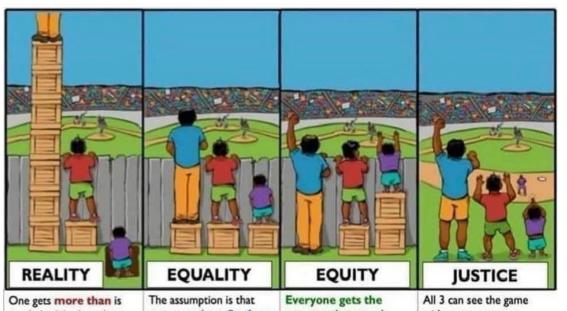
"I want the same chances at life as my peers without adversity or valuerability, we aren't hard to reach"

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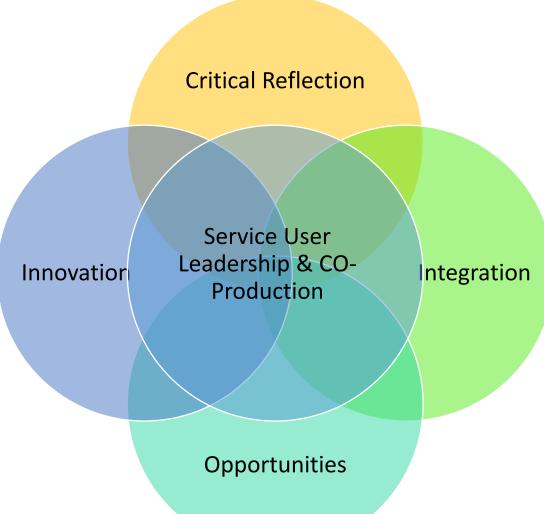
Programme Lead: Mental Health in Schools

Approaching Inequalities



One gets more than is needed, while the other gets less than is needed. Thus, a huge disparity is created. The assumption is that everyone benefits from the same supports. This is considered to be equal treatment.

Everyone gets the support they need, which produces equity. All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.



Levels of Participation & All About Me

Ladder of Participation (Arnstein,14)



Citizen control Citizen Power Delegated power Partnership Placation To Kenism Consultation Informing Non participation Educating Manipulation

Stakeholders have the idea and set up the project

Goal created by a facilitator but resources and responsibility given to citizens

Stakeholders have direct involvement in decision making

Stakeholders shape ideas, but final decision sits with facilitators

Stakeholder views are sought but decisions made by facilitators

Stakeholders are informed ondecisions but no opportunity to contribute

Assumption that the stakeholders are passive receipients

The illusion of participation when actually power is denied

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Drawn by Juliet young



- Over 300 Registrations and 200 attendees
- Representations from Young People, Carers, Parents, Teachers, AE Staff, Police, School Governors, GPs, Schools Nursing, Voluntary Organisations, ICS Leads and CAMHS
- An interactive, reverse conference, where the delegates are the experts
- Activities in 60 breakout rooms included, Jamboards, panel discussion, Slido and Chat QA

I Statements



1) Accessibility

"I want the same chances at life as my peers without adversity or vulnerability, we aren't hard to reach"

2) Co-production

- 1) "I want to be supported to get involved and see changes that I have influenced"
- 2) "I want opportunities to share my insight and become a valuable member of the workforce"

3) Distribution

1) "I want the same experience and range of support regardless of where I live or go to school"

4) Single Front Door

1) "I want to tell my story once and be involved in deciding what support will suit me and my family's, goals and needs"

5) Local Offer

1) "I want to be able to see all support available to me, my family and friends in one place"

6) Diverse Offer

1) "I want to access support in different ways that suits me and my goals, not just what is available and not when it is too late"

7) Universal Offer

1) "I want to take ownership of maintaining and improving my resilience and wellbeing"

8) Social Prescribing

1) "I want to access a range of different activities that could improve my wellbeing and be supported to access them"

9) Workforce

1) "I want to be able to access different support from different people, when and where I need it"

10) Transition

1) "I want to feel like professionals care as I move between different stages of my life"

11) Digital

1) "I want to influence how I interact with my support and information and find opportunities to learn new skills"









Communication and joined-up services are lacking.

- There are more girls and young women in inpatient CAMHS than we would expect, given the sex structure of the local population.
- There are more children and young people in inpatient CAMHS from White ethnic groups, and fewer from Asian ethnic groups, than we would expect, given the overall ethnic makeup of the local population.
- 4 The proportion of people from the **most deprived areas** in inpatient CAMHS is higher than we would expect given local area deprivation.
- There is a higher proportion of CAMHS inpatients with learning disabilities and/or autism than the proportion in the local population, but this has been reducing over time.
- **6 Data** on other inequalities measures is lacking.



- 7 Some service users report long waiting times and unclear referral routes.
- 8 Referrals to crisis and home treatment teams have increased.
- **9** Crisis presentations at A&E have increased.
- 10 Mental Health Act detentions are used more on males, people from BAME groups, and those with learning disabilities or autism.

- **11 Location** of treatment is not always appropriate.
- Paediatric intensive
 care has a greater proportion
 of males, people from BAME
 groups, and people from the
 most deprived areas, compared
 to other CAMHS units.
- 13 Admissions can be to locations far from home.
- Length of admission varies by borough, and is shorter for males and older patients than for females and younger patients.
- 15 CAMHS services vary between areas in terms of provision and spend.
- Some families feel unsupported and ignored.



- A lack of follow-up care after discharge may be experienced, and the transition to adult services can be hard.
- 18 Readmissions vary by borough, and are higher for females, White ethnic groups, and people with learning disabilities or autism.

- 19 COVID-19 has had a **negative impact** on the mental health of children and young people.
- **20 Demand** for CAMHS may increase but there are opportunities to **'build back fairer'**.

Areas of work addressing inequalities

Transgender and gender questioning offer **Cohort Specific** • Intensive/ different support for cohorts such LAC, young carers, LGBTQ, SEND • Collaboration between CYPMH and BCYP e.g. social prescribing • Champions for different pupil groups to drive strategic direction Schools • Whole school approach, potentially trauma informed approach Pupils outside of school- excluded, NEET, home schooled Transition points – Year 7 check in, Lumi Nova, transitions review • Does it reflect the local population? Workforce Are we creating opportunities locally? • Do we have the right skills to meet need and wants? Digital • 3 digital participation workers to get into communities to understand the want and need • Social Media – how do we become more relevant? E.g. TikTok NEL commitment to social prescribing in YP **Social Prescribing** • A diverse range of activities Support to access both a trusted person or financial help Strategic Health Needs We know what the data tells us, now to co-produce a plan • Intensive pathways for Eating Disorders, those who struggle with life threatening self harm, SEND Ax Collaboration – who and how? Trauma informed • Multi Agency TIA forums Serious youth violence and criminal exploitation **Systems** Creating safe and culturally competent spaces