

VIRTUAL MEETING

BARNET CHILDREN'S PARTNERSHIP BOARD

DATE AND TIME

THURSDAY 22ND APRIL, 2021

AT 4.30 PM

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
5.	MENTAL HEALTH	3 - 24

governanceservice@barnet.gov.uk

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Barnet Children's Partnership Board Report

Title:	Barnet Children and Young Peoples' Mental Health and the impact of COVID	AGENDA ITEM 5
Meeting Date:	22.04.2021	
Author:	Dr Elliott Roy-Highley	
Service / Dept:	Public Health	
Report to be Presented By:	Dr Elliott Roy-Highley	

1. Summary

The report provides information on children and young people's (CYP) mental health and mental health support in Barnet. Emerging evidence is presented for the impact of COVID-19 measures on CYP mental health and mental health support, nationally and in Barnet. CYP mental health current and future support needs are considered in the context of COVID and the service adaptations made so far.

2. Updates since last BCPB

N/A

3. Impact

- **Equalities and Diversity**

COVID-19 pandemic has highlighted the disproportionality of the mental health and emotional wellbeing outcomes amongst various groups including minoritised communities, children and families and these impacts have been acknowledged within the report.

- **Corporate Parenting**

Whilst there is no direct impact on the Council's corporate parenting role of this report, it is acknowledged that the Council's role as corporate parent supports mental health and wellbeing improvement interventions for children and young people residing in the borough.

4. Consultation and Engagement

Information was sought and provided by service partners for the focus on the response of Barnet Integrated Clinical Services (BICS), and Barnet Child and Adolescent Mental Health Services.

5. Conclusion and Recommendations

The Children's Partnership Board is asked to note and comment on the report.

6. Background papers

N/A

Barnet Children and Young Peoples' Mental Health and the impact of COVID

Dr Elliott Roy-Highley, Public Health Registrar

April 2021

What is Mental Health?

Mental health describes our ability to flourish; to hold a sense of self that allows us to live our lives as close as possible to the way we want, to realise our potential, and to achieve a sense of purpose by doing things that we consider important and worthwhile.

Good mental health allows us to enjoy life, to cope with the normal stresses and changes in life, build strong and positive relationships with others, contribute to our community, and work productively and creatively.

Our mental health state, good or bad, is produced through the dynamic interplay of numerous factors:

- Social wellbeing encompasses our ability to develop and maintain strong, positive relationships, have a sense of connection and belonging, and the presence of a positive support-system.
- Emotional wellbeing is our ability to understand and manage emotions, experience empathy and be overall happy and confident.
- Psychological wellbeing is produced through exercising our autonomy, problem-solving and being creative, and allows us to be attentive and resilient. .
- Physical wellbeing is created through a daily routine that allows for optimal nutrition, exercise, and sleep.
- Ill health may be physical or mental, and can have a varying impact on mental health over time.
- Education and/or work improves our mental health when we are able to work productively, are intellectually stimulated and have the opportunities for learning and education that expand our knowledge and skills.
- Our environments may support or undermine our mental wellbeing, whether at home (e.g. financial security, trigger trio), in our neighbourhood (e.g. crime, access to green space), or as wider connected communities (e.g. climate change, racism).

Social, emotional, and psychological wellbeing are the mental building blocks that help us develop healthy behaviours and engage productively with the world around us. Positive school, work, home and community environments, reinforce and build positive attributes within these domains of mental wellbeing.



MENTAL HEALTH IS AN INTERNATIONALLY IMPORTANT CYP ISSUE
Globally, depression is the leading cause for disability and illness among 10-19 year olds, and suicide is the third leading cause of death among 15-19 year olds [25].

Between 10–20% of children and young people (CYP) will experience mental health conditions; half will begin before age 14, and the majority will go unrecognised and untreated [WHO]. Sadly, people with severe mental disorders die 10 to 20 years earlier than the general population [24]

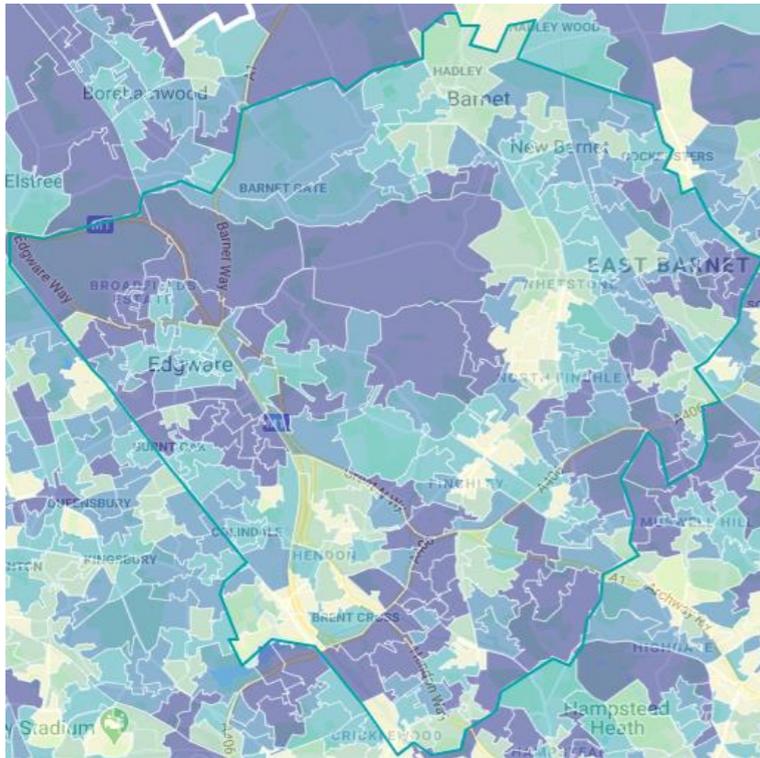


The picture is similar in the UK; mental ill health (including self-harm) affects about 10% of CYP, and around 70% do not have sufficient interventions at an appropriately early age [18].

Rates are rising – from one in nine (10.8%) experiencing probable mental disorder in 2017 to one in six (16%) in 2020 (13.3% in young men, and 27.2% in young women who have the highest prevalence of probable mental health problems) [18][23]

Children and Young People in Barnet

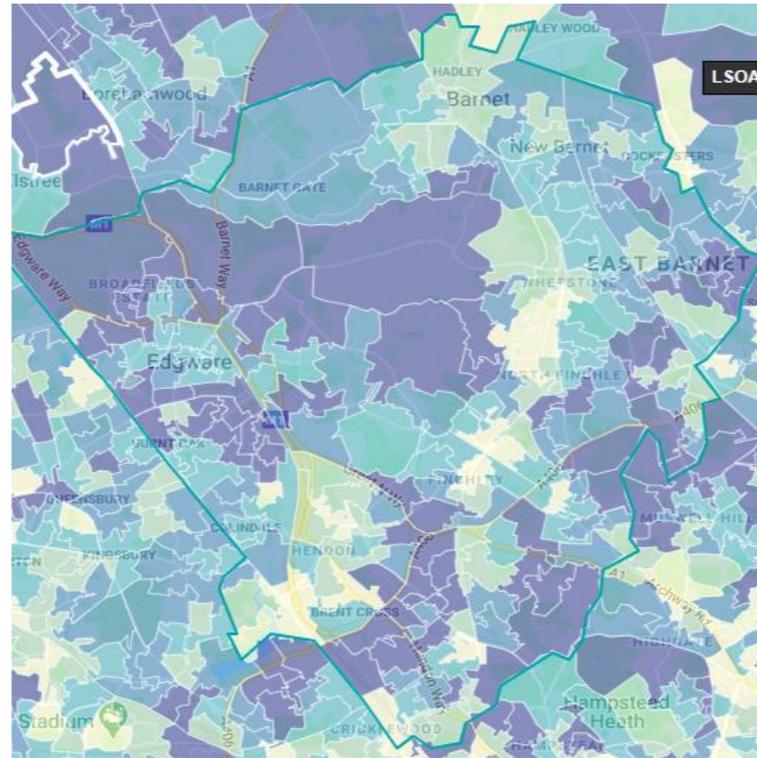
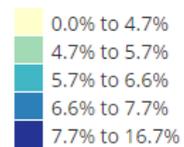
- The largest proportion of the CYP population of Barnet in 2018 are 5-9 year olds (28%), and the smallest is 15-19 year olds (21%) [4].
- Almost a quarter of Barnet's population is 0-19 years old (approximately 99,000 young people), and over half (52%) of children and young people in Barnet are from Black, Asian and other ethnic backgrounds, compared with 30% across England [4].
- In January 2018, there were 65,789 pupils in Barnet spread across 163 schools. Nearly half of these pupils (48.3%; 31,755) attended the primary schools in the borough, with 38.9% (25,587) attending local secondary schools [4].
- There were relatively low numbers of 0-19-year olds shielding compared to the overall 0-19 population in Barnet (736 young people by the end of June 2020) [6].



Aged 5-9

The colours on the map show % aged 5-9 (as % of all people)

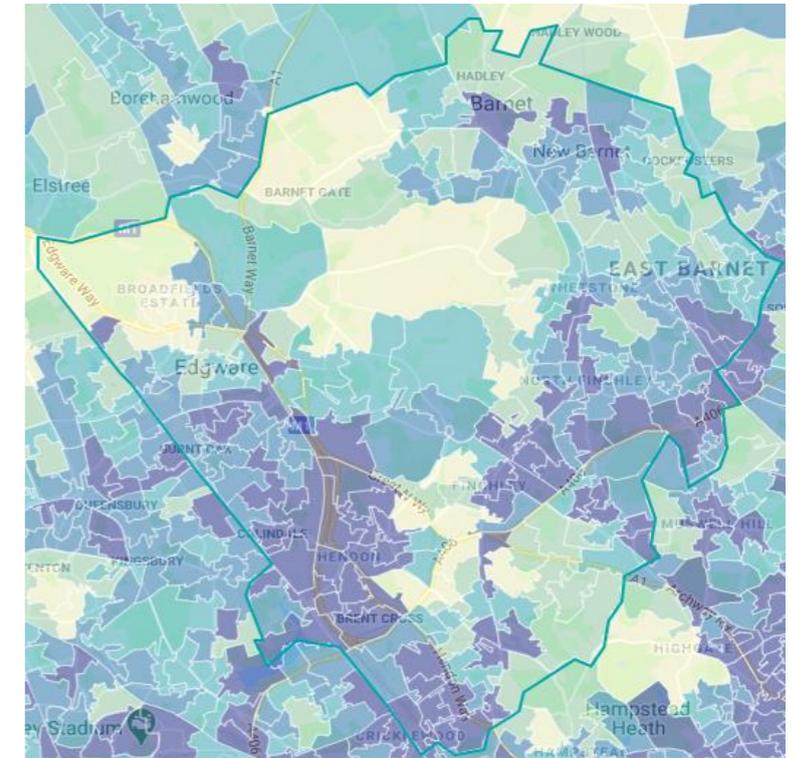
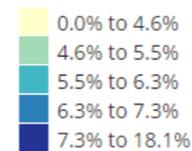
Showing all areas at LSOA level



Aged 10-14

The colours on the map show % aged 10-14 (as % of all people)

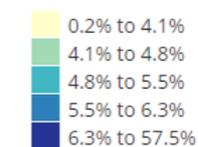
Showing all areas at LSOA level



Aged 15-19

The colours on the map show % aged 15-19 (as % of all people)

Showing all areas at LSOA level



CYP Mental Health in Barnet Before COVID

The GLA's Survey of Londoners reported that 1 in 6 parents in the capital have children who experience food insecurity, along with 36% of single parents and 32% of black Londoners. [11].



Substance misuse by children and young people in Barnet increased by 8.5% from 2018/19 to 2019/20 [6].



Between April 2017 and April 2019, there were 5,708 domestic abuse offences recorded by the Metropolitan Police in Barnet. In the 12 months to April 2019, the number of these offences recorded for the borough was 12.75% higher than the previous 12 months, compared to 11.17% for London overall. [6]



In Barnet, the estimated prevalence of mental disorders (2015) in CYP aged 5-16 is 8.3% - the 6th lowest of all London local authorities and lower than London overall (9.3). However, Barnet has a significantly higher percentage of school age pupils with social, emotional, and mental health needs (2.61% in 2018) compared to the national (2.39%) and London (2.41%) averages.

Self-harm is on the rise. In 2017/18, the rate of hospital admissions as a result of self-harm for 10-24 year olds in Barnet (2017/18) was the 285.3 per 100,000. This was the 5th highest of the London boroughs, and significantly higher than the London average (209.1 per 100,000), which has been so since 2015/16 [4]. This is lower than the England average of 421.2 per 100,000.

18% of the borough's adult population are described as digitally excluded. [6]

Carnegie UK Trust #NotWithoutMe project with Barnet Pavilion (2017) identified that most (not all) young people have smartphones, but many live in low income households which are often overcrowded and with no access to home computer or broadband. [6]

Since 2018 Barnet has seen a 20% increase in children and young people about whom there are concerns regarding child criminal exploitation and/or gangs. 68% of young people involved in CCE/'gangs' are from Black, Asian and other ethnic backgrounds, 88% are male and 78% are aged 15+.[11].



Based on HMRC data, 14.0% of children in Barnet aged under 16 were in low income families in 2016, which was significantly lower than both London (18.8%) and England (17.0%). [6]

Similarly, the IMD (2015) score of 17.8 for Barnet, makes it one of the least deprived boroughs in London, despite considerable variation in the level of poverty across its wards. [GLA Survey of Londoners].



34% of Barnet households are within a 400 metre walk of open space. But levels vary between wards: from just 1% in Childs Hill to 61% in East Finchley.[6]



Antisocial behaviour in Barnet children increased by 24.5% from 2018/19 to 2019/20 [6]

	Barnet	London	England
Emotional Disorder	3.2%	3.6%	3.6%
Conduct Disorder	5.0%	5.7%	5.7%
Hyperkinetic Disorder	1.4%	1.5%	1.5%

Estimated prevalence of emotional, conduct, and hyperactive disorder in children 5-16, 2018 [PHE Fingertips]

Emerging Evidence for COVIDs impact on CYP Mental Health Internationally

International evidence from previous pandemics and from reviews of early lockdowns due to COVID-19 show that pandemics, isolation and quarantine are linked with negative mental health outcomes [17].

Concerning, high PTSD prevalence is noted in the literature following short lived infectious outbreaks like SARS. There is evidence that duration of loneliness is more strongly correlated with mental health symptoms than intensity of loneliness [17], so there is a potential for large segments of young population to experience residual and lasting distress and trauma due to the prolonged COVID-19 restrictions. Fear of infection and perceived life threat were associated with worse mental health outcomes [22].

In one study, most parents reported a change in the emotional state and behaviours of their children [13], often displaying behaviours of poor mental wellbeing:

- Difficulty concentrating (77%),
- Depressive symptoms (22% to 43%) [22]. those who were lonely are 5-40 times more likely to score above clinical cut-offs for depression [17]
- Anxiety symptoms (19% to 37%) [22].
- Boredom,
- Irritability,
- Restlessness,
- Anxiety, nervousness, being more uneasy and more worried,
- Loneliness,
- Clinginess. regressive symptoms,
- Being listless to activities done before, inattention, persistent inquiry [13] [22].

Restrictions impact upon family relationships – 12% of Italian and Spanish parents informed that family coexistence was difficult or very difficult, these parents tended to report their children more restless, angry and irritable [13].

A number of protective factors have also been identified in the international literature:

- Media entertainment, reading, social media and physical exercise were helpful in reducing child mental distress related to COVID-19. [22]. Adaptive capabilities were exhibited more among 8-9 years. old children. [13].
- Establishing a daily routine, having good sleep, and using mindfulness and meditation were identified as positive coping strategies for young people following the third UK lockdown [16].
- Awareness of COVID-19 was protective against depressive and anxiety symptoms [22].
- UK ONS Opinions and Lifestyle survey 2020 indicates that the more time a young person spent outdoors or exercising, the less worried they felt. many young people started a new hobby or developed new skills [6].
- Reducing the impact of enforced physical distancing by maintaining the structure, quality, and quantity of social networks, and helping children and adolescents to experience social rewards, to feel part of a group, and to know that there are others to whom they can look for support [17].
- Finding ways to give children and adolescents a sense of belonging within the family and to feel that they are part of a wider community should be a priority [17].



Emerging Evidence for COVIDs impact on CYP Mental Health in the UK

Since March 2020, the UK has had varying levels of restrictions and successive 'lockdowns'. There is evidence for a significant impact of these on the mental health of Children and Young People in England. It is important to note that the findings summarised here are from studies conducted after the first lockdown or ongoing during the pandemic, and signal only the acute effects of restrictions; the long-term effects of COVID-19 on mental health are yet to be seen.

Children experiencing food insecurity increased during lockdown as Londoners struggled to cope with risk of redundancy, furlough and claiming of key benefits such as Universal Credit [11].



In the UK, one 2021 study shows that 98.1% of CYP report COVID-19 as having a moderate-severe impact on their routine [16].

Sleep has been significantly impacted; moderate-to severe occasional to frequent sleep issues have been reported in 25% - 42.2% [16] [23].



Street Games found young people did not find it easy to get or stay active during lockdown, with two-thirds (68%) reporting that their activity levels had dropped [6].



Two-thirds of those who deemed medical care access applicable to them (60.2%) experienced a range of issues with accessing health services, from appointments moving to telehealth (mild), delays in appointments or prescriptions (moderate) and lack of access, which had a significant impact on their health (severe) [16].

Since the lockdown, 30.3% had poor mental health, and 10.8% had self-harmed. Over half of participants had experienced frequent (moderate) to persistent (severe) anxiety about COVID-19 (52.6%) [16].

National referral statistics for eating disorders in England show a doubling in the number of urgent referrals during 2020 [9].

May 2020, London Data Store identified young Londoners (16 years and above) with minor psychiatric disorders had increased to approximately 30% compared with 17% in 2017 - 2019 [6].

12.0% of children had no reliable internet access at home, 19.1% no quiet space to work, and 26.9% did not have a desk at which they could study [23].

An increase in screen time has been reported in up to 90% of children [13].

25% to 41% of 8-18 years olds surveyed from 237 English schools during early summer 2020 reported feeling happier, and 25% reported that lockdown made their lives better [9].

However, 5.4% of children and 13.8% of young people often or always felt lonely [23].



Unemployment of 16-24 years was 4 times higher than over 25s [6].

For 16-29 years olds reporting that COVID-19 was affecting their work, the top three reported impacts were: a reduction in hours worked, concerns about health and safety at work and having been asked to work from home [6].



Big Family Life Survey undertaken by Very reported two thirds of parents of teenagers and almost three quarters of those with children under 12 saying that time spent together at home has had a positive effect on their family.

But this is not universal - almost a fifth have experienced stress and discord in the family (18.6%) [16].

Visits to local parks and public green spaces, after initially falling in the first few weeks of the lockdown, increased to 37% above baseline.

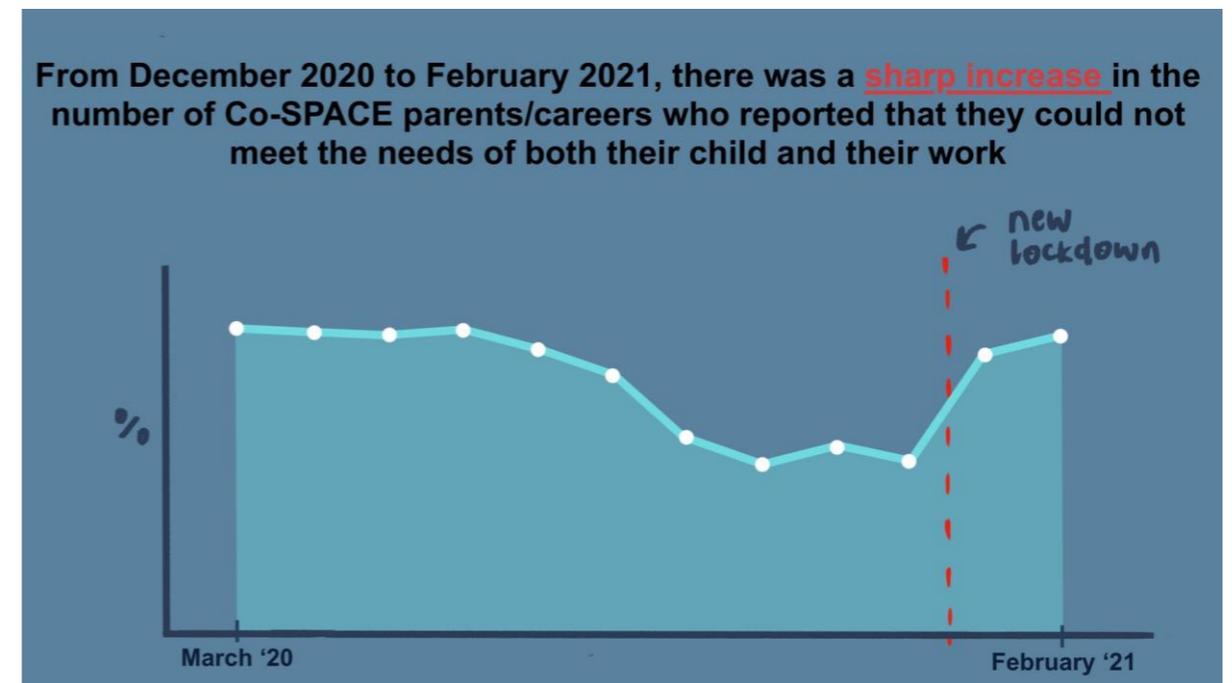
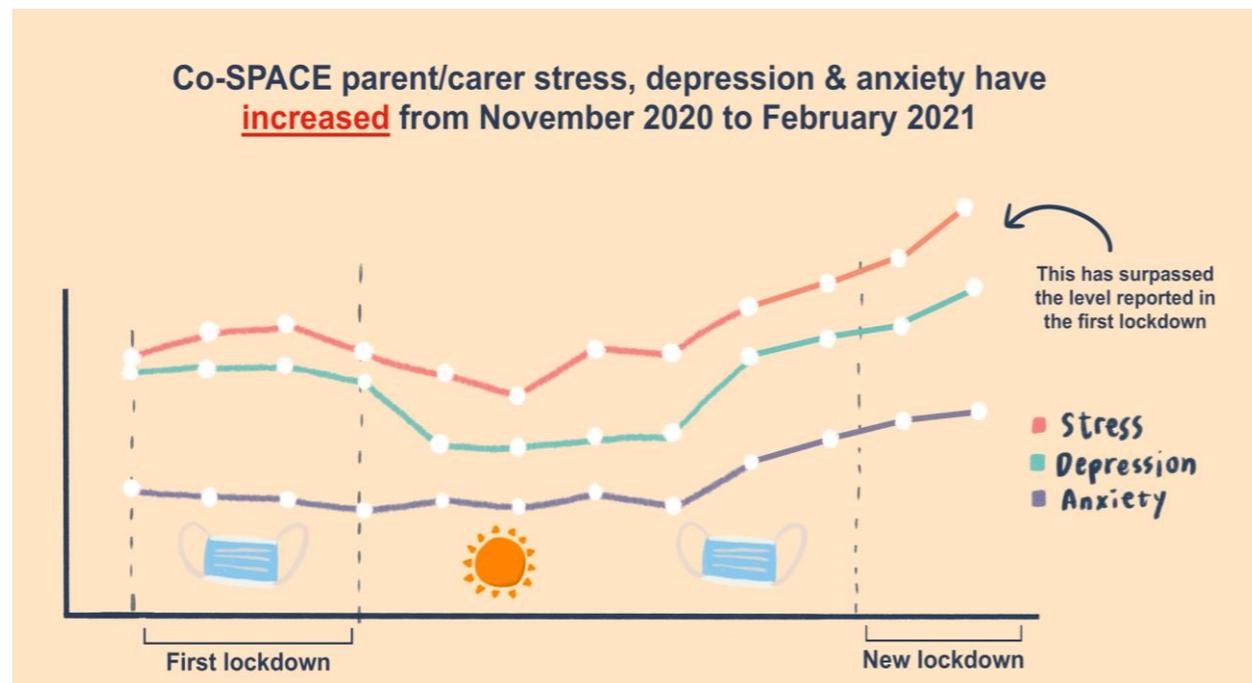
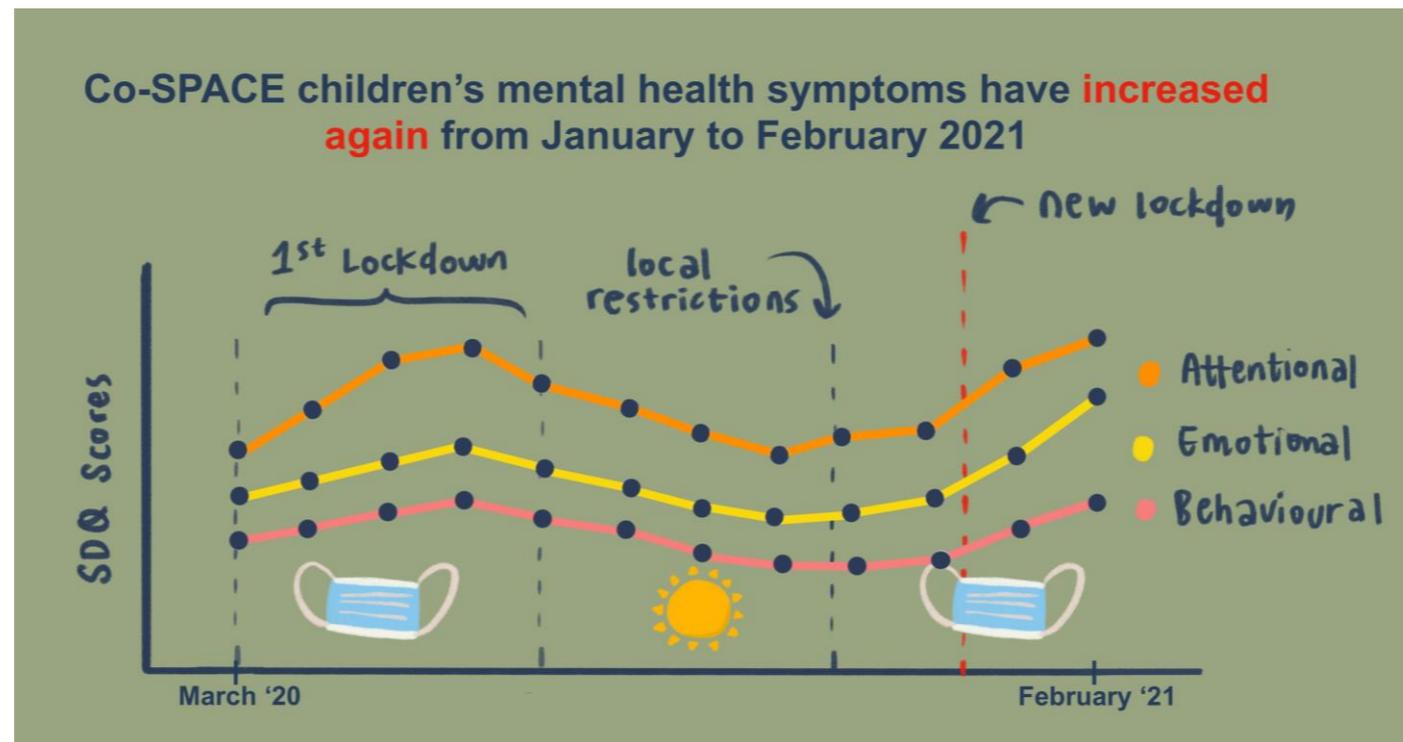
The reductions in use of motorised vehicle improved air quality and 20% of parents of a child with a lung condition saw health benefits [6].

Opinions and Lifestyle Survey (OPN) 47% of those surveyed felt they were not in control of their lives compared to 38% pre-COVID [19].

The Princes Trust found that 29% of young people feel their future career prospects have been damaged by the pandemic. The survey reported young people feeling that finding a job felt impossible. **33% felt that everything they have worked had now 'gone to waste'**. [6]

COVIDs fluctuating impact on CYP Mental Health in the UK

The Co-SPACE project is tracking the mental health of school-aged children and young people aged 4-16 years (at the beginning of the study) throughout the COVID-19 crisis. The most recent results, February 2021, show how behavioural and emotional difficulties have recently increased again in primary and secondary age children, as has parent/carer reported stress, anxiety, and depression. In February 2021, scores in each domain surpassed the equivalent scores in the first lockdown [2].



COVID's unequal impact on CYP Mental Health in the UK

Children already facing unfavourable life chances have experienced the greatest burden from COVID-19 and our response to it. In almost every domain, COVID-19 has exposed, reinforced, or widened existing inequalities facing children; especially CYP with disabilities, SEND, from black and minority communities, for children from lower socioeconomic groups, and young women.

Young people with a history of mental health needs have been disproportionately affected by the COVID response. Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse than those unlikely to have a mental disorder (54.1% vs 39.2% of 11-16 year olds, and 59.0% vs 37.3% of 17-22 year olds [18].

YoungMinds surveyed children and young people who have existing mental health difficulties in 2020 (March, Summer, Autumn) and February 2021. 83% reported poorer wellbeing as a result of the pandemic, with a quarter of those who had been receiving support no longer having access to it. 75% found the 2021 lockdown harder to cope than previous ones, with 58% reporting loneliness and isolation, 51% with concerns about school/college/university work, and 39% reporting a breakdown in routine. [27]

Those families within lower socio-economic groups have less chance of being online and are more at risk of digital exclusion [6].

Online learning and teaching shows that they are effective only if students have consistent access to the internet, working computers, equipment and workspace.

Young people identifying as Black/Black-British ethnicity had the highest increased odds of experiencing poor mental health (odds ratio [OR] 3.688, 95% CI .54–25.40) [16].

Men from 'Black, Asian and Minority Ethnic (BAME) backgrounds' reported a 14% deterioration in mental health while white males reported 6.5%. Contributing factors included bereavement, loneliness and worries about coronavirus and misinformation [1].

Young people of White or Mixed ethnic origin, with a disability, and those aged 13 to 16 years old were more likely to be doing less physical activity [6].

Children from higher socioeconomic households were spending up to 30% more time on educational activities each day with greater access to some form of online resource, technology or private tuition [6].

Young people with disabilities reported feeling that they were further behind because of their disabilities, online education, and lack of 1:1 support [6].

Young Black men aged 16-25 are amongst the hardest hit by job losses and more likely to report a fall in income because of lockdown [1].

Women are particularly affected financially due to working in specific industries that were impacted by lockdown. This has also influenced family life for working mothers, who were more likely to give up or lose work during this time [6].

The Children's Commissioner highlighted the potential impact of families, children and young people living in temporary accommodation or are homeless during lockdown. Children living in this kind of accommodation, where there is overcrowding or sharing a small space, faced an additional layer of hardship (130,000 children in England living in temporary accommodation in the first quarter of 2020), particularly as other public spaces offering respite such as schools, libraries and other public spaces were closed [6].

Children in low-income households were 70% more likely to be in a family where the parent reported a deterioration in parent-child relationships [5].

Child sexual exploitation, grooming and/or contact with a person who poses an online sexual abuse risk increased by 18% during lockdown.



Emerging Evidence for COVIDs impact on CYP Mental Health in Barnet

Local experience of lockdown by young people in Barnet largely reflects the emerging international, national, and regional evidence. The Barnet Online Young People's survey undertaken by Barnet Children Services was conducted in August 2020 had over 400 responses - unless indicated otherwise, this slide reports on key figures from the survey.

As lockdown progressed, because of changes in routine and school/college closures, young people (16 years and above) in Barnet reported eating more unhealthily with more snacking, eating late, and eating outside of normal times.

Negative changes in routine are also seen with over half (51%) of Barnet CYP reporting doing less physical activity [6].



Data from the Children's Commissioner for Barnet shows that there are approximately 5000 children living in households claiming universal credit [6]

Employment and opportunities for young people have been affected by COVID. 18-24 year olds claiming benefits rose from 2.5% to 9.5% (July 2019 to 2020).

Of all age groups nationally, under 18s have the highest take up rate for furlough at 33% for females and 24% for males.

In Barnet, furlough take up rates in Feb 2021 are high at 20% (male and female, all ages). The range for Local Authorities was 11%-26%, and the England average was 15% [19].

In Barnet, the wards with the highest number of furloughed adults are Hendon (19,200) followed by, Finchley and Golders Green (16,100) and Chipping Barnet (13,100) [6].



In line with national evidence, Barnet children with pre-existing mental health problems found that their mental health was more likely to be compounded during lockdown.

Youth Realities is a youth-led organisation in Barnet, addressing teenage relationship abuse through education and survivor-centred support. Youth realities reported an increase in anxiety around physical health for self and parents in their members [15].

The effect on Barnet children and young people's mental wellbeing has been mixed; 48% of primary and secondary school age children reported feeling 'OK' since lockdown, while 43% reported their long-term mental wellbeing had been negatively affected [6].

Whether young people felt it had affected their mental wellbeing or not, many had concerns related to the pandemic. Most (68%) were worried about coronavirus, and 38% felt less secure than before the pandemic. Barnet's young people of Asian ethnic origin, girls, those with a disability, and young people aged 13 years old and above are more likely to be worried about coronavirus [3].

Over a third of respondents felt their friendships were suffering - 57% of respondents reported speaking to friends less during the lockdown.

A small but significant minority (16%) felt their family life had been negatively affected by lockdown.

Youth Realities saw an increase in domestic abuse in older and younger members towards the third lockdown.



When asked how children and young people felt about returning to school, most respondents (65%) reported that they could not wait to see their friends, as the top reason for returning to school. [6]



COVIDs impact on Mental Health Support Needs

INCREASED NEED FOR SUPPORT

During and after past pandemics there has been an increase in the mental health service needs for children and young people and their families. Following H1N1, one-third of parents whose children had been subjected to disease containment measures said that their child had needed mental health service input because of their pandemic-related experiences [17] [13]. In another study, children who experienced enforced isolation and quarantine in previous pandemics were five times more likely to require mental health service input [17].

The Centre for Mental Health has forecasted the new or additional mental health support needed by children and young people as a direct result of the crisis [20]:

- Estimates approximately 1.5 million children will need support (15% of the number of children aged 5-19.)
- The majority will need support for depression or anxiety, or both. Others will need help for trauma symptoms and a range of other difficulties, including complicated grief arising from bereavement and loss.
 - 458,922 children needing help for depression,
 - 407,623 children needing for anxiety
 - The number of bereaved children is estimated to be 9,853.
- About two-thirds of people who will need support already have existing mental health needs, including severe mental illness
- For the population aged 5-19 that has never previously received mental health support, help for depression will be needed for 405,992 children and a further 116,593 will need support for PTSD.

Participants in the CCopeY study indicated a need for more digital mental health tools and online peer support, as well as non-digital school based mental health support. However they also sought support with guided self-management for non-mental health concerns. Practical concerns included transitioning into employment and education and financial issues. For example, some participants suggested there was a need for digital video consultation on next life steps for young people after lockdown. Some participants also indicated that they needed support from schools to help with transition back to “normality” and to specifically acknowledge the possibility of young people struggling during this period [16].

A Jack Petchy Foundation survey of 5,297 young people for their views on how they could be supported to catch up on missed education due to lockdown revealed that 41% of young people want to see increased mental health support [JPF]. In Barnet, Young Barnet Foundation found that 53% of young people think more support should be provided for dealing with stress and isolation [26].

CHANGING DEMANDS

There are indications of an increase in demand for mental health services:

- UK National Domestic Abuse Helpline calls were reported to have risen by an average weekly increase of 66% [6].
- National referral statistics for eating disorders in England show a doubling in the number of urgent referrals during 2020 [9]
- Barnet’s Youth Realities report an increase in demand for 1:1 mental health support and sexual health support.
- Barnet has seen a 25% increase of anxiety related presentations due to Covid-19 in Barnet Integrated Clinical Service (BICS) and our KOOTH online counselling service for young people [26].
- Barnet CAMHS saw surges concurrent with school return, a 30% increase in crisis and 35% increase in presentations of eating disorder. A&E admissions are higher than pre covid levels and admissions to the diversion Hub at the same level.

Demand did not increase across the board:

- Incidence of self-harm recorded in primary care was substantially lower than expected for 10-17 year olds in April 2020 but returned to pre-pandemic levels by September 2020. Similar patterns were detected for all mental health referrals in England, with reductions in urgent psychiatric presentations reported across Europe [9].
- Referrals to children’s social care fell by more than half in some areas following the ‘stay at home’ guidance.
- Between March and September 2020 as services ceased operating or moved to remote ways of working there is evidence that this impacted on the volume of referrals into the Barnet MASH which were lower than usual, with 7891 contacts between March and September 2020, which was lower (<770) than the 8661 reported in the same period in 2019.

There is evidence of reduced help seeking and difficulty accessing services, which may explain apparent reductions in demand, and signal the potential for even greater mental ill health and demand in the future:



COVIDs impact on Mental Health Support Access

REDUCED HELP SEEKING

There is evidence of reduced help seeking through the pandemic:

- 44.6% of 17–22 year olds with probable mental health problems reported not seeking help because of the pandemic [23].
- Young Minds surveyed young people with a history of mental health needs. Of those who believe they needed mental health support during the pandemic,
 - 54% said that they have received some form of support (e.g. through NHS mental health services; school or university counsellors; helplines; charities)
 - 24% said that they have looked for support but not accessed any and
 - 22% said that they had not looked for support [27].

Some young people reported they were aware of how many people are struggling, which stopped them seeking support. Others were worried about overstretched services and felt ‘guilty’ or ‘selfish’ for needing help during this time.

ACCESS TO SUPPORT

The Young Minds survey asked young people where they felt they could access support [27]:

- 55% agreed that there was a school counsellor or Mental Health Support Team available for student, or that they had a teacher they could talk to about their mental health.
- 64% agreed that their school or college has told students about places they can find mental health support.
- 34% felt confident that they are able to get mental health support at university if they need it, while 45% were unconfident they could get help.

Importantly, a lack of resources for wellbeing support within schools was highlighted. This included:

- Teachers not having sufficient training or knowledge.
- Schools signposting to support which young people didn’t feel confident accessing (e.g. because of anxiety about calling a helpline).
- A perception that young people with good grades are considered to be mentally well, even when they are not, and so are not receiving regular check-ins; a sense that there was more support available for those struggling with school work or with bullying than from mental health needs.

BARRIERS TO ACCESS

Many of the barriers to accessing mental health support have not changed from pre-COVID, but may have been exacerbated by restrictions and their resulting changes to daily routine or services. Barriers highlighted by CYP include:

- Stigma
- Too busy to seek support because of pressures of school, university, or work.
- Lack of awareness of places to turn to for help.
- Some felt mental health support would be of limited value, and they needed practical changes to their lives (e.g. finding a job).
- Long waiting lists and difficulties accessing mental health services
- Concerns around privacy, with a fear of information being communicated to parents/carers.

GOING DIGITAL: GOOD OR BAD?

For many services, COVID forced a switch to online (or phone) services, with a reduction or pause in face to face support. The effects of this digital switch are complex and numerous.

For some CYP, digital services has increased access as virtual support was considered more convenient, but most expressed a preference for face-to-face support.

For many, the digital switch made it more difficult to access or engage with support. Privacy considerations were cited frequently. There was a perception that with a move to home and digital services, it was harder than normal to seek support without people around them finding out

Some young people reported that they struggled to explain why they need more support over the phone or when they spoke to people remotely. Young people who may normally speak to friends, family, or adults about their feeling, reported feeling uncomfortable doing this over the phone [27].



Support for Children and Young People in Barnet

Children and Young People in Barnet are able to access a wide range of national and local support for mental health wellbeing, and support for CYP with mental ill health (from mild to crisis management). The below is not a comprehensive list of services, but aims to highlight the broad range available to Barnet CYP. Services are constantly evolving to meet current and emerging needs; this range and change adds to the complexity and challenge for effective signposting so that the right information can be given to the right young person, in the right form, at the right time.

SERVICES

- Barnet Wellbeing Hub
- Early Help Hub
- Specialist Inclusion Services
- Barnet Integrated Clinical Services (BICS);
- Barnet Education and Learning Service (BELS)
- 0-19 Health Visiting and School Nursing Service
- Barnet CAMHS
- BOOST
- Barnet JobCentre Plus
- Barnet Education Employment Service (BEETS)
- Barnet Educational Psychology Team
- Barnet Young Carers and Siblings (BYCAS)
- Mind in Barnet
- Barnet Refugee Service
- Terapia
- Strength in Horses Equine Therapy
- Grief Encounter
- Rethink NCL Support after suicide
- Jami; mental health service for THE Jewish community.
- Rephael House Counselling Centre
- Brook My Life 1:1 counselling
- Young Barnet Foundation.
- Homestart
- Barnet Mencap
- Resources for Autism
- Love London Working
- The Anna Freud Centre
- Centre for Mental Health
- Student Minds
- MindEd
- Winstons Wish

CRISIS SUPPORT

- CAMHS; Crisis Hub (Edgware Hospital), Galaxy ward (Barnet Hospital), Crisis Line 24/7.
- YoungMinds Crisis Messenger.
- Shout – 24/7 text support for crisis.

ONLINE SUPPORT

- Kooth
- Qwell
- Twinkl
- Good Thinking
- <https://hubofhope.co.uk/>
- Barnetlocaloffer.org.uk

HELPLINES

- Barnet CAMHS 24hr crisis helpline.
- Papyrus; helpline and text
- Samaritans helpline
- Childline; call, online chat, message boards.
- [The Mix](#); call, online community.
- [Beat](#) eating disorders; youthline and studentline
- YoungMinds Parents Helpline

YOUTH GROUPS

- London Youth Assembly – current priority mental health. Barnet Youth Assembly.
- Barnet Youth Forum
- Barnet Youth Board
- Barnet & Culture for Youth
- Barnet Inclusive Next Generation (BING)



Barnet Wellbeing Service



0-19
Early
Help
Hubs

gr'ef
encounter



barnet young carers

kooth



in Barnet



Support for Children and Young People in Barnet

During COVID, a number of campaigns were launched to support CYP mental health. Barnet has a dedicated youth section in the Barnet First magazine and a Barnet Youth Instagram.

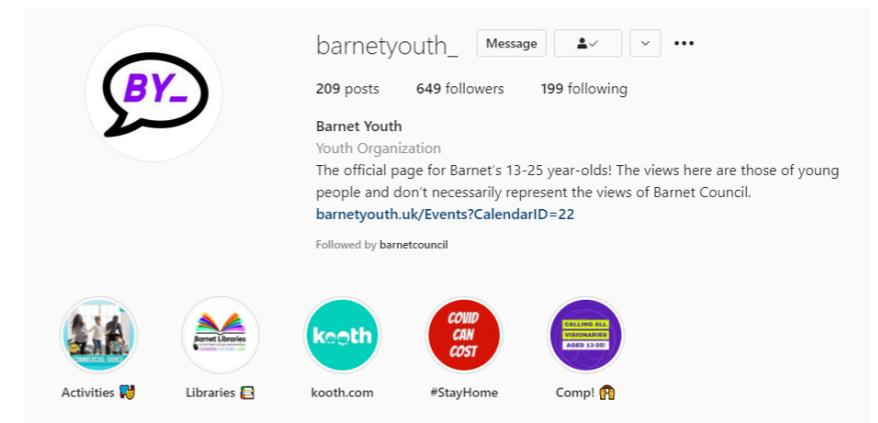
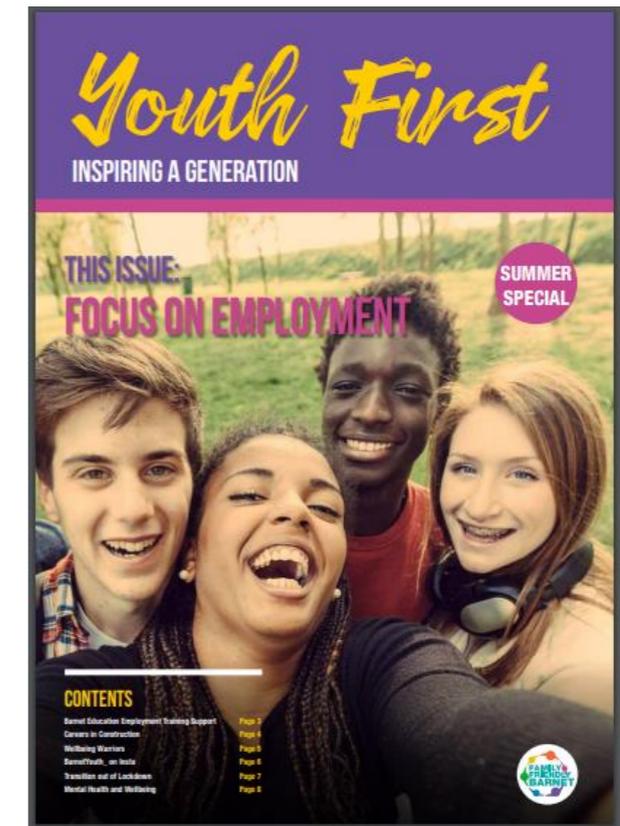
COVID CAMPAIGNS AND COMMS

- NHS One You: Every Mind Matters [national]
- Nip in the Bud charity have produced a series of information films on different Child Mental Health conditions.
- Place2Be's Children's Mental Health Week, 1-7 Feb 2021
- Kooth promoted on Instagram a Don't Do It Alone campaign
- Now and Beyond on Inside Out Day, the UK's first ever mental health festival for schools and colleges was held on 3 February 2021.
- <https://riseabove.org.uk/>
- [Barnet First](#) publication; 8 pages with dedicated youth focus. Spring Edition includes a piece on BOOST (employment), Youth Shout Out! On event – run by London councils. Youth Assembly. Barnet Culture for Youth.
- @BarnetYouth_ Instagram account
- Barnet Youth held its first young persons Q&A webinar on COVID-19.
- Barnet Times newspaper
- BICS – Its Good for Your Mental Health podcast.
- BACE holidays – Barnet Active Creative Engaging holidays.

TRAINING

- Wellbeing Programme; Educational Psychology Team, IAPT, BICS
- Resilient Schools
- Link Programme
- Barnet Safeguarding Children Partnership Voluntary, community and faith sector training.
- Mental Health First Aid Training
- Suicide Reduction STEPS training
- Specialised Bereavement Training by Mind in Barnet.
- <https://www.minded.org.uk/> for parents
- <https://campaignresources.phe.gov.uk/schools/topics/mental-wellbeing/overview>
- Job Entry Targeted Support (JETS) programme
- Work and Health Programme by the West London Alliance.

LOCAL PROGRAMMES AND



How Barnet Adapted to COVID to provide Mental Health Support

Services across Barnet have responded to the changing restrictions of the pandemic; standing up digital online access or phone lines, reaching out to CYP through targeted social campaigns, workshops and podcasts.

Rephael House (121 therapy for ages 4-19) transitioned to online sessions for the first lockdown, but restarted some face to face for subsequent lockdowns to meet the needs of clients who couldn't access Zoom sessions. Attendance in 2020 was maintained at 89% (c. 88% in 2019).

BICS are running a series of Wellbeing Workshops in 2021 for parents and carers and for children and young people. Topics included building resilience, going back to school, building confidence, dealing with anxiety, and transitioning from primary to secondary school.

In addition to the government's support, Barnet's LiveUnlimited also provided Barnet's vulnerable young people with laptops and associated equipment such as dongles to ensure that they were connected and able to undertake their school and college work [6].

For vulnerable children and young people with safeguarding needs, Barnet Council social workers continued their caseloads, meeting face to face where possible.

- The inclusion team delivered training to parents/carers and schools supporting around mental health and signposting for further support.
- BELS worked collaboratively with the council's Family Service to encourage vulnerable children to attend school.
- Barnet council and its partners, particularly the community and voluntary sector, for example Young Barnet Foundation, Barnet Homes, Inclusion Barnet, Barnet Multi-Faith Forum, Healthwatch and UNITAS) worked in partnership to deliver key services, including launching the COVID Wellbeing Hub, engagements and utilisation of the foodbanks, and online offers signposting residents and staff to support with home and personal amenities, prescription pick-up and delivery services and emotional and wellbeing support.
- The Council's Early Help team undertook targeted work focusing on vulnerable children and linking with young carers.
- Healthy Child Programme services set up a support line for parents.
- The Resilience Schools programme worked with partners to develop signposting resources and online training to schools to enable and support teachers around mental health and wellbeing issues, once children and young people returned.

The Early Year infant feeding team transitioned to telephone and online sessions, and Barnet's breastfeeding figures rose during the period.

Essential supplies hub (ESH) supported 1,803 individuals and families via food banks; 120 families and individuals via community and voluntary sector and 935 individuals in care homes [6].

The council's catering provider (ISS) served 11,501 free school meals, whilst during the Easter holidays a further 1211 meals were served to children who needed them. In addition, an average of 527 family hampers were served per day [6].

BELS organised a Virtual Apprenticeship Roadshow on 3rd March 2021 for 14-19 year olds.

Following the Easter break, all Barnet schools were offering remote learning for students not in school.

Barnet Education and Learning Service (BELS) in collaboration with the Council and voluntary sector undertook strategic actions to mitigate against the potential negative impacts of lost learning, online learning and support and training for teaching staff and parents during lockdown. This included:

- Resources through the online Barnet Partnership for School Improvement (BPSI) website to provide materials for virtual learning for schools and parents. Schools were also sign posted to appropriate websites
- A survey was undertaken of schools to audit the level of support required to deliver online learning. This was followed up with workshop sessions with schools showcasing the best and highlighting the differences between digital platforms for learning.
- Barnet joined five other London local authorities in a "Lost Learning" project, which involved speaking with schools and students, focussing on Year 5 and 6 and Year 11,12 and 13 in secondary.
- Barnet's educational psychologist team delivered training to school staff on loss, bereavement, anxiety. This also entailed supporting schools that suffered bereavements in their communities for example, student, teacher or parent death.

How Barnet Adapted to COVID to provide Mental Health Support: BICS Focus

SUPPORT NEED

Overall, demand has been constant for BICS input across its four teams.

- There was an increased demand for clinicians based in Children’s Social Care (in Duty & Assessment Teams, Intervention & Planning, Children in Care, and REACH).
- Fluctuations in demand for schools-based mental health provisions in line with the shutting and reopening of schools, but increased level of presentation complexity in referrals to these teams.
- 838 referrals were made to BICS in the 12 months from September 2019 to August 2020 inclusive, with a 91.0% referral acceptance rate. 46.1% of 4,000 appointments offered during this period were conducted face-to-face (53.9% not face-to-face)

Anxiety, low mood, and ‘challenging behaviours’ remained the most-referred, but increased complexity (see above) e.g. cases where there is historical self-harm or historical neglect/abuse within the family or where multiple other services are / have been involved.

CHANGES FOR COVID

- BICS set up support lines operating 9am to 8pm (including out-of-hours 5pm to 8pm) for young people, parents/carers, schools, GPs and other professionals.
- ‘Recovery from lockdown’-specific groups, workshops, working to further integrate both within BICS and with partner providers.
- Increased online output e.g. podcasts, resources made available, pre-recorded workshops.
- Digitalising administration of routine outcome measures.
- Adapting BAU face-to-face service online, before moving to a hybrid model of face-to-face and remote working.
- In addition to this, the Council’s psychological and Barnet Integrated Clinical Services team (BICS) provided a telephone line for professionals such as teachers and school staff and parent/carers to call if in need of psychological and emotional support.

BICS TEAMS	
Low intensity	High intensity
Mental Health Support Team (MHST): schools mainly in West of the borough	Primary Mental Health Team (PMHT): schools, Early Help Hubs & in community
CYP Wellbeing Provision (CWP): those with mild presentations who are difficult to reach through schools	Clinical Social Care Team (CSC): social care, outreach team, children in care, youth offending

BICS is a mild to moderate MH service supporting CYP and families with social, emotional, behavioural or mental health difficulties within the London Borough of Barnet.

BICS see children, young people and families in schools, in the community, social care and youth offending settings.

BICS provide consultations, training and workshops to schools, Early Help Hubs, Social Care, GP surgeries and the voluntary sector.



How Barnet Adapted to COVID to provide Mental Health Support: CAMHS Focus

SUPPORT NEED

To March 21, the overall demand for generic services at Barnet CAMHS across the year (April 2020-March 2021) is in line with the previous year (April 2019-March 2020). However, the distribution of referrals differed:

- A temporary reduction in demand in April 2020 during the first lockdown, followed by surges in demand when CYP returned to school. These surges are impacting on patient flow with a need to prioritise high risk cases.
- In April 2021 cases are currently surging and this pattern of increase is expected to continue.
- Clinical surges evidence an increase in crisis (30%) with an emerging increase in tic disorder, anxiety and school refusal. 35% increase in patients presenting with Eating Disorder.
- Marked increase in crisis presentations and self harm, with A&E admissions higher than pre covid levels and admissions to the diversion Hub at the same level.

CHANGES FOR COVID

- Implementation of 24-7 crisis line across NCL results in approx. 80 acute crisis calls a month.
- Services were maintained throughout COVID-19, with mitigations put in place to keep staff and visitors safe. A mixed media approach (including face to face, telephone and video appointments) was utilised, whereby face to face appointments were prioritised for CYP at risk.
- ND teams were able to adapt ND assessments to digital platforms during this time however waiting lists and waiting times for ND assessments have increased due to increased demand during the pandemic.
- The national picture is mirrored with an increase in crisis and acuity and an overall increase in demand in key areas, no increase in Tier 4 admissions.

Barnet, Enfield and Haringey 
Mental Health NHS Trust

A University Teaching Trust



Supporting healthy lives

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