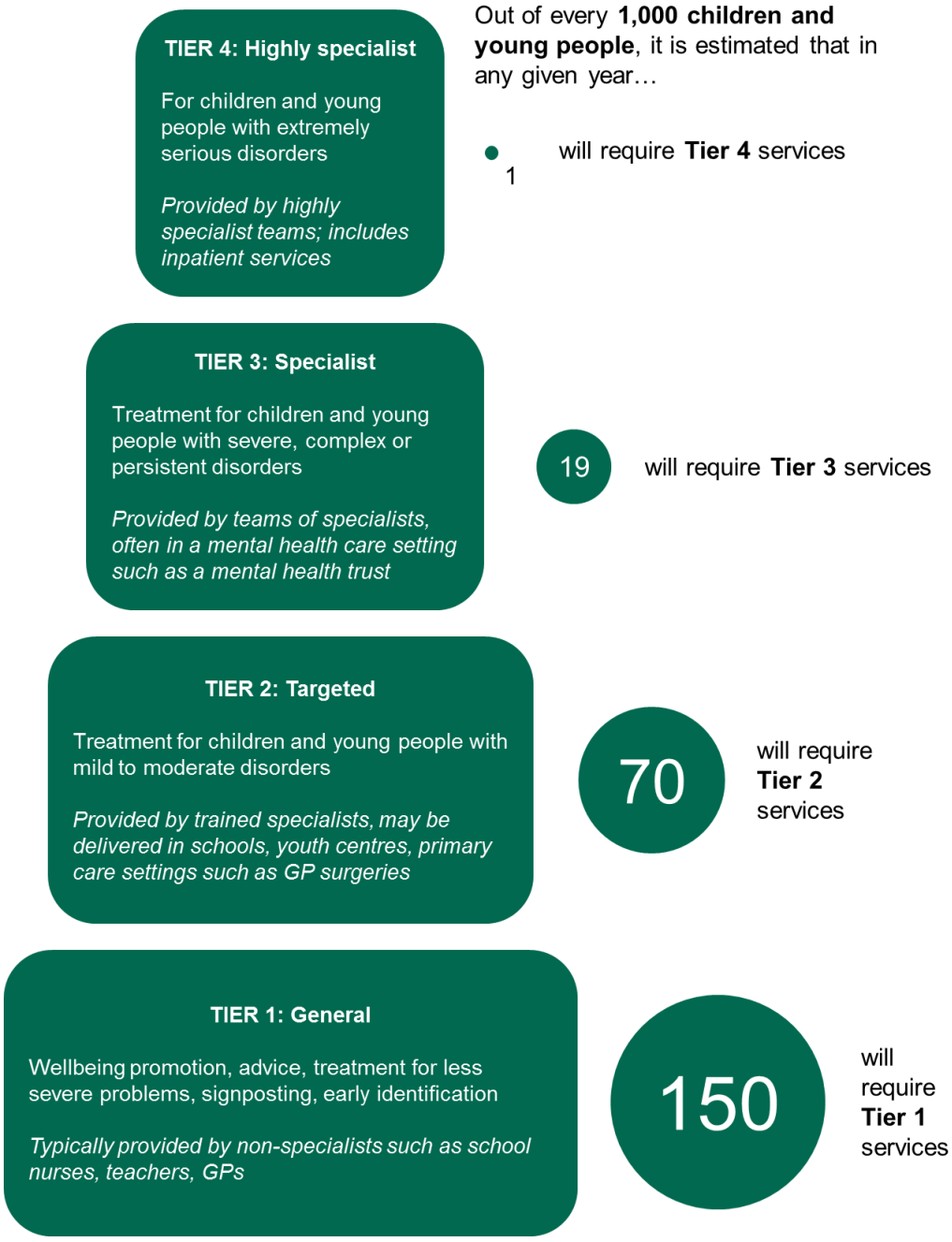
Prevention and treatment of mental ill health in childhood not only helps children and families at the time, but sets children up to be happier, healthier adults in the future.[ii] It can also help young people to avoid risky or criminal behaviour.

Children and young people's mental health services are provided in a variety of settings, from schools and GP practices to mental health inpatient services.

Services are split into four tiers (Figure 1), with Tier 1 part of the general responsibility of all professionals who work with children, Tiers 2 and 3 commissioned on a local level by health and social care bodies, and Tier 4 commissioned at a regional level by NHS England.

Typically, children and young people will enter at Tier 1 and will be stepped up from one tier to the next as appropriate, though they may enter services at any level, and may receive services from more than one tier at once.

Figure 1: Child and Adolescent Mental Health Services (CAMHS) tier structure[iii]



Children and young people's mental health conditions fall into three broad categories, detailed in Box 1.

Box 1: Categories of mental health condition seen in children and young people[iv,v,vi]

In each of the disorders discussed here, the question of whether a child or young person's emotions or behaviours are a problem is considered against the typical emotions or behaviour of peers of the same age.

Conduct disorders: Conduct disorders are characterised by antisocial, aggressive or defiant behaviour, where this behaviour is part of a long-term pattern. Conduct disorders in childhood are associated with a significantly increased rate of mental health problems in adult life; up to 50% of children and young people with a conduct disorder go on to develop antisocial personality disorder.

Emotional disorders: Emotional disorders include depression and anxiety disorders. Young people with emotional disorders may experience sadness, sleep disturbance, irritability, as well as loss of appetite, interest and attention.

Hyperkinetic disorders: The most common type of hyperkinetic disorder is Attention Deficit Hyperactivity Disorder (ADHD). ADHD is characterised by hyperactivity, impulsivity and inattention. Hyperactivity describes an excess of physical movement or visible restlessness; impulsivity describes poor decision-making behaviour, with actions taken without forethought; inattention describes difficulty paying attention or sustaining effort.

Around one in five children with a mental health condition have more than one such condition.[vii] In particular, more than 40% of children and young people with a diagnosis of conduct disorder also have a diagnosis of ADHD.[iv]

As well as mental health conditions common in children and young people, severe and enduring mental illnesses such as schizophrenia and bipolar disorder (see Section **Error! Reference source not found.**) can develop in adolescence. Early identification of these illnesses and appropriate early intervention can aid recovery, reduce the risk of relapse, and improve service users' long-term outcomes.[viii]

The age range of 'children and young people' in this section varies by data source. In general, we are considering children and young people age 0-18.

1.2. Causes and risk factors

There is no single understood set of causes for childhood mental health disorders. A combination of genetic, psychosocial and environmental factors are linked to each disorder.

Conduct disorders

A systematic review of the risk factors for conduct disorder and delinquency identified a large number of different psychosocial risk factors at an individual, family and social level. [ix] Individual factors included impulsivity (with a diagnosis of ADHD itself a risk factor), low intelligence scores and low educational attainment. Family factors included parenting issues such as lack of supervision, harsh punishment and 'cold' parental attitudes. Social factors included low family income, peer influence and school influence.

Emotional disorders

The National Institute for Health and Care Excellence (NICE) guidance on depression in children and young people suggests that the 'stress-vulnerability' model applies to children and young people as well as adults. [v] In this model, depression occurs when someone who is vulnerable to depression experiences a particular stressor. Vulnerability can be genetic and psychosocial, with longstanding psychosocial difficulties (such as troubled family life, abuse and being bullied) being a precursor for major depressive episodes in more than 95% of cases. In children, the stressors are more often related to family problems, while in adolescents they are more often linked to friendship problems.

Hyperkinetic disorders

The NICE guidance on ADHD identifies a strong genetic component to these disorders. [vi] Environmental risk factors include maternal use of tobacco, alcohol or illegal drugs during pregnancy. Psychosocial risk factors include early childhood trauma or adversity.

1.3. Local data and unmet need

Mental health services for children and young people in Hackney and the City are described in Section 1.7.

1.3.1. Numbers affected – known to services

Tier 1 services are provided entirely in schools, GP practices, youth centres and other general settings. We do not have data on the number of children and young people who receive Tier 1 services within these settings.

Tier 2 services are also provided in schools, GP practices, youth clubs and other general settings. Where these services are provided by teachers, school nurses, GPs or other non-specialists, we not have data on the number of children and young people who receive them. However, we do have data on services provided by

specialist Tier 2 City and Hackney CAMHS services in these settings (see Section 1.7 for more details). There were almost 1,000 open cases receiving such servies at the end of the financial year 2014/15 (Table 1). The largest Tier 2 open caseload for specialist services was held by First Steps, an early intervention service, which consisted of 80% of open Tier 2 cases for specialist services.

At the end of the financial year 2014/15, there were over 1,100 open cases in Tier 3 City and Hackney CAMHS services (Table 1). The largest Tier 3 open caseload was held by Specialist CAMHS, which consisted of 59% of all open Tier 3 cases.

In the financial year 2014/15, 17 City of London resident children aged 0-18 with mild to moderate mental health problems attended First Steps (Tier 2); no other data are available separately for City of London.

Data were not available for London Tier 4 CAMHS service use.

Table 1: Hackney and the City residents using CAMHS (Q4 2014/15)

Tier	Service	Cases open at the end of the quarter	Cases seen during the quarter	
		No.	No.	As proportion of cases open at the end of Q4 in this service*
Tier 2 (does not include non-specialist services)	Hackney Children's Social Care	194	227	117%
	First Steps	789	492	62%
	Tier 2 Total	*983*	*719*	
Tier 3	CAMHS Disability	313	215	69%
	Specialist CAMHS	648	534	82%
	CAMHS for Young Hackney	81	78	96%
	Adolescent Mental Health Team	61	53	87%
	Tier 3 Total	*1,103*	*880*	

Local service data extracted from the Hackney Children and Young People's Emotional Health and Wellbeing Partnership report, Q4 2014/15

* Please note some cases were seen during the quarter but closed before the end of the quarter.

Local data are broken down by age and gender in Section 1.4.

1.3.2. Numbers affected – estimated

The estimates in Table 2 suggest that around 5,600 children and young people in Hackney have a diagnosable mental health disorder, with just over 50 in the City.

The most common disorder among boys is conduct disorder, which is estimated to affect around two-thirds of all boys with one or more mental health condition. The most common disorders among girls are emotional, conduct and anxiety disorders, each of which affect around half of all girls with one or more mental health condition.

Around one in five children with a mental health condition has more than one such condition, so the total number of children estimated to have *any* mental health disorder is less than the sum of the total number of children estimated to have each named condition.

Table 2: Estimated number of Hackney and the City residents (aged 5-15) with mental health disorders

	National estimates (%)[x]			Estimated number of children aged 5-15 with each disorder						
				Hackney			City of London			TOTAL
	Boys	Girls	All	Boys	Girls	Total	Boys	Girls	Total	
Emotional disorders	3	4.1	3.5	884	1,194	2,078	8	11	19	2,097
Anxiety disorders	2.8	3.7	3.2	825	1,078	1,902	8	10	18	1,920
separation anxiety	0.4	0.6	0.5	118	175	293	1	2	3	295
specific phobia	0.8	0.8	0.8	236	233	469	2	2	4	473
social phobia	0.2	0.3	0.2	59	87	146	1	1	1	148
panic	0.1	0.2	0.1	29	58	88	0	1	1	89
agoraphobia	0.1	0.2	0.1	29	58	88	0	1	1	89
Post-traumatic stress	0.1	0.2	0.1	29	58	88	0	1	1	89
obsessive compulsive	0.1	0.2	0.1	29	58	88	0	1	1	89
generalised anxiety	0.1	0.2	0.1	29	58	88	0	1	1	89
other anxiety	0.8	1.1	1	236	320	556	2	3	5	561
Depression	0.6	0.9	0.7	177	262	439	2	2	4	443
depressive episode (full ICD criteria)	0.4	0.7	0.5	118	204	322	1	2	3	325
other depressive episode	0.1	0.3	0.2	29	87	117	0	1	1	118
Conduct disorders	7.8	3.8	5.9	2,298	1,107	3,404	21	10	31	3,436
oppositional defiant disorder	4.2	2.1	3.2	1,237	612	1,849	11	6	17	1,866
unsocialised conduct disorder	1.2	0.5	0.9	353	146	499	3	1	5	504
socialised conduct disorder	1.5	0.8	1.1	442	233	675	4	2	6	681
other conduct disorder	0.9	0.4	0.7	265	117	382	2	1	4	385
Hyperkinetic disorder	2.7	0.4	1.5	795	117	912	7	1	8	920
Any emotional, conduct or hyperkinetic disorder	10.2	7.1	8.7	3,005	2,068	5,072	28	19	47	5,119
Any disorder	11.6	7.5	9.6	3,417	2,184	5,601	31	20	52	5,653

National prevalence estimates adjusted by local index of need (MINI2K)**Error! Bookmark not defined.** applied to population figures.[xiii]
Please note that MINI2K is based on demand for adult mental health services. The adjustments are likely to reflect the demographic and wider determinants of health influencing levels of demand for CAMHS, but as they are not designed for this purpose the resulting figures are indicative only.

Table 3 provides prevalence estimates of need at each of the four service tiers. This estimate is not directly comparable with the number of children and young people estimated to have a diagnosable mental health condition (Table 2), as it is derived from a different source and covers a different age group. However, it should be noted that children and young people may require mental health support without having a diagnosable condition, for instance if they have persistent sub-clinical symptoms or have experienced a recent trauma or loss.

2,000 children and young people in Hackney and 20 in the City are estimated to require Tier 3 or 4 CAMHS. Almost 16,000 overall have lower level mental health needs requiring a Tier 1 intervention.

Table 3: Estimated number of Hackney and the City residents (aged 0-18) who require Tier 1-4 CAMHS

Tier	National estimates of need[xi]	Estimated number of children and young people		
		City of London	Hackney	Total
1	15%	154	15,586	15,740
2	7%	72	7,273	7,345
3	1.85%	19	1,922	1,941
4	0.075%	1	78	79

Estimates: National prevalence estimates adjusted by local index of need (MINI2K)[xii] applied to population figures.[xiii]
Please note that MINI2K is based on demand for adult mental health services. The adjustments are likely to reflect the demographic and wider determinants of health influencing levels of demand for CAMHS, but as they are not designed for this purpose the resulting figures are indicative only.

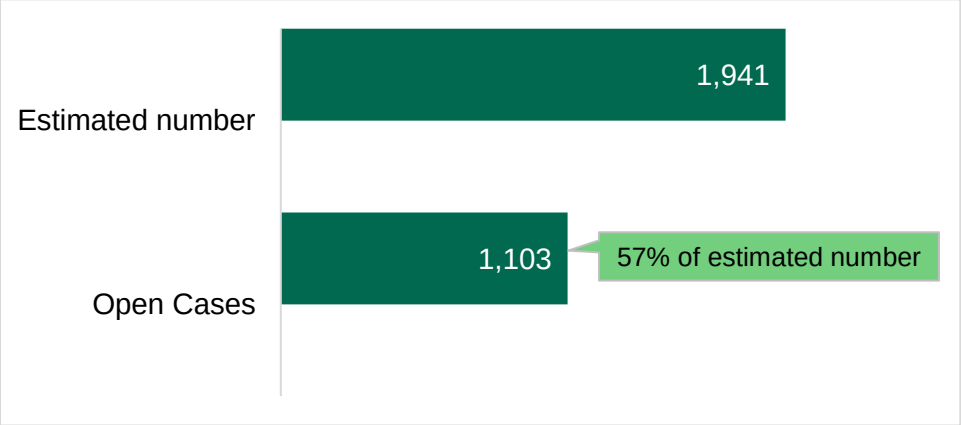
1.3.3. Unmet need

It is not possible to estimate unmet need for Tier 1 or Tier 2 services without reliable estimates of the number of children and young people receiving these services from non-specialists in general settings such as schools and GP practices.

There are an estimated 1,900 children and young people in need of Tier 3 services in Hackney and the City (Table 3). At the end of financial year 2014/15, the number of open City and Hackney cases in Tier 3 services was 57% of this estimate (Figure 2). Note that these data form snapshot from the final quarter of 2014/15 and may not be reflective of the full year's caseload.

Combining the estimated and known caseloads suggests that around 800 children and young people who are eligible for Tier 3 services may not be receiving the support they need.

Figure 2: Estimated number of Hackney and the City residents (aged 0-17) who require Tier 3 CAMHS compared to known service use (Q4 2014/15)



Local data: City and Hackney CCG, CAMHS Performance Data Q4 2014/15
Estimates: See Table 3

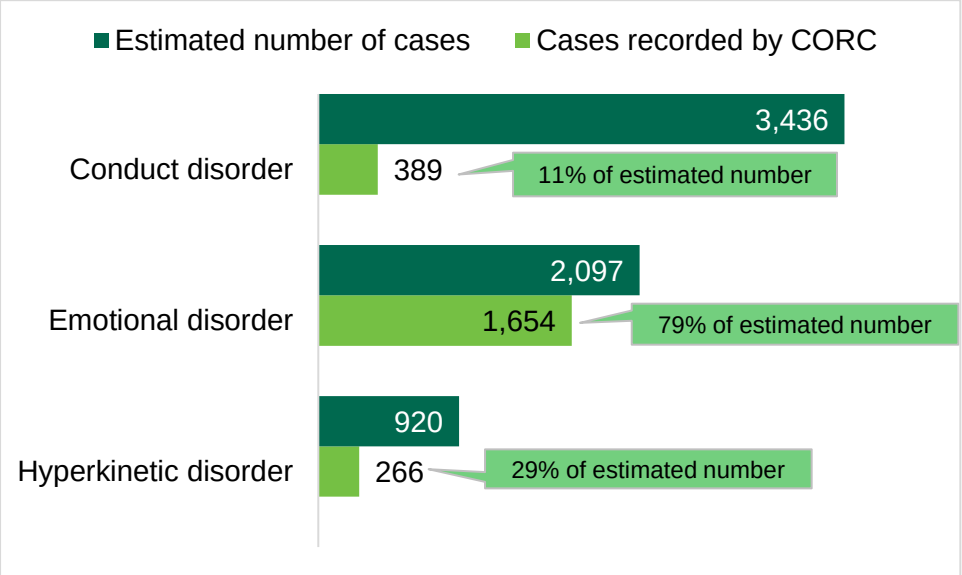
No data are available to examine unmet need at Tier 4.

Figure 3 breaks down Tier 3 unmet need by condition. It has been compiled from data submitted to the CAMHS Outcomes Research Consortium (CORC) for 2013. These data are known to be incomplete (see caveats below), but comparing this with estimates of need presented in Table 2 gives some indication that conduct disorder in particular may be significantly under-treated in Hackney and the City.

Please note the following caveats when interpreting these data:

- Service data are only available for those teams who submitted CORC data. This is not the full range of teams serving Hackney and the City, and there may be some overlap between people seen by more than one service.
- There is a large overlap between types of disorder – over 20% of children with a disorder were diagnosed with more than one of the main types.
- It is not always obvious from the stated disorder(s) what tier of service the child or young person requires.

Figure 3: Estimated number of Hackney and the City residents (aged 5-15) with certain mental health disorders compared to service use submitted to CORC of City and Hackney CAMHS Tier 3 services in 2013



Local data: CAMHS Outcomes Research Consortium, 2013
Estimates: See Table 2

1.4. Health inequalities

1.4.1. Age and gender

Table 4 shows that the gender distribution of Hackney and the City clients seen for Tier 2 and Tier 3 services in Q4 2014/15 (January to March 2015) was similar, with 55% of Tier 2 service users and 56% of Tier 3 service users being male.

This is roughly consistent with national prevalence estimates of 61% cases male and 39% female (Figure 4).

Table 4: Gender distribution of Hackney and the City CAMHS service use (Q4 2014/15)

	Hackney and the City 0-18 demographics[xiii]	Tier 2		Tier 3	
		Number	Proportion	Number	Proportion
Patients seen	-	719	-	880	-
Male	*50.5%*	335	54.7%	490	55.7%
Female	*49.5%*	277	45.3%	390	44.3%
Missing	-	107	-	0	-

Local data: Hackney Children and Young People's Emotional Health and Wellbeing Partnership report, Q4 2014/15

Table 5 shows that the age distribution of Hackney and the City clients seen in Q4 2014/15 differed between Tier 2 and Tier 3, with Tier 2 services having a younger profile (24% of service users aged 0-4 in Tier 2 compared to 6% in Tier 3). The age profile of Tier 3 services was roughly consistent with national prevalence estimates[x]

applied to the Hackney and the City age distributions, which predicts that 49% of cases would be aged 5-10 and 51% aged 11-16.[1]

Table 5: Age distribution of Hackney and the City CAMHS service use (Q4 2014/15)

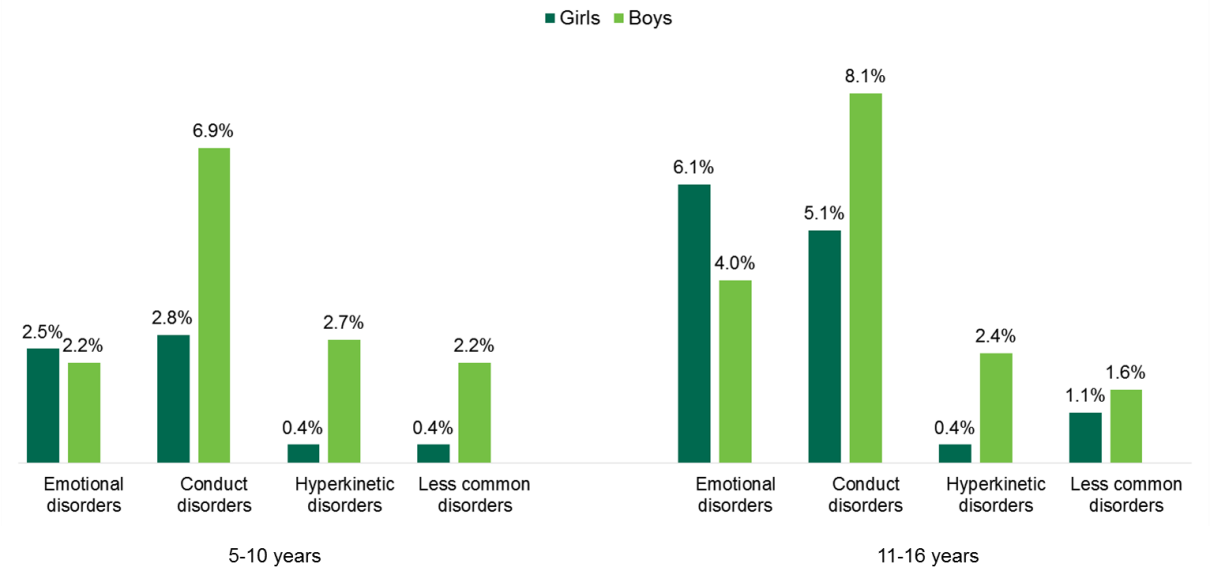
	Hackney and the City 0-18 demographics[xiii]	Tier 2		Tier 3	
		Number	Proportion	Number	Proportion
Patients seen	-	719	-	880	-
0-4	*32.7%*	144	23.4%	55	6.3%
5-11	*36.2%*	265	43.1%	373	42.4%
12-18	*31.1%*	206	33.5%	452	51.4%
Missing	-	104	-	0	-

Local data: City and Hackney Children and Young People's Emotional Health and Wellbeing Partnership report, Q4 2014/15

Nationally, conduct disorder and hyperkinetic disorder are more prevalent in boys than girls, while emotional disorder is more prevalent in girls, especially in their teens (Figure 4).

Almost half (46%) of boys and more than one third (36%) of girls with conduct disorder are estimated to have at least one co-existing mental health problem.[iv] This compares with just one in five of all children with any mental health condition.

Figure 4: Prevalence of mental disorders by age and sex, 2004[x]



1.4.2. Other equality areas

Nationally, it is known that certain groups of children and young people are particularly vulnerable to mental ill health, including adopted children, looked after children, care leavers, those in contact with the youth justice system, those who are

[1] The national prevalence rate is 7.7% in 5-10 year olds and 9.6% in 11-16 year olds, but the 5-10 population is larger than the 11-16 population in Hackney and the City.

abused, those excluded from school, those involved in gangs, and those with a learning disability and/or autistic spectrum disorder.[xiv]

Other factors that may affect vulnerability to mental ill health include ethnicity,[xv] sexuality and gender identity.[xvi]

Box 2: Local research: Stamford Hill Orthodox Jewish children's access to CAMHS

Interlink, an Orthodox Jewish Voluntary Action organisation, has conducted local insight work into access to CAMHS within the Stamford Hill Orthodox Jewish community.

Recommendations included:

- A closer working relationship could be developed between service providers and the community's teachers and school staff. Most children within the community are educated in private religious schools, which may not have the same structures and links with CAMHS as typical state schools.
- Therapy provision should incorporate Yiddish-speaking therapists who are familiar with the community's cultural norms and school systems.

Source: Fund for Health 2014/15, Healthwatch Hackney and City and Hackney CCG.

1.5. Comparisons with other areas and over time

Public Health England (PHE) has produced the *Children's and Young People's Mental Health and Wellbeing Profiles*, a free, online tool that allows users to compare local and national figures on a number of different indicators: http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh.

A small selection of indicators from the PHE tool are displayed below.

In summary, Hackney has moderately high levels of pupils with behavioural, emotional or social support needs and very high levels of fixed period exclusions for disruptive behavior (although these appear to be falling). However, levels of child mental health admission and first time entrants to the youth justice system are similar to the national average and, as with the rest of London, in Hackney there are lower rates of hospital admissions related to self-harm than the national average.

Data are only available for one of the selected indicators for the City of London, and the small number of children in the corporation means caution must be taken in interpreting the results. However, it appears that the City has comparatively low prevalence of pupils with behavioural, emotional or social support needs.

Pupils with behavioural, emotional and social support needs

Figure 5 shows that Hackney has a slightly higher proportion of pupils with behavioural, emotional or social support needs than London or England, and is similar to most of its 'statistical peers'.[2]

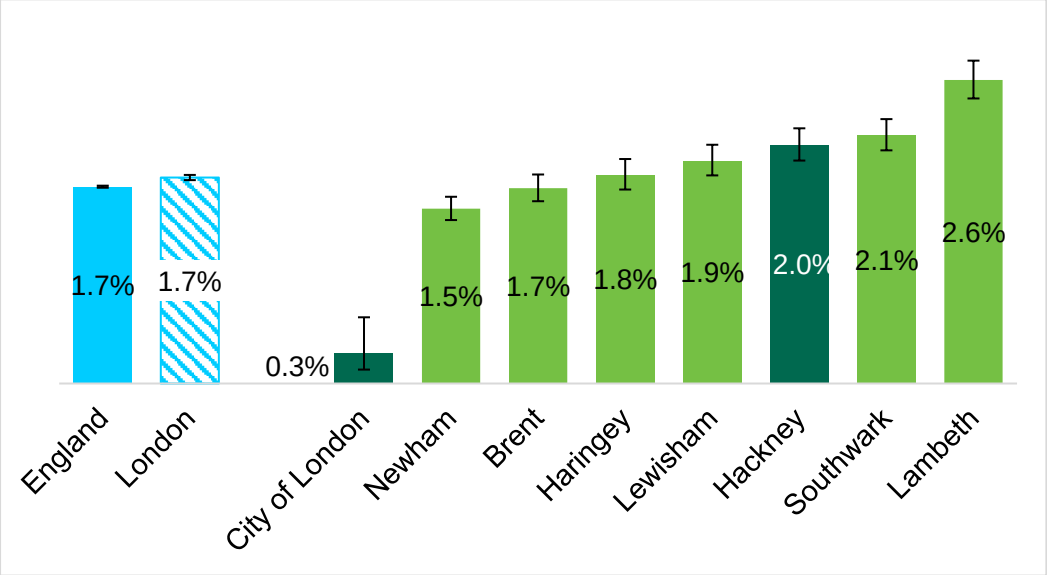
Figure 6 shows that while there has been a slight decline in this figure for both London and England between 2013 and 2014, this was not reflected in Hackney's figures.

Figure 5 also shows that the City of London has a much lower proportion of pupils with behavioural, emotional or social support needs than London or England. Please note however that this figure is based on where the pupil attends school; the City of London has only one maintained school (Sir John Cass's Foundation Primary School) and only about a third of the pupils who attend the school are City residents. In addition, there are only a small number of pupils contributing to this figure, and so caution must be taken when drawing conclusions from this result.

Figure 6 shows that while there has been a slight decline in this figure for both London and England between 2013 and 2014, this was not reflected in the City of London's figures.

[2] Local authorities with a similar demographic make up to Hackney, used for the purpose of comparisons. This chapter of the JSNA follows the 2014 *Mental Health Needs Assessment*, which used a previous version of Hackney's statistical peers ('London Cosmopolitan'): Brent, Haringey, Lambeth, Lewisham, Newham and Southwark.

Figure 5: Pupils with behavioural, emotional or social support needs: Proportion of primary, secondary and special school pupils (2014)



Hackney value statistically significantly higher than England and London.
City of London value statistically significantly lower than England and London.
Data from SFR26 Local Authority Tabulations, analysis by Public Health England. [xvii]
Black bars are 95% confidence intervals. This are a statistical indicator of how closely the reported figures are likely to reflect the 'true' or underlying pattern.

Figure 6: Pupils with behavioural, emotional or social support needs over time: proportion of primary, secondary and special school pupils (2013-2014)

Data from SFR26 Local Authority Tabulations, analysis by Public Health England.

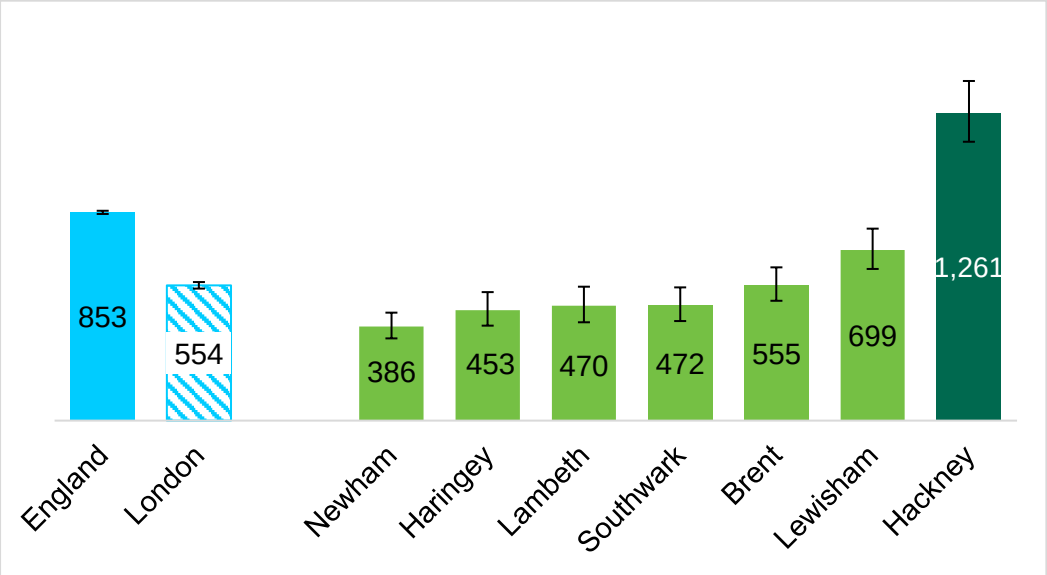
School exclusion due to persistent disruptive behaviour

Persistent disruptive behaviour in school may point to unmet behavioural, emotional or social needs.[xviii]

Figure 7 shows that Hackney's rate of school exclusion due to persistent disruptive behaviour is much higher than the rate in England or London. In particular, it is over twice as high as the rate for most of Hackney's statistical peers. However, Figure 8 shows that this rate did decrease sharply (by roughly a third) between 2011/12 and 2012/13, a much bigger decrease than in London or England.

No data are available on fixed period exclusions due to persistent disruptive behaviour in the City of London.

Figure 7: Fixed period exclusion due to persistent disruptive behaviour: rate per 100,000 primary, secondary and special school pupils (2012/13)



Hackney value statistically significantly higher than England and London.
No data available for City of London.
Data from School Census, analysis by Public Health England.

Figure 8: Fixed period exclusion due to persistent disruptive behaviour over time: rate per 100,000 primary, secondary and special school pupils (2011/12-2012/13)

No data available for City of London.
Data from School Census, analysis by Public Health England.

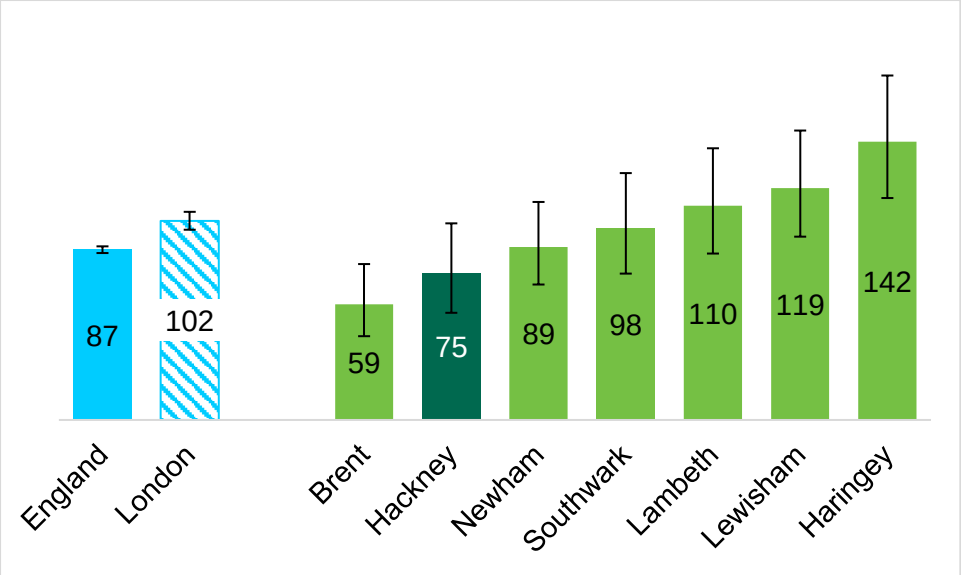
Child hospital admissions for mental health

Figure 9 shows that the rate of child hospital admissions for mental health is similar in Hackney to the rate in London and England, but lower than some of its statistical peers.

Figure 10 suggests that Hackney may be following the national trend of a slight decline in admission rates over time, but due to the small numbers involved this is not a statistically significant decline for Hackney.

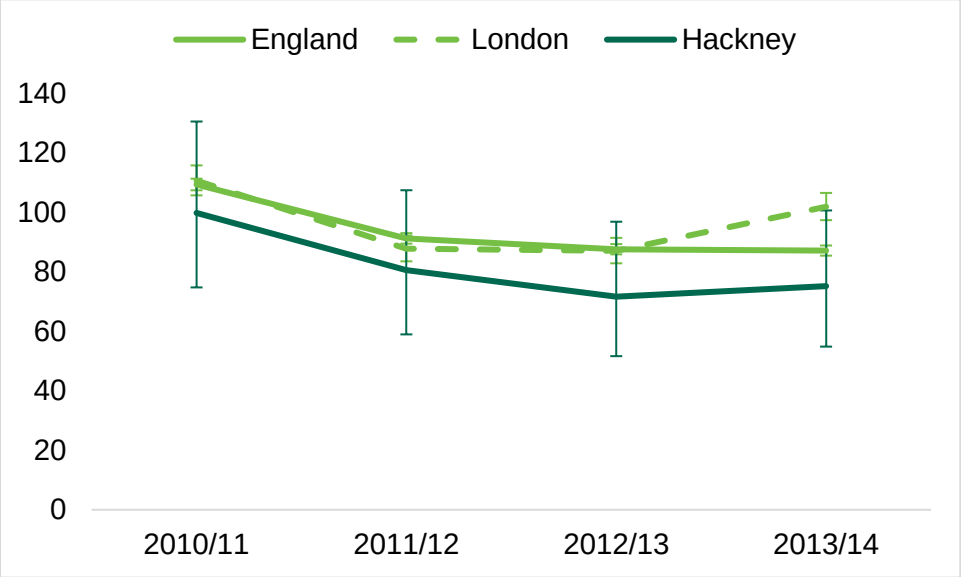
No data are available on child admissions for mental health for the City of London.

Figure 9: Child hospital admissions for mental health: rate per 100,000 population aged 0-17 (2013/14)



Hackney value not statistically significantly different from England or London.
No data available for City of London.
Data from Hospital Episode Statistics, analysis by Public Health England.

Figure 10: Child hospital admissions for mental health over time: rate per 100,000 population aged 0-17 (2010/11-2013/14)



No data available for City of London.
Data from Hospital Episode Statistics, analysis by Public Health England.

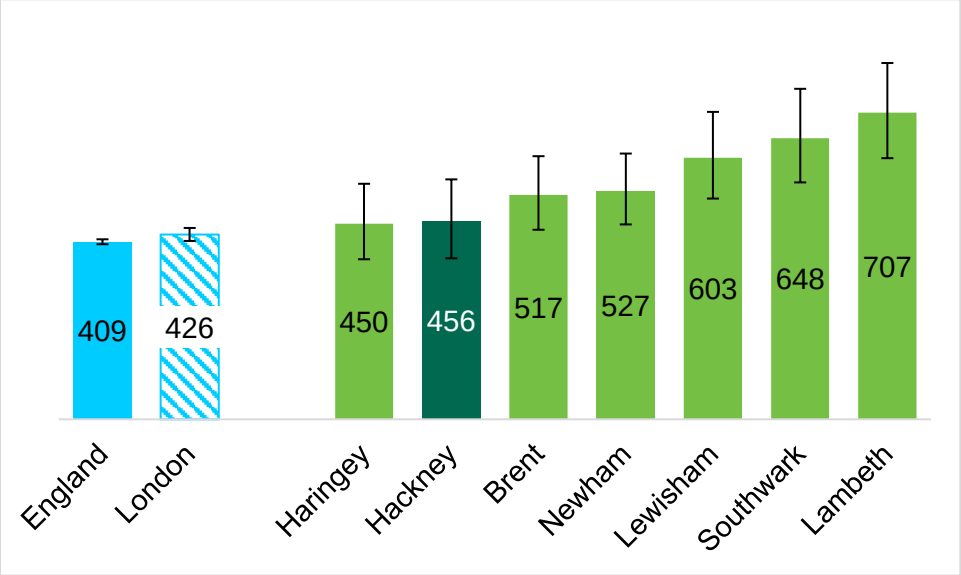
First time entrants to the youth justice system

Figure 11 shows that Hackney has similar levels of first time entrants to the youth justice system as London and England, and lower levels than some of its statistical peers.

Figure 12 shows that this rate dropped by half both locally and nationally between 2010 and 2014, with Hackney's figures close to both London's and England's throughout this period.

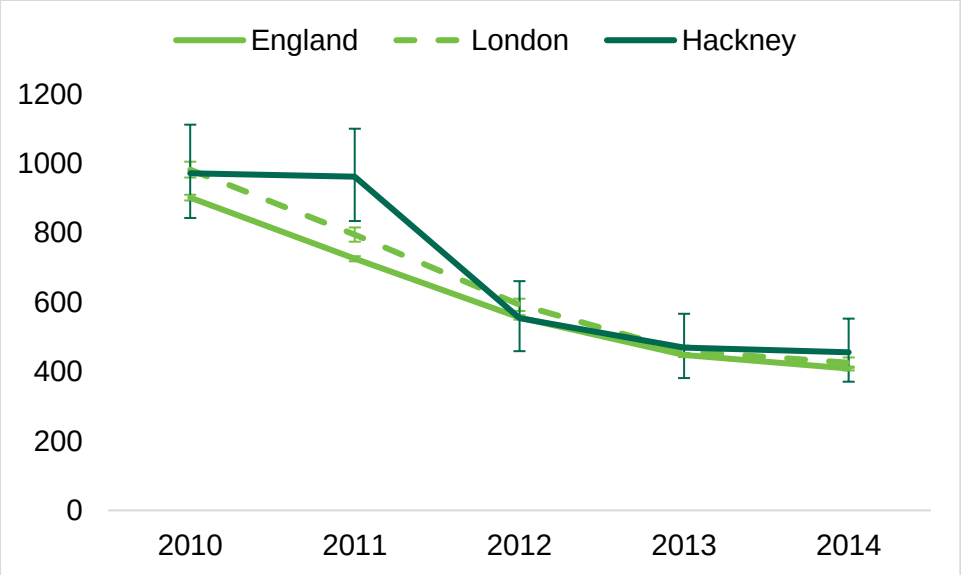
No data are available on first time entrants to the youth justice system in the City of London.

Figure 11: First time entrants to the youth justice system: rate per 100,000 population aged 10-17 (2014)



Hackney value not statistically significantly different from England or London.
No data available for City of London.
Data from Police National Computer, analysis by Public Health England.

Figure 12: First time entrants to the youth justice system over time: rate per 100,000 population aged 10-17 (2010-2014)



No data available for City of London.
Data from Police National Computer, analysis by Public Health England.

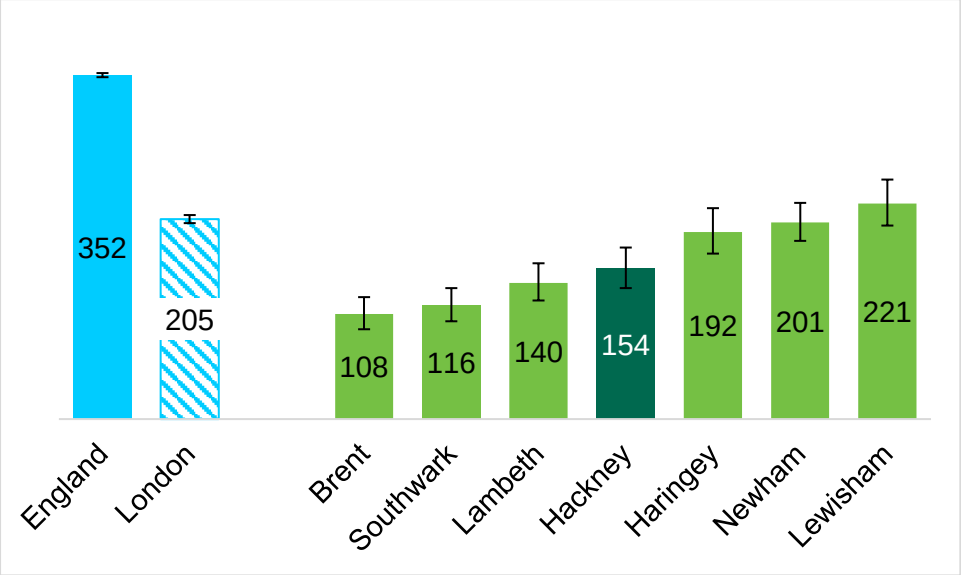
Self-harm

Figure 13 shows that Hackney has lower rates of hospital admission for self-harm in young people than London and England, and is in the middle of the range of its statistical peers. Figure 14 shows that rates over time in Hackney have decreased slightly.

However, stakeholders consulted for the Mental Health Needs Assessment in 2014 reported an increase in the number of cases of self-harm, noting that many of these cases go unreported as they do not lead to hospital admission.[xix]

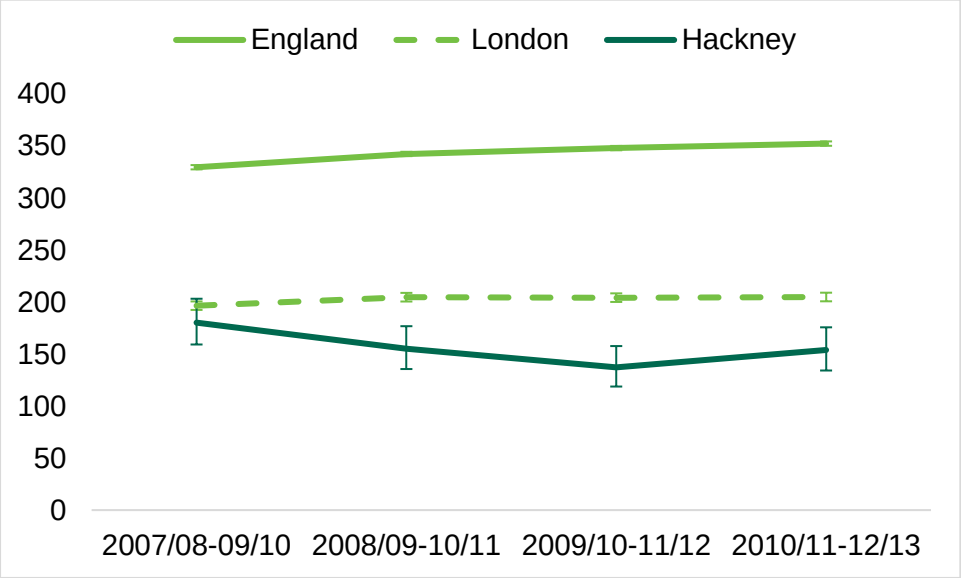
No data are available on hospital admissions for self-harm in the City of London.

Figure 13: Young people hospital admissions for self-harm: rate per 100,000 population aged 10-24 (2010/11-12/13)



Hackney value statistically significantly lower than England and London.
No data available for City of London.
Data from Hospital Episode Statistics, analysis by Public Health England.

Figure 14: Young people hospital admissions for self-harm over time: rate per 100,000 population aged 10-24 (2007/08-09/10 to 2010/11-12/13)



No data available for City of London.
Data from Hospital Episode Statistics, analysis by Public Health England.

1.6. Evidence for what works

Box 3: Local case study: Mental wellbeing in disabled children and young people

A was a partially sighted young man who had few social opportunities outside school. He rarely travelled on his own and was not confident in his physical abilities or social skills.

Royal London Society for Blind People (RLSB) contacted A about attending a series of summer 'Sport and Play' sessions. These sessions allowed him to meet new people, try out a range of different skills, and focus his energy on new, positive challenges.

Through these sessions, A became more confident and made new friends he now sees outside the structured sessions. He says he is happier and no longer feels bored or lonely.

Adapted with permission from a case study provided by RLSB.

The Centre for Mental Health produced a report in 2015 reviewing the evidence on the costs and benefits of increased service provision for children's mental health.[vii] Strong evidence was found for effective interventions on conduct disorder, anxiety disorders, depression and ADHD, and in each case the economic benefit to public services was estimated (in reduced costs over the life course) along with the increased expected future earnings of the individual receiving the intervention.

Table 6 summarises the results of this analysis. The benefit is the sum of the public service savings and the increased future earnings of the individual. No monetary value has been put on the intangible benefits of better health and improved quality of life.

The biggest gains are seen in:

- school-based interventions for young children with conduct disorder;
- Aggression Replacement Therapy for adolescent children and young people with conduct disorder;
- group cognitive behavioural therapy (CBT) for children with anxiety disorders;
- group CBT for children with depression.

Table 6: Summary of children's mental health interventions and benefit:cost ratios, reproduced from the Centre for Mental Health's 2015 publication, 'Investing in children's mental health'[vii]

Condition	Intervention	Age range targeted	Cost per child (2012/13 prices)	Benefit:cost ratio
Conduct disorder in early years	Family Nurse Partnerships	<2 years	£7,560	2:1
	Group parenting programme	3-12	£1,200	3:1
	Individual parenting programme	2-14	£1,800	2:1
	School-based interventions	6-8	£108	27:1
	Whole-school anti-bullying intervention	School-age	£75	14:1
Conduct disorder in adolescence	Aggression Replacement Therapy	12-18	£1,260	22:1
	Functional Family Therapy	11-18	£2,555	12:1
	Multi-systemic therapy	12-17	£9,730	2:1
	Multi-dimensional therapy	12-18	£7,820	3:1
Anxiety disorders	Group cognitive behavioural therapy (CBT) for children	5-18	£252	31:1
	Group CBT via parents	5-18	£175	10:1
Depression	Group CBT	12-18	£229	32:1
	Individual CBT	12-18	£2,061	2:1
ADHD	Group parent training	2-12	£1,211	1.4:1
	Multi-modal therapy	School-age	£1,495	2:1

NICE guidance is also available for conduct disorder, depression in children and young people, and ADHD. Key points are summarised in Table 7.

Table 7: Summary of NICE guidance

	Prevention	Identification	Treatment	Ongoing support
Conduct disorder **(NICE conduct disorder pathway)**	Identify groups that are at a higher risk of developing conduct disorder and offer classroom based emotional learning and problem solving classes early on. There are several recommended programmes for high-risk groups, such as parent training programmes and child-focused programmes that work on social and cognitive problem solving.	Initial assessment to be done in primary care if any concerns raised by anyone in contact with the child and then referred onto CAMHS for a comprehensive assessment. Develop an individualised care plan with the input of parents.	Effective treatment and care options take account of various factors around the patient and how they present. Multi-modal interventions provided by specially trained case managers are shown to be very effective. Again, patients and carers should be offered parent training programmes and child-focused programmes that work on social and cognitive problem solving. Pharmacological interventions are not routinely offered, except in complex cases.	Health and social care providers should ensure that the child is under the care of a single team and not passed onto multiple teams unnecessarily
Depression **(NICE depression in children and**	Not covered in pathway.	Children at risk of depression include those with acute sadness and distress and those who have recently experienced a single	Effective treatment and care options take account of various factors around the patient and how they present. Care should be stepped up depending on	If a child is at high risk of relapse, ongoing therapy should be considered and Tier 1 professionals, family and carer(s) should be informed of illness

	Prevention	Identification	Treatment	Ongoing support
young people pathway)		undesirable event (such as bereavement or parental divorce). Family history and context should be taken into account.	length and severity of symptoms and family context.	features, early warning signs and sub-threshold disorders.
Hyperkinetic disorders **(NICE hyperkinetic disorders pathway)**	Not covered in pathway.	Initial identification of ADHD can vary, but often involves school settings, parent referrals to GP etc. Practice 'watchful waiting' for the first 10 weeks and then refer to parent training programmes. If problems persist then consider referral to specialist for comprehensive assessment. For severe ADHD consider immediate referral to secondary services. GP should be kept aware of any referrals.	Treatments vary for different ages. For preschool children it is recommended that parent training educational programmes are first line; pharmacological treatment is not recommended at this stage. Referral to tertiary services if this fails. For school age children with moderate impairment, parent programmes and CBT are recommended initially. Pharmacological treatment is not recommended unless severe impairment or poor response/refusal of first-line treatment.	Support at school is recommended. Teachers with ADHD training should be involved with providing ongoing behavioural interventions at school. A long-term care plan that includes forward planning for relapses should be developed, and all children should be re-assessed at school leaving age to arrange a smooth transition into adult care. Annual reviews are recommended for children on drug treatment.

1.7. Services and support available locally

1.7.1. Prevention

Hackney and the City are commissioning a new health and wellbeing service for five to 19 year olds (and up to 25 for vulnerable young people) which has as one of its objectives, 'Improvements in children and young people's mental health and wellbeing'. Amongst other activities, the service will involve mental health promotion in settings such as schools and youth hubs across a range of topics including anxiety, bereavement, eating disorders, self-harm and many others.

In Hackney, the Hackney Learning Trust offers a large number of parenting programmes meeting a range of different needs, identified as:

- universal - for all parents and carers;
- universal plus partnership - where levels of increasing need have been identified;
- complex/high risk - where poor outcomes are already observed.[xx]

In the City, the Corporation of the City of London offers Early Help, an early intervention and prevention service for families, which offers a wide range of support including counselling and parenting programmes.[xxi]

Parenting programmes for complex/high risk needs are also available in Hackney and the City through First Steps, a Tier 2 early intervention service.

A large number of voluntary sector organisations in Hackney and the City aim to support children, young people and their families in difficult circumstances. Some, such as mentoring charity Chance UK, work explicitly to tackle emotional and conduct difficulties in younger children to keep these from escalating. Others, such as the voluntary, school and council partnership Families First, have a broader remit which address many known risk factors.

It is a national requirement that every school has an anti-bullying policy which should be published on their website; the policy will vary by school. The Hackney Learning Trust have published a Schools Wellbeing Strategy outlining good practice for schools.

Local organisations such as Off Centre and national organisations such as BEAT and Young Minds deliver outreach in schools aimed at preventing bullying. Family Action provide help to families in primary care.

1.7.2. Identification

The new health and wellbeing service for five to 19s (and up to 25 for vulnerable young people) will identify children and young people in need of extra support and refer them onto local CAMHS services

The Integrated Clinicians in Young People's Services programme in the London Borough of Hackney works with Hackney Children and Young People's Service to offer early identification and screening for their clients.

The City of London Corporation Public Health and Children's Social Care teams have commissioned an enhanced CAMHS scheme for looked after children under the care of the Corporation. Under this service, all looked after children and care leavers receive a CAMHS assessment which is undertaken in the placement and includes the mental state of the child or young person. All relationships are assessed and assessments include diagnosis of common conditions such as ADHD. Autism Spectrum Conditions can be screened for and diagnosed if appropriate. Teaching and training is provided to foster carers and support is also offered for crisis management on a case by case basis.

1.7.3. Treatment, care and support

As Tier 1 encompasses all professionals who work with children, the care and support offered ranges by organisation. In schools, Tier 1 support may include pastoral care from teachers and school nurses. In primary care this is provided by GPs.

The Tier 2 early intervention service, First Steps, based in children's centres and GP practices across Hackney and the City, provides brief psychological interventions for children and young people with mild to moderate mental health difficulties. There is no threshold for this service.

Tier 3 services are provided by Homerton University Hospital NHS Foundation Trust (HUHFT) and the East London NHS Foundation Trust (ELFT). They include:

- Core Specialist CAMHS (ELFT), which works with children with urgent, persistent, complex or severe mental health difficulties;
- CAMHS Disability Team (HUHFT), which works with children and young people who have both a mental health problem and a physical or learning disability;
- Adolescent Mental Health Team (ELFT), which provides early intervention for psychosis;
- CAMHS for Young Hackney Team (ELFT), which offers an assertive outreach approach for those who do not typically engage with services.

ELFT also delivers the Coborn Centre for Adolescent Mental Health, a Tier 4 service which provides residential care for 12 to 18 year olds (and younger children on a case by case basis) experiencing acute and severe mental ill health.

1.8. Gaps in current services

A full review and detailed mapping of current service gaps will be undertaken in 2016. A summary gap analysis will be added to this chapter once the review and mapping is complete.

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