

CAMDEN JSNA: FOCUS ON CHILDREN AND YOUNG PEOPLE'S (CYP) MENTAL HEALTH AND WELLBEING

JUNE 2017

The emotional health and wellbeing of children is just as important as their physical health and wellbeing. Mental Health affects all aspects of a child's development including their cognitive abilities, their social skills and their emotional wellbeing. With good mental health, CYP do better in every way, enjoy their childhoods, are able to deal with stress and difficult times, are able to learn better, do better at school and enjoy friendships and new experiences. Over the past few years there has been a growing recognition of the need to make dramatic improvements to mental health services for CYP. 50% of mental health problems are established by age 14 and 75% by age 25¹. A child with good mental health is much more likely to have good mental health as an adult, to be able to take on adult responsibilities and fulfil their potential.

Facts and figures

- It is estimated that around 4,000 children and young people aged 5-16 years have a diagnosable mental health condition in Camden
- It is estimate that around 6,000 young people aged 16-24 years have a diagnosable common mental health condition in Camden
- More than 2,000 CYP (0-18 years) accessed support and treatment for mental health conditions, across the range of Child and Adolescent Mental Health Services (CAMHS) services offered in 2016/17

Measures for reducing inequalities

- Building resilience in CYP and their care givers
- Classroom based learning - emotional and problem solving programmes
- Parenting programmes
- Family therapy
- Cognitive behavioural therapy
- Community based services

Population groups

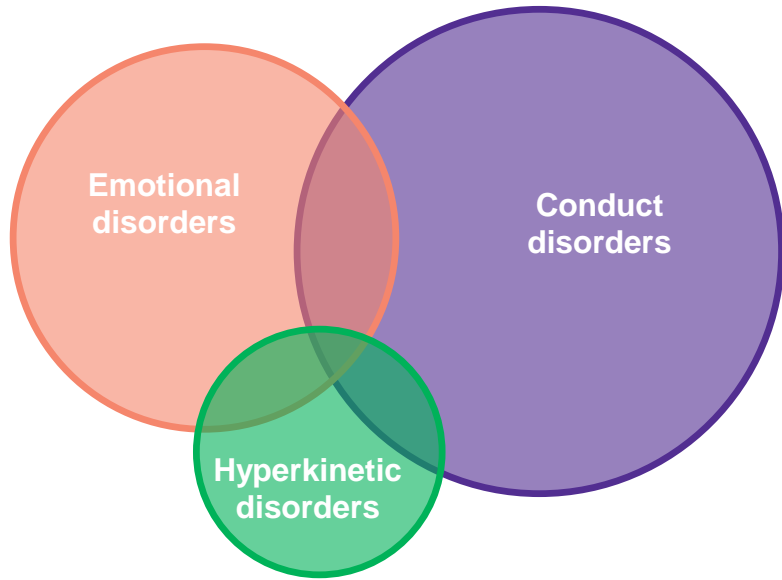
- Childhood poverty is linked to poor mental health
- Children in looked after care are at a higher risk of developing mental health problems
- CYP with physical health problems are more likely to have mental health problems
- Young people involved in the justice system have a higher prevalence of mental health problems
- Young people with money problems are more likely to have mental health problems

National & local strategies

- Department of Health and NHS England (2015) Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing
- Local Government Association (2016) Best start in life: Promoting emotional wellbeing and mental health for children and young people
- CAMHS Transformation Plan 2015-2020
- Camden's Joint Health & Wellbeing Strategy 2015-18
- Healthy Minds, Healthy Lives: Widening the Focus on Mental Health – Camden & Islington Annual Public Health Report 2015

SETTING THE SCENE – THE CAMDEN PICTURE

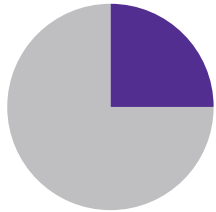
Prevalence in children aged 5-16



13%

Of children aged 5-16 in Camden are estimated to have one or more emotional or behavioural disorder (emotional disorder, hyperkinetic disorder, and/or conduct disorder)

Prevalence in young people aged 16-24



25%

of surveyed Camden young people aged 16-24 were estimated to have poor mental health in 2015.¹⁵

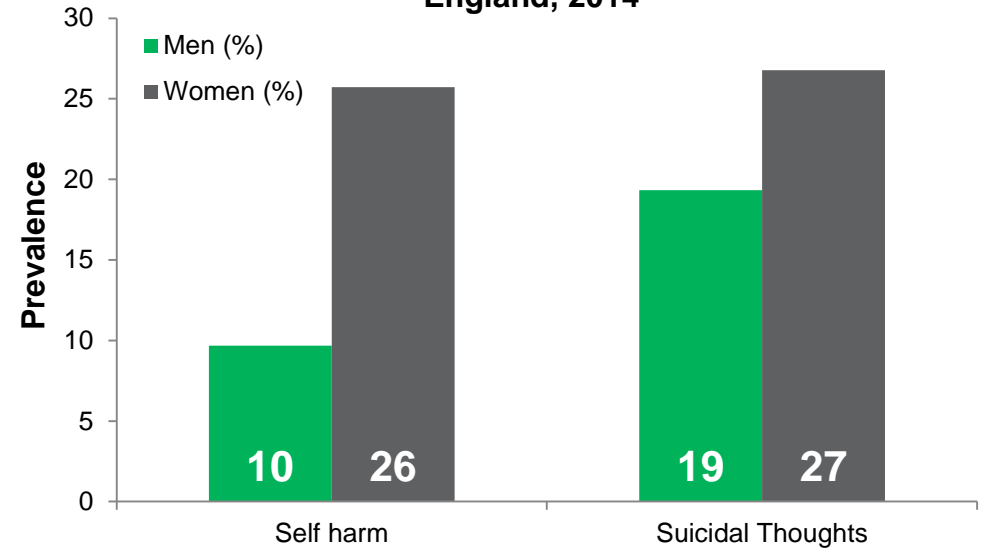
Secondary care use

24 Children under 18 in Camden were admitted via the A&E with a mental health primary diagnosis in 2016/17.¹

131 Children under 18 in Camden were admitted via the A&E with a mental health related problem in 2016/17.¹

Suicide and self-harm (young people aged 16-24 years)

Estimated prevalence of lifetime self harm and suicidal thoughts among young people aged 16-24 by sex in England, 2014



Source: Adult Psychiatric Morbidity in England, 2014 (2016)

Based on national survey data, an estimated 10% of men and 26% of women age 16-24 have a lifetime history of self harm.

Applied to Camden, this would affect **5,812 individuals**. An estimated 19% of men and 26% of women age 16-24 have a lifetime history of suicidal thoughts. Applied to Camden, this would affect **7,549 individuals**.

47 Children under 18 in Camden were admitted for self-harm via the A&E in 2016/17¹

6 Deaths by suicide of young people under 18 in Camden and Islington between 2006-2015.¹⁹

SETTING THE SCENE – THE CAMDEN PICTURE

Estimated prevalence of mental health disorders in children

Disorder	Estimated prevalence in Camden	Estimated count in Camden in 2016	Definition of denominator
Any emotional or behavioural disorder	13%*	4,015	5-16 year olds
Emotional disorders	5.3%*	1,589	
Hyperkinetic disorders (ADHD)	2.2%*	658	
Conduct disorders	8.5%*	2,558	
At risk of personality disorder in adulthood	up to 50% of children with conduct disorders develop a personality disorder in adulthood ⁵	1,279	
Autistic Spectrum disorder	0.9% ²	272	
Learning disability (LD) and mental illness (MI)	MI estimated in 40% of people with LD, estimated prevalence of LD: 0.97% of 5-9 year olds, 2.26% of 10-14 year olds ^{7,8}	161	
Eating disorders	males aged 10-19: 31 per 100,000 females aged 10-19: 120 per 100,000 ⁹	19	10-19 year olds

*Adjusted for housing tenure according to 2011 Census data on housing tenure and 2016 Population projections from GLA in 2015.

SETTING THE SCENE – THE CAMDEN PICTURE

Estimated prevalence of mental health disorders in young people

Disorder	Estimated prevalence in Camden*		Estimated count in Camden in 2016	Definition of denominator
	Men (%)	Women (%)		
Common Mental Illness Includes depression and anxiety disorders as well as unspecified common mental disorders	10	28	6,273	16-24 year olds
Hyperkinetic disorders (ADHD)	15	14	4,780	
Antisocial Personality Disorder^a	6.4	3.3	1,581	
Borderline Personality Disorder^b	4.2	7.3	1,885	18-24 year olds
Bipolar disorder	3.1	3.7	1,123	16-24 year olds
Psychosis	0.2	0.5	119	
Autistic Spectrum disorder	9.8 per 1000 population ¹⁰		321	
Eating disorders	1.7 ¹¹	5.4 ¹¹	1,166	
Post Traumatic Stress Disorder (PTSD)	3.6	13	2,660	15-19 year olds
Learning disability (LD) and mental illness (MI)	MI estimated in 40% of people with LD, estimated prevalence of LD: 2.67% of 15 to 19 year olds ^{7,8}		139	

*Except where indicated, all from: NHS Digital. Adult psychiatric morbidity in England, 2014. (2016). Available from: <http://content.digital.nhs.uk/catalogue/PUB21748>

^a Diagnostic definitions for personality disorders are a subject of some debate. We have used the diagnostic categories referred to in NICE guidance. For a fuller discussion see <http://content.digital.nhs.uk/catalogue/PUB21748>

^b Borderline personality disorder is not diagnosed before age 18

Refer to the Young people's JSNA factsheet for additional data on mental health in young people

FUTURE NEED



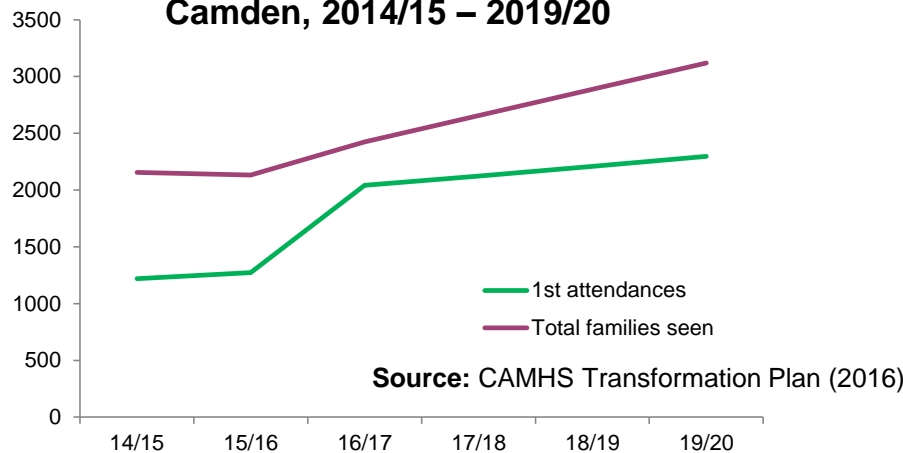
50% of all mental health conditions emerge before the age of 14 and
75% before the age of 25

...but most go untreated. In 2016-17, 2,424 children and young people (aged 0-18) received treatment for a mental health condition out of an estimated 6,240.

Demand on community services

NHSE has set a new national target requiring that by 2020, at least 35% of children with a mental health condition receive treatment. In Camden in 16-17, 39% of those children and young people estimated to have a mental health condition received treatment by NHS funded community services. Camden has set a stretch local target to achieve at least 50% (3120) of those children and young people receiving help by the reporting period 19/20. This will be achieved through a 4% increase per year. ¹³

Trajectory for numbers accessing CAMHS in Camden, 2014/15 – 2019/20



The use of acute paediatric beds for mental health admissions has risen since 2011-12.

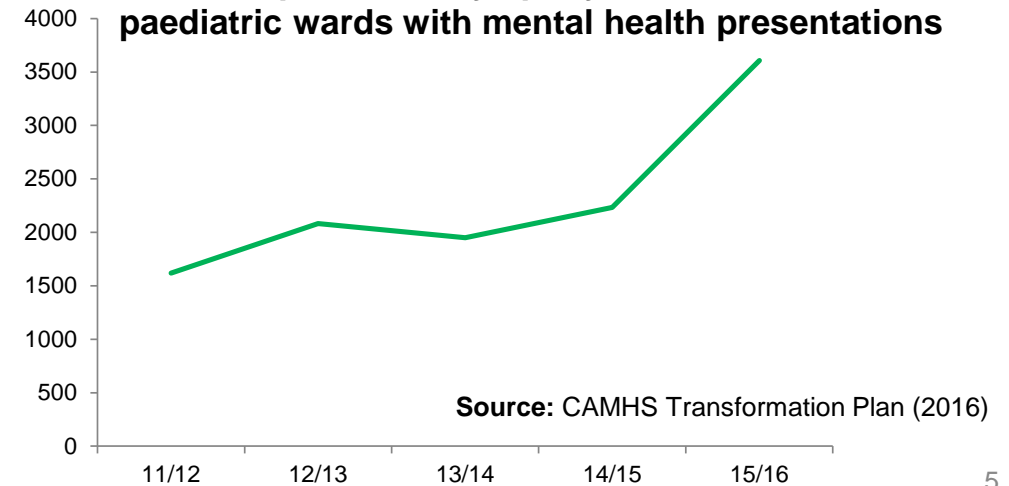
Improved community care and better links between hospital and community services can reduce the number of days young people spend in hospital.

Developing resource across North Central London

Working jointly with Islington, Barnet, Enfield and Haringey has provided an opportunity to develop specialised services where local solutions are impractical. Through a joint sustainability and transformation plan these boroughs are planning to develop:

- ❖ Local management of tier 4 mental health beds for children and young people to allow care closer to home and better links with local community services
- ❖ Provision of out of hours and crisis mental health services for young people to help prevent attendance at A&E and admission to acute hospital

Total occupied bed days per year for admissions to paediatric wards with mental health presentations



WHAT INFLUENCES THIS TOPIC?

Risk Factors affecting Children's Mental Health



13%

of Camden children aged 5-16 were estimated to have a mental health condition in 2016.

Protective factors include:

- Secure attachment experience
- Good communication skills
- A positive attitude
- Experiences of success and achievement
- Capacity to reflect
- Family harmony and stability
- Strong family values
- Positive school climate
- Good housing
- Range of sport/leisure activities

RISK FACTORS

<p>Childhood poverty is linked to poor mental health</p>	<ul style="list-style-type: none"> • 32% of children under 16 in Camden lived in poverty in 2014 • 52% of children live in social housing • Rate of new family referrals for homelessness was 0.13 per 1,000 households, lower than London (1.28) and England (0.64) in 2016.
<p>Nearly 50% of children in local authority care and nearly 70% children living in residential care have a mental health condition.</p>	<ul style="list-style-type: none"> • 188 children under 18 were looked after in 2016; a rate lower than England and London. • 1872 children in need referrals in 2015/16; a rate of 496 per 10,000 in 2014/15, lower than national average (548), but not significantly different from the inner London rate.
<p>About 7% of children in Camden with physical health problems have mental health condition¹⁴</p>	<ul style="list-style-type: none"> • 233 children age 5-16 had a diagnosed long term condition in Camden in 2015
<p>Self esteem, physical health and educational attainment all influence psychological wellbeing later in life.</p>	<ul style="list-style-type: none"> • 38% of students were overweight or obese in Year 6 in 2015/16 not different from London but higher than England • 43% of boys and 37% of girls age 10-11 had high self esteem in 2015 • 47% of children had a good level of development, below London and England averages

THE CAMDEN PICTURE

WHAT INFLUENCES THIS TOPIC?

Risk Factors affecting Young People's Mental Health



25%

of surveyed Camden young people aged 16-24 were estimated to have poor mental health in 2015.¹⁵



- Protective factors include:**
- Good communication skills
 - A positive attitude
 - Experiences of success and achievement
 - Capacity to reflect
 - Family harmony and stability
 - Strong family values
 - Positive school /college climate
 - Good housing
 - Range of sport/leisure activities

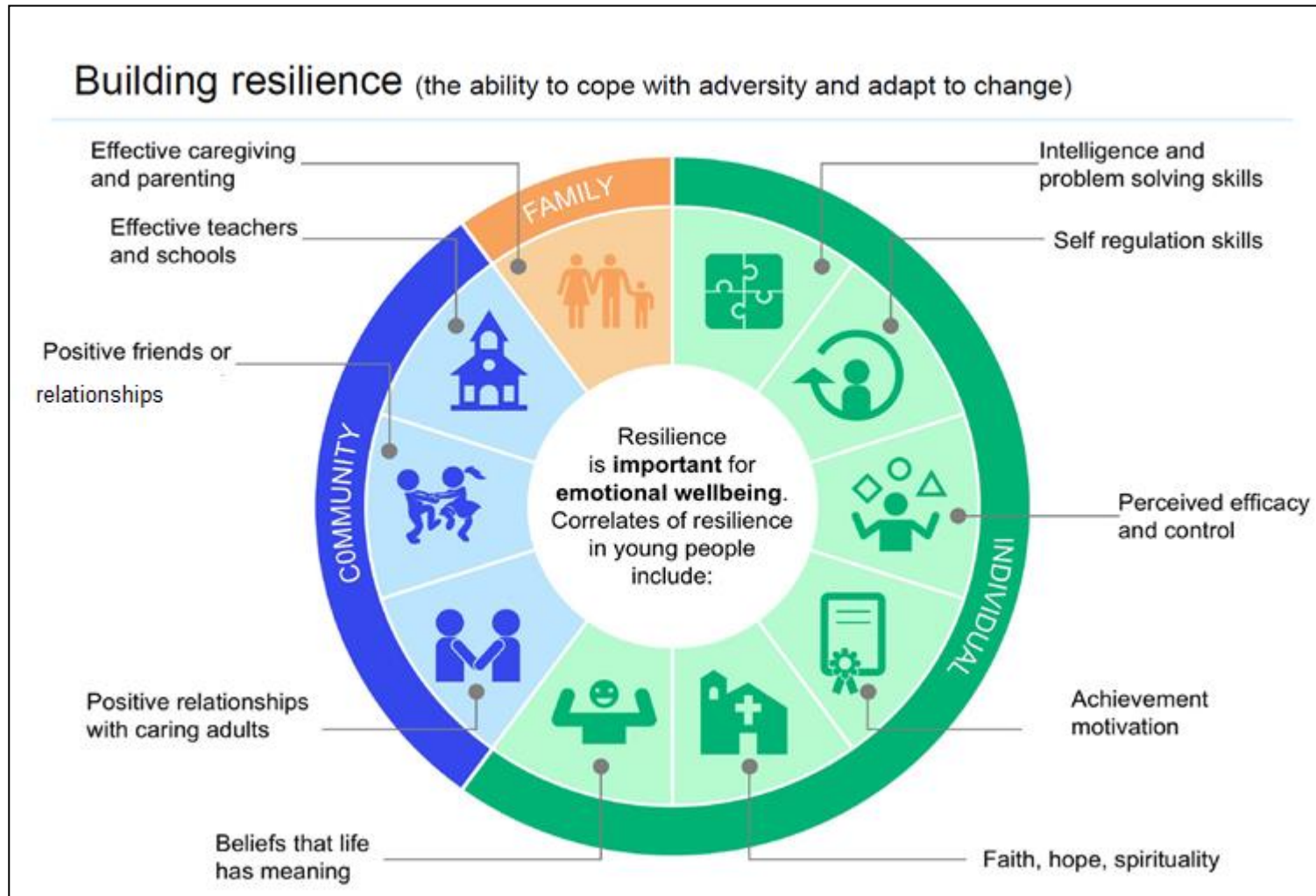
RISK FACTORS

<p>Young people reporting money worries were more than twice as likely to have poor mental health.¹⁵</p>	<ul style="list-style-type: none"> • 4.6% of young people were not in education employment or training (NEET) in Q1 of 2016/17 • 34% of young people reported money worries in 2015.
<p>Young people involved in the justice system have at least 3x the prevalence of mental health conditions.</p>	<ul style="list-style-type: none"> • 457 youth offences in Camden in 2015/16, a decrease from 614 in 2010/11 • 15% of young people reported two or more binge drinking sessions in the last two weeks in 2015 • 19% of young people reported using an illegal class-A drug over the past 30 days in 2015
<p>Around 7% of young people with physical health problems have mental health conditions¹⁴</p>	<ul style="list-style-type: none"> • 349 young people had a diagnosed long term condition in Camden in 2015
<p>Self esteem, physical health and educational attainment all influence psychological wellbeing later in life.</p>	<ul style="list-style-type: none"> • 43% of Camden 15 year olds reported being recently bullied in 2014/15 • 50% of boys and 38% of girls in Year 10 reported high self esteem • 57% of pupils attending Camden schools achieved 5 or more A*-C grades at GCSE, lower than London (61%) and higher than England (54%)

THE CAMDEN PICTURE


WHAT WORKS?

Building resilience in young people¹⁵




WHAT WORKS?¹⁵

Actions to manage conduct disorder include:

 **Classroom-based** emotional learning and problem-solving programmes

 **Group parent training** programmes

 **Multisystemic therapy** to young people aged 11-17 years

 Do **not** offer pharmacological interventions for the **routine** management

 Develop local **care pathways** between education and healthcare that **promote access** to services

Actions to manage anxiety include:

Early intervention

Targeted work with small groups of children to develop problem solving approaches and other skills

Specific approaches

These are dependent on the anxiety disorder and include:

- ✓ Group based cognitive interventions
- ✓ Behaviour focused interventions
- ✓ Education support
- ✓ Play based approaches to develop more positive child/parent relationships
- ✓ Considering medication if therapy alone is not working

Actions to manage depression include:

Mild depression

- ✓ Watchful waiting
- ✓ Psychological therapy, if there are no co-morbid conditions or suicidal ideation
- ✓ Referral to tier 2 or 3 CAMHS team if no response after 2-3 months

Moderate or severe depression

- ✓ Review by tier 2 or 3 CAMHS team
- ✓ Individual psychological therapy
- ✓ Consider medication
- ✓ Multidisciplinary review if unresponsive to psychological therapy
- ✓ Consider inpatient treatment if high risk of suicide or self-harm

Actions to manage ADHD include:

- ✓ Parenting programmes to give parents the skills and strategies to help their child
- ✓ Behaviour therapy with children to replace behaviours that don't work or cause problems
- ✓ Advice for teachers about how to teach children with ADHD
- ✓ Medication for severe cases



Nearly all parents of children with ADHD seek some form of help because of concerns about their child's mental health, but only a **minority** of children receive **evidence-based** treatment

WHAT WORKS?

Actions to manage eating disorders include:



Prevention through school-based peer support groups



Family therapy



Cognitive-behavioural therapy



Hospital care
Inpatient or outpatient



There is a clear pattern of **delay** in **seeking help** for eating disorders, which in turn **delays diagnosis** and **treatment** creating more **severe** and **long term impacts**

Actions to manage schizophrenia include:



Exclude organic causes



Antipsychotic medication



Psychoeducational group intervention for young people with psychosis and their carers



Help the child or young person to **continue their education**



Provide a **supported employment programme** for those above school age



Discuss and plan transition to adult services

Actions to **reduce suicide** include:



Tailor approaches to **improvements** in mental health



Reduce access to the means of suicide



Support the media in delivering **sensitive approaches** to suicide



Support **research, data collection** and **monitoring**



Provide **better information** and support to those bereaved or affected by suicide

ASSETS AND SERVICES

SERVICES FOR CHILDREN, FAMILIES AND YOUNG PEOPLE

NHS

Core CAMHS provided in schools, some GPs and in the home
by Tavistock and Portman NHSTrust

School nursing and health visiting
by Central and North West London NHs Foundation Trust (CNWL)

Emergency paediatric liaison, Attention deficit hyperactivity disorder (ADHD) service, complex disorders and eating disorders service
by Royal Free London Hospital

Across NHS and council Family Nurse Partnership. Intensive support to teenage parents
By CNWL & Camden council

COUNCIL

Families in focus – emotional and psychological support service
by Camden council

Across Council and education School PSHE and Camden iMHARS Support to teachers on planning and teaching the mental health curriculum Guidance to schools on developing a mental health and wellbeing policy, accessing support and teaching about mh and wellbeing,
by Camden council AND Schools

EDUCATION

CAMHS in schools
by Tavistock and Portman NHSTrust

VOLUNTARY SECTOR

Creative therapies for Special educational needs (SEND) and disability
by Coram

Equine therapy for children with complex needs and SEND
by Strength in Horses

Mental health peer education and health promotion
by Fitzrovia Youth in Action

Psychotherapy and family counselling
by Brandon Centre

Integrate outreach to young people involved in gangs
by Brandon centre

Across NHS and voluntary Minding the Gap including youth hubs – the HIVE and Axis
by Catch 22

ASSETS AND SERVICES

SERVICES FOR PARENTS

NHS

Young parents mental health- A therapeutic service for vulnerable young parents who are experiencing or are at risk of poor mental health
by Tavistock and Portman NHS Trust

Camden iCope - A therapeutic service offering evidence-based psychological therapies to adults.
by Camden and Islington Foundation Trust (CIFT)

Whole Family Team with Perinatal Specialism - A therapeutic service to parents with children under five year and during pregnancy.
by CIFT

Parents Wellbeing Service- A therapeutic service for parents with psychological well-being and mental health problems.
by CIFT

Perinatal mental health service (specialist)
Across North Central London (NCL)

COUNCIL

Children's Centres - wide range of services on offer providing emotional support to parents
by Camden council – Integrated Early Years Service

Across both NHS and council Preparation for parenthood courses - support for parents around sensitive parenting and attachment and to help parents-to-be to manage the transition
by Tavistock and Portman NHS Trust and Camden council – Integrated Early Years Service

VOLUNTARY SECTOR

Brandon reach – a therapeutic service for young parents who have had their children removed from care
by the Brandon centre

Parent Infant Project – Vulnerable families with babies under 12 months , where infants emotional/cognitive development is at risk
by the Ana Freud centre

Perinatal peer support service for mums and dads
by Manor Gardens – Blossoms project

Training and support for parents of children with ADHD
by The Brandon centre

ASSETS AND SERVICES

Building resilience and mental health awareness

Camden iMHARS: Islington Mental Health and Resilience in Schools – being rolled out in Camden schools

Developed and piloted in Islington schools, the iMHARS framework sets out seven components (see diagram below) of school practice that effectively develop resilience, promote positive mental health and support children at risk of, or experiencing, mental health problems. These seven components have been distilled from a wide body of research and evidence. Schools in Camden are being supported to use the iMHARS framework to identify current strengths and specific areas for development within each component.



iMHARS toolkit online at www.islingtoncs.org/imhars

Mental Health First Aid Training

Staff across the council, voluntary and certain statutory organisations who work with young people in Camden are being offered Youth Mental Health First Aid (YMHFA). YMHFA is for anyone who teaches, works with, lives with or cares for young people (8-18). YMHFA supports participants to recognise early signs of mental health problems and respond appropriately to assist people in their community, family or workplace. It covers topics specific to young people that include psychosis, bullying/cyber bullying, and promoting protective factors and good parenting.

In addition staff in Camden schools (primary and secondary) are being offered Youth Mental health First Aid for schools and colleges.

Youth MHFA for Schools and Colleges has been designed especially with schools in mind, based on the Youth MHFA course but targeted to meet the needs of educational environments. Youth MHFA for Schools and Colleges covers key topics around young people’s mental health and wellbeing, with a strong practical focus on how to support young people experiencing mental distress.

TARGETS AND OUTCOMES

Local Priority Scheme (work streams)	Main KPI
<p>1) Promoting resilience, prevention, early intervention and peer support for the mental wellbeing of children and young people and to further develop and deliver the early help provision with Council partners</p>	
<p>a. Community mental health promotion, peer support and participation (including schools) b. Building resilience in services: training and development in early recognition of mental health problems and intervention. Working with council partners to further develop and deliver early help</p>	<p>a. CYP reporting high self-esteem. a. Increased awareness of MH, understanding resilience and self-care strategies a. Percentage of young people benefiting from peer support who have increased understanding and awareness of mental health issues a. CYP participation in commissioning and reviewing services b. Increased confidence in schools staff in recognition, early intervention and signposting to early help and hence a reduction in number of cases below tier 3 threshold being referred to CAMHS services b. Increased confidence in other front line staff in referring to early help services hence a reduction in referrals to CAMHS</p>
<p>2) Improving access to support: routine care, urgent care and admission, specialist care including for Eating Disorders</p>	
<p>a. Extended opening hours, improved response and waiting times, extending outreach in community based provision, increase numbers accessing services b. Workforce development plan including an increase in CYP Improving Access to Psychological Therapy (IAPT) trainees c. Out Of Hours (OOH) crisis care. Extended hours pilot across NCL and reduction of CYP in acute paediatric beds. Collaborative commissioning planning for local management of inpatient CAMHS beds</p> <p>Continued on next page</p>	<p>a. Increase numbers of CYP and families seen early am or after 5pm a. Reduced wait to assessment and treatment % CYP with referral to treatment time <= 8 weeks; a. Increased number of CYP accessing services as agreed in operating planning b. Increase recruitment of trainee IAPT posts and maintain these posts in Camden c. Number of CYP on paediatric wards seen by community CAMHS within 1 hour. Full CAMHS assessment within 4 hours c. NCL wide local management of T4 beds</p>

TARGETS AND OUTCOMES

Local Priority Scheme (work streams)	Main KPI
<p>2. continued</p> <p>d. Community eating disorder service</p> <p>e. Care/treatment for overseas students; needs of 18-25s; access to adult Personality Disorder services</p>	<p>d. Community Eating disorder service - % routine cases with referral to treatment within < 4 weeks, compliance with national specification, providers member of quality network , delivery of training and support to community providers including GPs to support early identification</p> <p>e. Joint planning with local universities to provide services to meet needs of students. Review Minding the Gap services for young people and plan with adult services for onward provision to meet needs of young people</p>
<p>3. Care for the most vulnerable</p>	
<p>a. Early Intervention in Psychosis (EIP) and Transitions; Mental health Act Place of Safety</p> <p>b. Improving prompt access to assessment for Autistic Spectrum Disorders (ASD). Transforming Care Plan for young people with LD, ASD, behaviour that challenges</p> <p>c. Planning for health needs of CYP in the Youth Justice System</p> <p>d. Perinatal mental health</p> <p>e. Peer support programme in Camden</p> <p>f. Implement NCL Child Safe House for those experiencing sexual assault</p> <p>g. Support for Looked After Children and those leaving care</p>	<p>a. Review and plan development of EIP and transition to adult services</p> <p>a. Develop NCL wide young people appropriate place of safety</p> <p>b. Waiting list initiative to reduce waits for assessment (ASD)</p> <p>b. NCL wide plan for young people with LD, ASD, behaviour that challenges</p> <p>c. Local commissioning of health service for YP in liaison and diversion provision</p> <p>d. Increased identification of and support for women affected in pregnancy by mental health conditions (and their families)</p> <p>e. Earlier identification of mental health risks and vulnerabilities for women and families</p> <p>f. NCL wide programme. To review CAMHS provision to the developing Child Safe House</p> <p>g. Clinical support to young people leaving care and living in supported accommodation</p>

THE VOICE – WHAT DO LOCAL PEOPLE THINK ABOUT THIS ISSUE?

Engagement

Key findings

CAMHS in schools review
 This review was carried out to gain an understanding of schools' appraisal of the Camden CAMHS in schools service

- A recent survey of schools showed that this was really valued. One member of staff said: "CAMHS can be a threatening term to parents but having someone in the school takes the pressure away. The clinician has got to know the families here."

Youth debate - a young people's debate on mental health for 14-21 year olds

- A lack of awareness about local support services and where to go for information.
- Services being gender-biased towards females.
- Being open about your mental health issues can lead to being treated differently and often being smothered in attention which can make the situation worse.
- With mental health issues everyone thinks the worst and finds it scary because they think about suicide.
- People think you are odd if you are having counselling.

CCG Self-care forum - young people questioned about accessing healthcare services.

- Responses relating to mental health for example;
- 'The school pretended that mental health issues didn't exist'
- 'We had a school counsellor but too embarrassed to access them as their office was based downstairs and everyone would know where you're going.'

THE VOICE- WHAT DO LOCAL PEOPLE THINK ABOUT THIS ISSUE?

Minding the Gap, project looking at the gap between CAMHS and adult MH services¹⁷

- Young people described several potential barriers to accessing services
- A lack of awareness may influence whether young people view poor mental health as something that can be supported by services
- Even if young people recognise they want or need to access services, the stigma of mental illness and even simply needing support was highlighted as a barrier to seeking help
- There was a general uncertainty on what services may be appropriate to access, and what services are available

Responses to the 2015 Health Related Behaviour Questionnaire¹⁸ indicate the following prevalence rates within Camden’s school population:

Primary schools

- 43% of boys had high self-esteem scores
- 37% of girls had high self-esteem scores
- 77% of boys and 83% of girls reported that they worry about at least one problem 'quite a lot' or 'a lot'
- When things had gone wrong in the last six months, 14% of pupils said they 'often' or 'very often' got upset and felt bad about it for ages, 51% said they felt calm and carried on. 55% said that they learnt from it for next time
- 26% of 10-11 year olds said that they would keep their worries to themselves

Secondary schools

- 51% of Year 8 boys and 50% of Year 10 boys had high self-esteem scores
- 41% of Year 8 girls and 38% of Year 10 girls had high self-esteem scores
- 22% of Year 8 pupils and 23% of Year 10 pupils said that they worry about their own mental health 'quite a lot' or 'a lot'
- When asked 'if at first you don't succeed, would you?' 75% of pupils said they would have another go 'usually' or 'whenever possible'. 69% said they would keep on trying until you do. 46% of pupils said they would ask for help
- 44% of 13/14 year olds said that they would keep their worries to themselves

Key facts	Setting the scene	Future need	What influences?	What works?	Assets & services	Targets & outcomes	The Voice	Gaps	Further info
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GAPS: UNMET NEED

Gaps

1. Long waiting times for children and families to be assessed for autistic spectrum disorders

2. Gaps in mental health support services for parents in the perinatal period

3. Local inequalities in terms of access to care and services

4. Increasing pressure on primary and secondary mental health services by university students

5. Extend work on Prevention and Building Resilience

What we are doing

1. Waiting list initiative to reduce waits for ASD assessments

2. Peer support service for parents in the perinatal period
NCL wide specialist mental health perinatal service

3. Services in community settings and access to support via the voluntary sector

4. Joint work with the university and adult mental health services to meet the need of this cohort.

5. Roll out of the iMHARS framework to Camden schools and YMHFA training to staff who work with CYP

FURTHER INFORMATION

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About Camden's JSNA

[Open Data Camden](#) brings together information held across the organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Camden's population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

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