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**Recommendations from the South-West Clinical Senate Council on how we might deliver sustainable early intervention and prevention activities for children in the South West region to help stem the tide of rising demand for mental health services for children and young people; and how we might support children, young people and their families to navigate and access mental health early help and support.**

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# Background

*‘How the South West might deliver sustainable early intervention and prevention activities to help stem the tide of rising demand for mental health services for children and young people; and how we might support children, young people and their families to navigate and access mental health early help and support’* emerged as a deliberative topic for the Senate Council.

Mental Health emerged as a top-ranked theme for a Senate Council deliberative session from the Citizens Assembly (the patient and public voice partners for the South West Clinical Senate) and was supported by the Senate Council. From this broad theme, two areas of interest were highlighted: children and young people’s mental health, and rural mental health.

These areas were explored in conversations the South West Clinical Senate had with colleagues from the NHS England South West Mental Health team, the NHS England South West Children and Young People team, the Office for Health Improvement and Disparities—Department of Health and Social Care, and the South West Health Innovation Network. These conversations allowed a sense-check, the scoping of the deliberative topic, and agreeing the deliberative question. Key points from these conversations are captured in the Mind Map below (see Appendix 1).

The decision was taken to narrow the focus of the session to consider “early intervention[[1]](#footnote-2) and prevention”[[2]](#footnote-3), as an area where the South West Clinical Senate could add value. This could significantly and positively impact the demand for children and young people's mental health services.

Nevertheless, the South West Clinical Senate acknowledges that this is only a start, as there is much to do in this space to turn the dial on demand. The Senate Council will decide whether to revisit mental health as a topic whether CYP mental health or rural mental health, for a future deliberative session.

## 1.1 Global and National Contexts

Mental Health problems are one of the main causes of the overall disease burden worldwide. The World Health Organisation in a report entitled *‘Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level’ (EB 130/9) [[3]](#footnote-4)* states that untreated mental disorders account for 13% of the total global burden of disease. It projects that by 2030 depression will be the leading cause of disease in the world, with mental health problems being the leading cause of mortality and morbidity globally

A look at what is happening nationally paints a stark picture of the mental health and well-being of adults in England. *The Adult Psychiatric Morbidity Survey 2014*[[4]](#footnote-5)highlights trends in mental illness, treatment and service use:

* One adult in six had a common mental disorder (CMD)
* Reported rates of self-harm have increased in men and women across all age groups since 2007
* Overall rates of CMD in women have increased since 2000.
* Young women have emerged as a high-risk group with high rates of CMD, self-harm, post-traumatic stress disorder (PTSD) and bipolar disorder.
* About a third of those with CMD reported current use of mental health treatment in 2014. This is an increase from those who reported in 2000, and 2007.
* Mental disorders are more common in people living alone, in poor physical health, and not employed.

**A closer look at children and young people’s mental health**

The increasingly high demand for mental health services for children and young people far outstrips capacity, caused by a perfect storm of the COVID-19 pandemic, deepening societal inequalities, and decades of inaction. Support for children, young people, and their families is often lacking or delayed.

NHS England's Five-Year Forward View for Mental Health[[5]](#footnote-6)stated that half of all mental health problems are established by the age of 14, rising to 75 % by age 24, that children from low-income families are at the highest risk, three times that of those from the highest income families. Children with “persistent, disobedient, disruptive and aggressive behaviours are twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become drug-dependent and twenty times more likely to end up in prison”. (NHS England, 2016, p. 5)

The Mental Health of Children and Young People in England 2022 survey [[6]](#footnote-7) published November 2022, describes the mental health of children and young people living in England in April and May 2022, aged between 7 – 24 years, using the prevalence of probable mental disorders:

* In children aged between 7 -16 years: 18% had a probable mental disorder, 10.8% had a possible mental disorder, and 71.2% were unlikely to have a mental disorder.
* In young people aged 17 – 24 years, 20.4% had a probable mental disorder, 13.6% had a possible mental disorder, and 64.4% were unlikely to have a mental disorder.
* In younger children aged 7-10 years, the prevalence of a probable mental disorder was twice as high in boys than girls. In the 11-16 years age group, the prevalence was similar across boys and girls, and in the 17 -24 years age group, there were higher rates in young women than young men.

In 2023, the Chair of the Children and Young People Mental Health Coalition Call to Action[[7]](#footnote-8) called upon political parties to prioritise children and young people’s mental health, and commit to providing additional funding for ICSs, increased provision of early intervention support, whole educational approaches to mental health and wellbeing, and reform of the Mental Health Act to ensure that children and young people’s rights are protected and promoted.

In 2024, ‘*Over a quarter of a million children still waiting for mental health support’* was the shocking headline from the UK Children’s Commissioner’s Press Office. This painted a stark picture with almost one million children and young people with active referrals for CYP Mental Health Services (also known as Child and Adolescent Mental Health Services [CAMHS]) in 2022/ 2023. Shockingly, 28% are still waiting for support in 2024, whilst almost 40% have had their referral closed before accessing support. The average waiting time was 35 days; however, some children have waited over two years to access the help they need[[8]](#footnote-9).

Unsurprisingly in September 2024, Lord Darzi’s report *Independent Investigation of the NHS in England[[9]](#footnote-10)* highlighted a significant increase in the mental health needs among children and young people with many waiting over a year for assessment and treatment. It called for urgent action to address issues, emphasising the need for more resources and better access to mental health services for young people. It recognises the importance of early intervention and preventative measures and the role Health Visitors can play by providing early support to families. It called for better integration of care systems to ensure seamless support, making it easier for families to navigate the care system.

Children and young people with mental health problems must have timely access to appropriate care and support, particularly considering the negative impact of poor mental health on their health, wellbeing and life chances.

## 1.2 Regional Context

The South West region has the highest rates of suicide in the 10 – 24 years age category, the highest rates of self-harm, and the highest levels of social, emotional and mental health needs in school children.

This is evidenced in the Fingertips (public health profiles) data from 2022/23[[10]](#footnote-11) which shows the region as the worst performing of all regions against children and young people's mental health indicators (pupils with emotional and mental health needs, suicide rates, self-harm admission rates). (See below: Figure 2, Figure 3, Figure 4).

The data paints a stark picture, and it is crucial that action is taken now to ‘turn the dial’ and improve children and young people’s mental health in the region. In 2024, a regional conference Self harm prevention was held which recognised good practice and case studies from around the South West region.

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Figure 2: Indicators relating to CYP Mental Health by Region in England ([Your indicator lists - OHID (phe.org.uk)](https://fingertips.phe.org.uk/indicator-list/view/TDkLpHiL1U) cited by Rae, M., Bodman, C. 2024 *South West regional public health team: Children and Young People mental health*. SW Clinical Senate Council meeting, 28 November 2024, Online)

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Figure 3: Indicators relating to CYP Mental Health in the South West. This shows where trends are increasing or decreasing. ([[https://fingertips.phe.org.uk/indicator-list/view/TDkLpHiL1U#page/1/gid/1/pat/15/ati/6/are/E12000009/iid/91871/age/217/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1](https://fingertips.phe.org.uk/indicator-list/view/TDkLpHiL1U)](https://fingertips.phe.org.uk/indicator-list/view/TDkLpHiL1U#page/1/gid/1/pat/15/ati/6/are/E12000009/iid/91871/age/217/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1)) (Ref. Rae, M., Bodman, C. 2024 *South West regional public health team: Children and Young People mental health*. SW Clinical Senate Council meeting, 28 November 2024, Online)

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Figure 4: Rolling rate of people per 10,000 aged 0 -17 years receiving at least one contact in the last 12 months by ICB in the South West (Ref. Rae, M., Bodman, C. 2024 *South West regional public health team: Children and Young People mental health*. SW Clinical Senate Council meeting, 28 November 2024, Online)

The South West region is a Marmot Region,[[11]](#footnote-12) which recognises the linkage between the social determinants of health (the conditions in which a person is born, lives, works and grows old) and their health and any health inequalities they might experience. As a Marmot Region, the region is committed to improving health and reducing health inequalities in its population. The Marmot team is looking at health inequalities in children and young people, with a special focus on the return on investment, on investing in children and young people. This presents a unique opportunity to leverage this activity, to address the underlying contributory factors to children and young people’s mental health, in the region.

## 1.3 Reflections on the Children and Young Persons’ Mental Health Life Story: A focus on perinatal mental health

It is important when tackling the rising demand for mental health support for children and young people, that the impact of factors such as the family and environment that a child is born into, the early years, and the significance of these on the child's brain development, and attachment with primary caregiver are not overlooked.

Attachment theory highlights the importance of a child’s emotional bond with their primary caregivers, and that disruption or loss of this bond, can affect a child’s emotional and psychological development into adulthood[[12]](#footnote-13). If a child's emotional environment causes them to feel unsafe or fearful or if they experience toxic stress[[13]](#footnote-14), then the absence of the safety net of a strong positive emotional relationship with their primary caregiver influences their brain development and how they deal with stress and anxiety in later life. Early adversity and toxic stress are linked to worse physical and mental health outcomes (Adverse Childhood Experiences - ACEs). Therefore, in striving to stem the tide of children and young people developing mental health problems and requiring support, it is important to look upstream, at what preventative measures and actions can be put in place to support the family context pre-birth and in the early years of the child.

**Reflections from Thriving Together – A parent-infant relationship service in Cornwall**

Thriving Together[[14]](#footnote-15) based in Cornwall is a service that offers support and advice to parents or carers from pre-birth until the child is 5 years old, struggling to develop a positive relationship with their child. It also supports the development of the child's emotional well-being and provides training for other professionals.

Thriving Together uses a multidisciplinary approach to delivering its service, bringing together the referrer with members of the Thriving Together team (clinical psychologist, child and adolescent psychotherapists, educational psychologist, and specialist health visitors) and representatives from other agencies. This collaborative approach is key to its success.

Key reflections:

* There is a challenge around how funding is structured, and the impact of cutting funding, which results in effective programmes being stopped or services reduced.
* In the region, there have sadly been incidents of suicides of children which has had a significant impact on schools, and the wider community. It is important that preventative measures are taken to reduce the risk of children and young people's mental health being compromised to the extent, that it results in this tragic outcome.
* The most important relationship is between the parent/caregiver and the child. However, these important relationships can be with other adults in a school setting, early years setting, or health settings – which highlights the importance of having a wider system approach to address CYP mental health early intervention The service (see Figure 5) is designed around the i-thrive model and is adapted from the Brofenbrenner model (See Figure 6). which shows the importance of system thinking and ecological leadership, which is dependent on each family needs. The model is used to map relationships and determine what needs to be done to support and develop the parent/ infant relationship. Before any changes are implemented, professionals across the entire system are engaged.

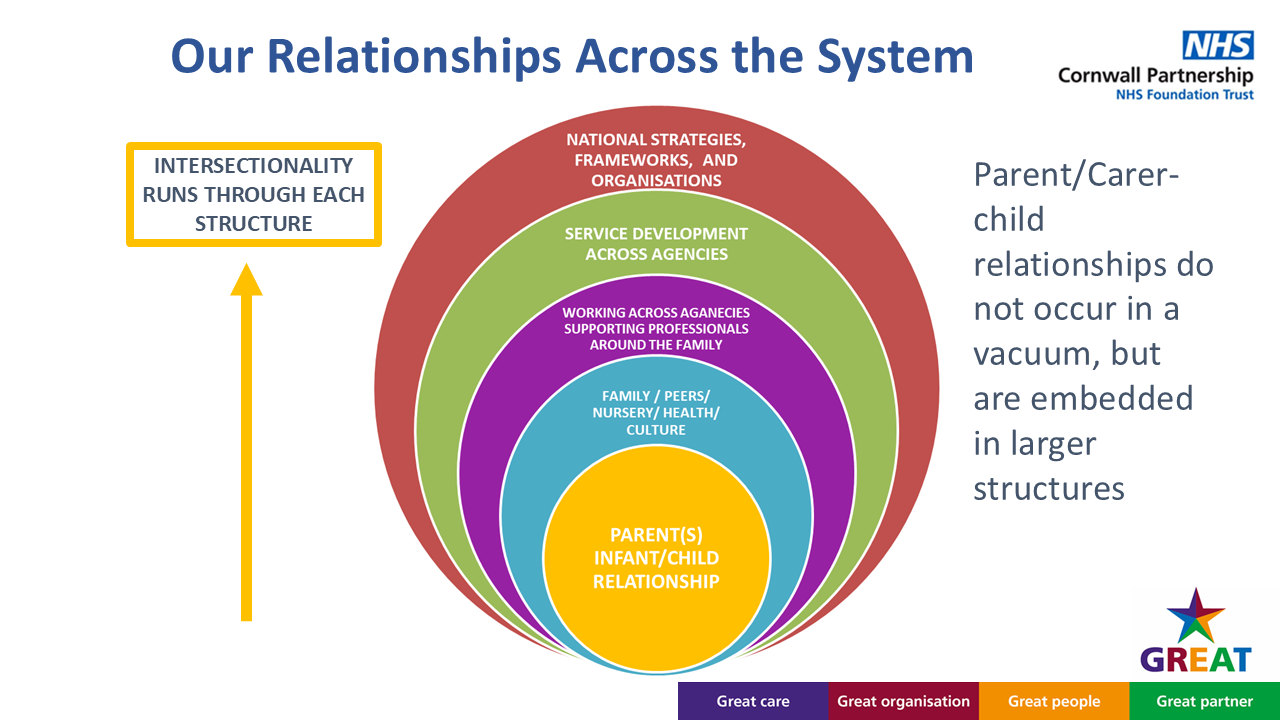


Figure 5: Our relationship across the system, (Ref. Piggot, P, Miles, A., 2024. *Reflections on the CYP Mental Health Life story,* SW Clinical Senate Council meeting, 28 November 2024, Online)

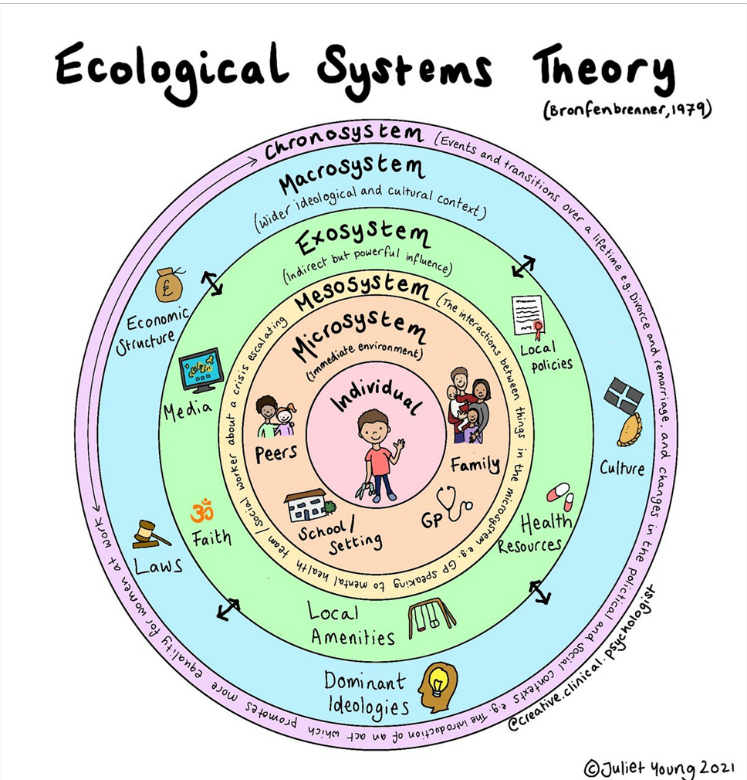


Figure 6: Ecological Systems Theory, Brofenbrenner, 1979 cited (Ref. Piggot, P, Miles, A., 2024. *Reflections on the CYP Mental Health Life story,* SW Clinical Senate Council meeting, 28 November 2024, Online)

* Practitioners should develop curiosity about each child that they interact with and see this as an opportunity to understand what is going on for the child, help the child feel ‘listened to’, and offer any required support.
* A child’s mental health problems do not start at age 11 or 12, it is just that these might be more clearly seen at this age. It is important to note that these problems can start much earlier. Early intervention is about supporting those early foundations. A national charity, the Parent-Infant Foundation[[15]](#footnote-16) is raising awareness about the importance of early parent-infant relationships in the physical and psychological development of a child, and outcomes through to adulthood. The Foundation supports the development, growth and quality of specialised parent-infant relationship teams across the country.

There is evidence of the lasting benefits and success of early intervention work in the region with 3–7-year-olds. A 7-year longitudinal study [[16]](#footnote-17) showed that 50% of children involved with an early intervention programme, did not move on to being seen by another service. In addition, research shows that £1 spent on early intervention can save £4 being spent later on. This return on investment makes financial sense and aligns with the work being undertaken in the SW by the Marmot team on the return on investment in children and young people services.

## 1.4 Reflections from an early intervention and prevention service provider: Young Devon

Young Devon is a young people’s charity in the South West region. It has been in existence in one form, since 1949. Young Devon currently works across 34 projects to help over 2000 young people across 34 projects.

They shared their reflections on their early intervention activities for young people including their InReach project which places youth workers in hospital wards to support young people with mental health problems.

Key reflections:

* Building long-term relationships with young people and providing consistent support are key
* It is important to engage young people through fun activities and informal education to build trust and support their mental health.
* Youth workers play an important role in advocating for young people and supporting their families to create a stable and supportive environment.

Young Devon reported that there has been a significant reduction in inpatient admissions, A&E admissions, 999 calls as a result of their work with young people. See Figures 6, 7

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Figure 6: Showing impact: YP Core Scores, Plymouth Counselling (Ref. Moreman, A., Heckles, P., 2024 *Reflections from an early intervention and prevention service provider – Young Devon,* SW Clinical Senate Council meeting, 28 November 2024, Online)

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Figure 7: Secondary Care Activity Cohort Analysis (source SUS, ECDS, SWAST) cited by Moreman, A., Heckles, P., 2024 *Reflections from an early intervention and prevention service provider – Young Devon,* SW Clinical Senate Council meeting, 28 November 2024, Online)

This report will focus on identifying effective early intervention and preventative approaches to support children (particularly within the prenatal to five years age range) in the South West region with their mental health and providing community-based, holistic support much earlier thereby reducing the demand for more intensive, specialist and often hospital-based support.

# The Question

The following questions were presented to the South West Clinical Senate for deliberation:

* How can we deliver sustainable early intervention and prevention activities in the South West region to help stem the tide of rising demand for mental health services?
* How can we support CYP and their families in the South West region to navigate and access the mental health early help and support they need?

During the meeting, the Senate Council considered the following questions:

* How can we better signpost families, parents and carers to access the help that they need?
* There is a change in access to services with a higher exclusion and lower inclusion criteria, how are individuals kept informed of pathways and self-help services?
* How do we encourage and share innovative solutions across the region?
* How can we optimise the roles that are currently available in Systems to build capacity?
* What can we do to support and prioritise children and young people whilst waiting for mental health treatment and care?
* Where can we make the biggest impact for these children and young people? What are the levers that we can use?

## 3.0 Observations

* The number of children and young people requesting and needing Mental Health support (and the impact of this) is at record levels. Interestingly, this hasn’t appeared to have been given the media attention, given the high numbers affected.
* Some local authorities are experiencing significant financial pressure and have cut or reduced funding to the voluntary and community sectors. This has increased demand for alternative sources of funding i.e., National Lottery and grant-giving organisations which has made accessing funding increasingly challenging. The impact of the fragile funding structures on the voluntary and community sector organisations is that some services have been stopped – despite the excellent work and positive outcomes for children and young people.
* There is a lack of psychoeducation resulting in some children, young people and their families believing that the child or young person requires clinical intervention, and pursuing a less appropriate pathway for support, when this is not required. It is important that children, young people and their families can distinguish between a mental health problem and ‘normal’ mental health and sadness.
* Mental health is a key topic for the National Institute for Health and Care Excellence (NICE) with children and young people’s mental health being a priority focus area for implementation support.
* Some children, young people and their families do not know where to seek help from, and so may not seek help at the earliest opportunity but may wait until things escalate and then present at A&E, when a lower-level earlier intervention at a different care setting in the community could have been appropriate.
* Children seem to have less play than they used to have. Play supports well-being and good mental health in children and young people. It is observed that children in the Early Years Foundation Stage are likely to receive homework which reduces the time for play.
* The Child and Adolescent Mental Health Service prioritises their services for organic mental health issues. However, many children and young people need support for emotional and anxiety-related mental health problems. There is also health anxiety in children whose parents have health anxiety which has been exacerbated by the COVID-19 pandemic. This group needs to know the appropriate setting to access the help that they need.
* Ambulance service clinicians need to understand the importance of, and how to take a social history relating to children and young people. A child or young person’s social history can reveal an early indicator of need.
* Health Visitors are under increasing pressure, and many focus their attention on safeguarding cases and less on universal child development and parenting support.[[17]](#footnote-18).
* NICE is trialing an innovative new approach to the way digital products, devices and diagnostics are assessed, to identify the most promising technologies[[18]](#footnote-19). There are Apps for children and young people which NICE has made a conditional recommendation on. These Apps offer a mix of games, videos and quizzes based on CBT principles to help children and young people learn techniques to understand and manage their symptoms of anxiety or low mood. The technology offers a low-risk option to children and young people who need treatment as soon as possible and can support access and waiting list times.[[19]](#footnote-20).

# 4.0 Recommendations

The South West Clinical Senate makes the following recommendations:

**Research**

Public health data from 2022/23[[20]](#footnote-21) shows the South West region as the worst performing region in England against the children and young people mental health indicators. It is unclear what the underlying differences are, between the experiences of children in the South West region as compared with other regions, that have contributed to these results.

The Senate Council **recommends** that resource is allocated to undertake priority and urgent research to identify the underlying differences, the missed opportunities and where improvements can be made. This research must include feedback from children and their families, teachers, social workers, youth workers, and clinicians. The outputs from this work will help the development of the regional public health policy and a prevention strategy that will be effective in tackling the problem.

**Early Intervention**

The Senate Council **recommends** a shift towards early intervention activities particularly for children under five years and their caregivers. This support will help to prevent the development of more severe mental health and behavioural problems in many children and young people.

**School readiness**

School readiness is how prepared a child is to succeed in school cognitively, socially, and emotionally. The data indicates that there are a higher proportion of children starting school in the South West region who are [not school-ready compared to other regions](https://educationbusinessuk.net/news/24062024/disadvantaged-south-west-pupils-have-worst-school-outcomes)[[21]](#footnote-22).

This data is a useful proxy for understanding the developmental needs and support requirements of children in region, when they start school. The Senate Council **recommends** a review of the school readiness data. This will help the region understand the trends of what the data tells us and make evidence-based decisions to address these trends which will improve school readiness rates.

**Language**

Consideration should be given to the language used in describing services – and whether referring to 'perinatal wellbeing' instead of 'perinatal mental health' would help overcome the stigma associated with the term 'mental health' and have greater appeal and increase the numbers of people accessing the service.

**Simplify access to services including sign posting**

An investigation into the accessibility of mental health and wellbeing services in Bath and North East Somerset[[22]](#footnote-23) undertaken by Healthwatch Bath and North East Somerset in 2021 highlighted the challenges children and young people experience in accessing mental health and wellbeing support. This sentiment is echoed by the Senate Council. The Council **recommends** that work is undertaken to improve how the messaging around available mental health and wellbeing support for children and young people is communicated.

The Senate Council **recommends** the principle of “no wrong door” as an approach to easing access to support across the system. In other words, CYP and their families would be able to request support via any provider organisation in the System. This will require Provider organisations working collaboratively, and person-oriented way.

The Senate Council discussed the accessibility of mental health services particularly for disadvantaged communities. The Senate Council emphasized the need to raise awareness about available services and to ensure that support is accessible to all.

To improve accessibility, the Senate Council **recommends** that existing services – particularly those that interact with the child, young person and their family - should be used to identify and support families in need. One example is ‘Health Visitors’ who play a key role in supporting the early family relationships and can identify issues or concerns at the earliest opportunity.

Secondly, the role of community pharmacies should be optimized, as they can help improve and maintain the health and well-being of individuals.[[23]](#footnote-24).

**Support while waiting**

It is inevitable that some children and young people will wait for care and/or treatment. The Senate Council **recommends** that whilst children and their families wait, they should be signposted to social prescribing, digital mental health resources like Silver Cloud Health[[24]](#footnote-25) and family support groups like the Family Minds Partnership[[25]](#footnote-26) that covers the Devon area and provides support to children and their families who are struggling with their mental health.

**A System-wide approach**

The Senate Council **recommends** that consideration be given to developing the right model of integrated care in the community for children, young people and their families that brings together a focus on their physical and mental well-being needs. This will require a multi-disciplinary and multi-agency system-wide approach across different sectors to provide the comprehensive support that children and young people need. Local multi-disciplinary services should be developed around the child and family, making them easy to access at an early opportunity.

**Personalisation**

The Senate Council highlighted the importance of personalised care plans, particularly in the context of perinatal mental health. The Council **recommends** continuous and personalised support for the mother throughout the care journey.

**Training and Education**

The Senate Council **recommends** that staff working in early years settings receive quality training and education and that there are communication links back to the health and care system, as part of the extended multidisciplinary team.

The Senate Council **recommends** that early psycho-education should be provided at schools, and greater understanding by people working in the education system, of what this intervention can provide. This should be available to both maintained schools and Academy Trusts.

**Digital Technologies**

Those providing and commissioning services should consider how digital technologies i.e., Apps, might support early access to support for children, young people and their families while they wait for access to services. This may also reduce the pressure on the waiting lists in the South West region. An example of one App that has been commissioned in the region, is the Joy App[[26]](#footnote-27), a real-time directory and case management tool commissioned by NHS Devon and backed by Devon Partnership NHS Trust and Livewell South West. Other case studies[[27]](#footnote-28), are available on the NICE website.

**Funding structures**

The pressures on NHS, Local Authority and charitable funding sources, have an impact upon Voluntary, Community and Social Enterprise (VCSE) provision. Current funding structures create instability and adversely impact the ability to have a long-term view. The Senate Council **recommends** that consideration be given to the funding structures of these community and voluntary sector organisations that deliver children and young people mental health and wellbeing services.

The Senate Council **recommends** that the balance of resource allocation into and within CYP MH services are improved, to ensure appropriate levels of funding at all levels.

Commissioners (both NHS and Local Authorities) appear to disproportionately invest in adult services over children’s services. There is a requirement for a paradigm shift in funding priorities towards children’s services to implement an effective prevention strategy which will help to stem the rising demand for children’s mental health services, in the medium to long term.

**The Role of the Integrated Care Boards**

Each Integrated Care Board should have a Non-Executive Director (NED) Lead for CYP to provide governance and scrutiny. The NED Lead would collaborate with other NED Leads in the region, local authorities and the VCSE sector, to articulate a baseline offer for children and young people's mental health and wellbeing services.

**Organisational Culture**

It is important that commissioners and providers recognise the benefits and importance of prevention and early intervention with young children, and that this is embedded, so that appropriate emphasis is placed both on lower (preventative) and higher (treatment) levels of service.

**Data and Evidence-based Practice**

It is important that Integrated Care Boards and providers have access to the data, to inform evidence-based decision making.

In addition, it is important that there is granularity around the data which will allow it to be split to identify different groups of children according to age, neurodivergence, and other vulnerabilities as well as demographics.

The Senate Council **recommends** that data and evidence should be used to inform practice and ensure that interventions and programmes are effective. Early intervention programmes should be evaluated to understand their impact and effectiveness.

**A Marmot Region**

The South West region is worse-performing than the England average against all key indicators for children and young people’s mental health (See Fingertips data[[28]](#footnote-29)). As the region is a Marmot region, this creates an opportunity to collaborate with the work of the Marmot team to address health inequalities and the social determinants of health such as poverty, and social isolation which impact mental health.

These recommendations will be shared with the NHS England South West Children and Young People Transformation Team, NHS England South West Mental Health team, the South West Region’s ICBs (Cornwall and the Isles of Scilly, Devon, Dorset, Somerset, Gloucestershire, Bath, Swindon and Wiltshire (BSW)and Bristol, North Somerset and South Gloucestershire [BNSSG],), NHS England – South West Medical and Nurse Directors, Lead AHPs, Directors of Children Services, Directors of Public Health and Regional Delivery Networks in the South West Region. It will also be published on the South West Clinical Senate's website.

# 5.0 Conclusion

The data paints a stark picture of children and young people’s mental health in the South West region, highlighting the urgency and priority of this issue. The South West Clinical Senate recognises that the scope and complexity of this topic extend beyond what is covered in this report. The Senate Council considered early intervention and prevention, and how this might help stem rising demand in the region. Whilst this was a focus going into the deliberative session, it became apparent that the focus of early intervention and prevention could be further narrowed to the prenatal to five years age range. Hence, some of the recommendations focuses on early intervention and prevention in the early years age category.

It was agreed that this deliberative session was just a starting point, and that further priority research must be undertaken to understand the reasons and contributing factors for the region’s poor performance and outcomes for our young people. This research should seek feedback from children, young people and their families, as well as from clinicians and other agencies working in this space.

Finally, in acknowledging that this is only the tip of the iceberg in addressing this issue, it is important to recognise the opportunity the Clinical Senate provides in deliberating other related aspects of children and young people’s mental health.

# Glossary of Terms

|  |  |
| --- | --- |
| Pre-natal | This refers to the period before birth. It encompasses the entire duration of pregnancy, from conception up to the moment of birth. The term is often used in the context of prenatal care, which includes medical and healthcare provided to a pregnant woman to ensure the health of the mother and child. |
| Perinatal | This refers to the period around the time of birth. It generally includes the time from the 22nd week of pregnancy to a year after birth. |
| Early Intervention | This refers to identifying and providing effective early targeted and intensive services to children and young people addressing individual risks and protective factors. It aims to prevent problems from occurring or to address them promptly before they escalate.[[29]](#footnote-30). |
| Early Help | This term describes universal services to improve outcomes for all children. |
| Prevention | This aims to stop mental health issues from developing in the first place. It involves proactive measures to reduce risk factors and enhance protective factors before any problems arise. [[30]](#footnote-31) |

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# Appendices

# Appendix 1: Senate Council deliberative topic and questions development

A diagram of a diagram

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# Appendix 2: Links to speaker presentations

Speaker presentations are available to download on the South West Clinical Senate website. Please follow the link to the website: [Home - South West Senate (swsenate.nhs.uk)](https://www.swsenate.nhs.uk/)

|  |  |
| --- | --- |
| **Title** | **Speaker** |
| Reflections from the Citizens Assembly: A patient and public perspective | **Debbie Rigby**  Chair, Citizens Assembly |
| Scene setting: Overview of national and regional contexts  The Southwest is a Marmot region. What are the reflections and opportunities from a public health perspective? | **Prof Maggie Rae,** Deputy Regional Director of Public Health Programmes, NHSE SW  **Casey Bodman,** Office for Health Improvement and Disparities, DHSC |
| Reflections on the CYP Mental Health Life Story | **Annamarie Miles**, Mental Health Delivery Manager, SW Mental Health Team, NHSE SW  **Penelope Piggott,** Educational Psychologist, Thriving Together |
| Reflections from an early intervention and prevention service provider – Young Devon | **Andrew Moreman,** CEO, Young Devon  **Peter Heckles,** In Reach Manager, Young Devon |

# Appendix 3: Further reading and useful resources

Care Quality Commission (2024) Monitoring the Mental Health Act in 2022/23. Available from: <https://www.cqc.org.uk/publications/monitoring-mental-health-act/2022-2023/children-young-people> [Accessed 10/12/2024]

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# Appendix 4: Senate Council membership

The table below shows the Senate Council membership (at the time of writing this report) with those who attended the meeting highlighted in blue.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Membership type | Name | Job Title | Organisation | Attendance at meeting |
| Standing Member | Dr Marion Andrews-Evans | Chair of South West Clinical Senate | South West Clinical Senate |  |
| Standing Member | Debbie Rigby | Chair of Citizens’ Assembly | Citizens Assembly (Patient & Public Partner) |  |
| Standing Member | Debi Reilly | Regional Director South West | NHS England South West |  |
| Standing Member | Mark Juniper | Medical Director for the WE HIN | West of England Health Innovation Network |  |
| Standing Member | Dan Lyus | Deputy CEO of the SW HIN | SW Health Innovation Network |  |
| Standing Member | Rebecca Whitting | Interim Portfolio Director – Implementation, SW HIN | SW Health Innovation Network |  |
| Standing Member | Prof Maggie Rae | President of the RSM Epidemiology and Public Health Section, Deputy Director – Regional Public Health Programmes, NHS England – South West | NHS England SW | Yes |
| Core member | Dr Steve Jones | Consultant Paediatrician and Neonatologist | Royal United Hospitals Bath NHS FT |  |
| Core member | Dr Amelia Randle | GP; Clinical Lead Somerset Wiltshire, Avon and Gloucestershire Cancer Alliance | The Park Surgery; Somerset Wiltshire, Avon and Gloucestershire Cancer Alliance | Yes |
| Core member | Prof Parag Singhal | Consultant General Medicine, Diabetes and Endocrinology | UHBW Foundation Trust |  |
| Core member | Dr Christine Spray | Consultant in Paediatric Gastroenterology, Hepatology and Nutrition (PGHAN) | United Hospital Bristol Healthcare Trust | Yes |
| Core member | Dr Giorgio Gentile | Consultant Nephrologist | Royal Cornwall Hospitals NHS Trust |  |
| Core member | Dr Nick Kennedy | Consultant Anaesthetist and Intensivist | Taunton and Somerset NHS Trust |  |
| Core member | Prof Minesh Khashu | Clinical Lead for Poole Hospital | University Hospital Dorset |  |
| Core member | Dr Anne Frampton | Consultant in Paediatric Emergency Medicine | UHBW Foundation Trust |  |
| Core member | Dr Katie Cross | Consultant General Surgeon | Northern Devon Healthcare Trust |  |
| Core member | Dr Ann Lyons | Consultant Colorectal Surgeon | North Bristol NHS Trust |  |
| Core member | Rebecca Reynolds | Director of Public Health | BATHNES Council | Yes |
| Core member | Dr Paul Winterbottom | Consultant Psychiatrist | 2gether NHS Foundation Trust |  |
| Core member | Dr Anita Pearson | Specialist in gender health care | Devon Partnership Trust | Yes |
| Core member | Dr Tom Hilliard | Consultant Respiratory Paediatrician | University Hospitals Bristol & Weston NHS Foundation Trust |  |
| Core member | Peter Davis | Consultant Paediatric Intensivist | University Hospitals Bristol NHS Foundation Trust |  |
| Core member | Miles Wagstaff | Consultant Paediatrician, Neonatologist | Gloucestershire Hospitals NHS Foundation Trust |  |
| Core member | Will Mongare | Clinical Nursing and Quality Manager / CAMHS Case Manager | NHSE/I |  |
| Core member | Carol Stonham MBE | Respiratory Nurse Specialist Primary Care | Gloucestershire ICB | Yes |
| Core member | Dr Clare Barlow | Consultant Medical Oncologist | Musgrove Park Hospital | Yes |
| Core member | Hannah Little | Assistant Chief Nursing Officer – cancer services | North Bristol NHS Trust – Southmead Hospital | Yes |
| Core member | Joanne Meacham | Head of Nursing Adult Community Services |  |  |
| Core member | Dr Peter Wright | Director of Healthcare Science and Technology | University Hospitals Plymouth NHS Trust |  |
| Core member | Mark Stone | Pharmacist Consultant/Devon LPC Project Lead, Vice Chair of the East Cornwall Primary Care Network | Devon Local Pharmaceutical Committee and Tamar Valley Health Practices |  |
| Core member | Bruce Daniel | Head of Pathology, South West region | NHS England – South West |  |
| Core member | Alex Sharp | Head of Clinical Development | SWASFT | Yes |
| Core member | Alyson O’Donnell | Medical Director | Royal Bournemouth and Christchurch Hospital NHS Trust |  |
| Core member | Dr Mary Backhouse | GP | North Somerset CCG |  |
| Core member | Dr Amelia Randle | Clinical Lead SWAG Cancer Alliance and GP | Somerset CCG |  |
| Core member | Richard Walters | Physiotherapy | University Hospitals Plymouth NHS Trust |  |
| Core member | Dr Emma Jones | Consultant Healthcare Scientist in GI Physiology | University Hospital Southampton |  |
| Co-opted member | Dr Geeta Iyer | Chief Medical Officer | BNSSG ICB | Yes |
| Co-opted member | Dr Amanda Webb | Chief Medical Officer | BANES ICB |  |
| Co-opted member | Dr Anathakrishnan Raghuram | ICS Clinical Lead: Gloucestershire ICB | Gloucestershire ICB |  |
| Co-opted member | Dr Peter Collins | Chief Medical Officer | Devon ICB |  |
| Co-opted member | Dr Bernie Marden | Chief Medical Officer | Somerset ICB |  |
| Co-opted member | Dr Christopher Reid | Chief Medical Officer | Cornwall & Isles of Scilly ICB |  |
| Co-opted member | Dr Paul Johnson | Chief Medical Officer | Dorset ICB |  |
| Non-Voting member | Jane Jacobi | Implementation Consultant, System Implementation Team, | National Institute for Health and Care Excellence | Yes |
| Non-Voting member (professional in training) | Dr Matthew Boissard-Cooke | Neurosurgery Specialist Registrar | University of Hospitals Plymouth NHS Trust |  |
| Non-Voting member (professional in training) | Dr Hannah Lyons | Medical Oncology Registrar | Bristol Haematology Oncology Centre |  |

# Appendix 5: Other attendees at the meeting

**Citizens’ Assembly representatives**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Membership type | Name | Job Title | Organisation | Attendance at meeting |
| Citizens Assembly representatives | Nick Pennell | Member | Citizens Assembly | Yes |
| Citizens Assembly representative | Kevin Dixon | Member | Citizens Assembly | Yes |

1. Early Intervention is identifying and providing effective early targeted and intensive services to children and young people addressing individual risks and protective factors. See Glossary for full definition: [↑](#footnote-ref-2)
2. Prevention aims to stop mental health issues from developing. It involves proactive measures to reduce risk factors and enhance protective factors. See Glossary for full definition. [↑](#footnote-ref-3)
3. <https://apps.who.int/gb/ebwha/pdf_files/EB130/B130_9-en.pdf>  [↑](#footnote-ref-4)
4. [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. - NHS England Digital](https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014) [↑](#footnote-ref-5)
5. [The Five-Year Forward View for Mental Health](https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf) [↑](#footnote-ref-6)
6. [Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey](https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey) [↑](#footnote-ref-7)
7. <https://cypmhc.org.uk/wp-content/uploads/2023/11/A-Manifesto-for-babies-children-and-young-peoples-mental-health.pdf> [↑](#footnote-ref-8)
8. <https://www.childrenscommissioner.gov.uk/resource/childrens-mental-health-services-2022-23/> [↑](#footnote-ref-9)
9. <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england> [↑](#footnote-ref-10)
10. [Your indicator lists](https://fingertips.phe.org.uk/indicator-list/view/TDkLpHiL1U#page/1/gid/1/pat/15/ati/6/are/E12000009/iid/91871/age/217/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1) [↑](#footnote-ref-11)
11. [Marmot Places - IHE](https://www.instituteofhealthequity.org/taking-action/marmot-places) [↑](#footnote-ref-12)
12. <https://learning.nspcc.org.uk/child-health-development/attachment-early-years> [↑](#footnote-ref-13)
13. **A toxic stress response** can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years. (Ref: <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/#:~:text=Toxic%20stress%20response%20can%20occur,hardship%E2%80%94without%20adequate%20adult%20support>. [↑](#footnote-ref-14)
14. <https://www.cornwallft.nhs.uk/thriving-together/> [↑](#footnote-ref-15)
15. <https://parentinfantfoundation.org.uk/> [↑](#footnote-ref-16)
16. [Beyond parent training: predictors of clinical status and service use two to three years after Scallywags - PubMed](https://pubmed.ncbi.nlm.nih.gov/18927143/) [↑](#footnote-ref-17)
17. <https://files.localgov.co.uk/ihv.pdf> [↑](#footnote-ref-18)
18. <https://www.nice.org.uk/about/what-we-do/eva-for-medtech> [↑](#footnote-ref-19)
19. [Overview | Guided self-help digital cognitive behavioural therapy for children and young people with mild to moderate symptoms of anxiety or low mood: early value assessment | Guidance | NICE](https://www.nice.org.uk/guidance/hte3) [↑](#footnote-ref-20)
20. [Your indicator lists](https://fingertips.phe.org.uk/indicator-list/view/TDkLpHiL1U#page/1/gid/1/pat/15/ati/6/are/E12000009/iid/91871/age/217/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1) [↑](#footnote-ref-21)
21. [Disadvantaged South West pupils have worst school outcomes | Education Business](https://educationbusinessuk.net/news/24062024/disadvantaged-south-west-pupils-have-worst-school-outcomes) [↑](#footnote-ref-22)
22. [20221017\_Bath\_ the accessibility of mental health services for young people.pdf](https://nds.healthwatch.co.uk/sites/default/files/reports_library/20221017_Bath_%20the%20accessibility%20of%20mental%20health%20services%20for%20young%20people.pdf) [↑](#footnote-ref-23)
23. [Community pharmacies: promoting health and wellbeing (NG102)](https://www.nice.org.uk/guidance/ng102)  [Community pharmacies: promoting health and wellbeing (QS196)](https://www.nice.org.uk/guidance/qs196) [↑](#footnote-ref-24)
24. An example of a digital resource is Silver Cloud Health<https://www.silvercloudhealth.com/> [↑](#footnote-ref-25)
25. <https://parentalminds.org.uk/family-minds/> ) [↑](#footnote-ref-26)
26. [https://www.mentalhealthdevon.co.uk/joy#](https://www.mentalhealthdevon.co.uk/joy) [↑](#footnote-ref-27)
27. [The implementation of LumiNova across the East London Foundation Trust](https://www.nice.org.uk/guidance/hte3/resources/the-implementation-of-luminova-across-east-london-foundation-trust-13604989357) [↑](#footnote-ref-28)
28. [Your indicator lists](https://fingertips.phe.org.uk/indicator-list/view/TDkLpHiL1U#page/1/gid/1/pat/15/ati/6/are/E12000009/iid/91871/age/217/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1) [↑](#footnote-ref-29)
29. [Early help and early intervention | NSPCC Learning](https://learning.nspcc.org.uk/safeguarding-child-protection/early-help-and-early-intervention) [↑](#footnote-ref-30)
30. [Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care? | International Journal of Mental Health Systems | Full Text](https://ijmhs.biomedcentral.com/articles/10.1186/s13033-020-00356-9) [↑](#footnote-ref-31)