

Children & Young People's Mental Health



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Headlines

NHS Digital produced a report in 2017 about the mental health of children and young people in England. Follow-up reports have also been produced. These are their findings:

Children aged 7 to 16 years with a probable mental disorder:



2017 – 1 in 9 (12.1%)
2020 – 1 in 6 (16.7%)
2021 – 1 in 6 (17.8%)
2022 – 1 in 5 (18.0%)

Recap:

From **1 in 9** pre-Covid to **1 in 5** post-Covid

In young people aged 17 to 19 years, the figures were:



2017 – 1 in 10 (10.1%)
2020 – 1 in 6 (17.7%)
2021 – 1 in 6 (17.4%)
2022 – 1 in 4 (25.7%)

Recap:

From **1 in 10** pre-Covid to **1 in 4** post-Covid

Risk and Protective Factors

RISK FACTORS

- ✗ Genetic influences
- ✗ Low IQ and learning disabilities
- ✗ Specific development delay
- ✗ Communication difficulties
- ✗ Difficult temperament
- ✗ Physical illness
- ✗ Academic failure
- ✗ Low self-esteem

- ✗ Family disharmony, or break up
- ✗ Inconsistent discipline style
- ✗ Parent/s with mental illness or substance abuse
- ✗ Physical, sexual, neglect or emotional abuse
- ✗ Parental criminality or alcoholism
- ✗ Death and loss

- ✗ Bullying
- ✗ Discrimination
- ✗ Breakdown in or lack of positive friendships
- ✗ Deviant peer influences
- ✗ Peer pressure
- ✗ Poor pupil to teacher relationships

- ✗ Socio-economic disadvantage
- ✗ Homelessness
- ✗ Disaster, accidents, war or other overwhelming events
- ✗ Discrimination
- ✗ Other significant life events
- ✗ Lack of access to support services



Child



Family



School



Community

- ✓ Secure attachment experience
- ✓ Good communication skills
- ✓ Having a belief in control
- ✓ A positive attitude
- ✓ Experiences of success and achievement
- ✓ Capacity to reflect

- ✓ Family harmony and stability
- ✓ Supportive parenting
- ✓ Strong family values
- ✓ Affection
- ✓ Clear, consistent discipline
- ✓ Support for education

- ✓ Positive school climate that enhances belonging and connectedness
- ✓ Clear policies on behaviour and bullying
- ✓ 'Open door' policy for children to raise problems
- ✓ A whole-school approach to promoting good mental health

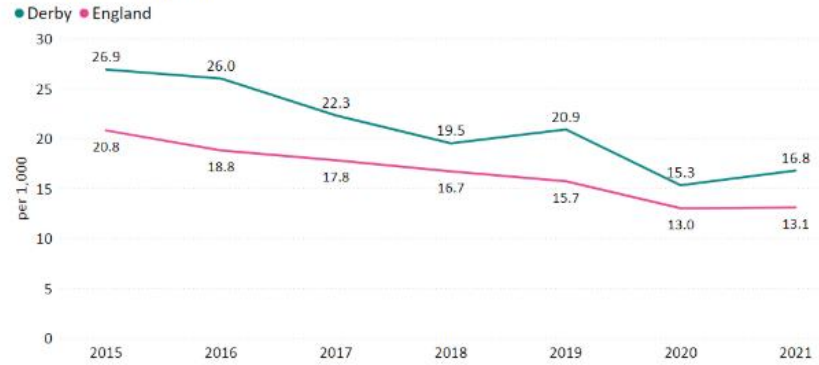
- ✓ Wider supportive network
- ✓ Good housing
- ✓ High standard of living
- ✓ Opportunities for valued social roles
- ✓ Range of sport/leisure activities

PROTECTIVE FACTORS

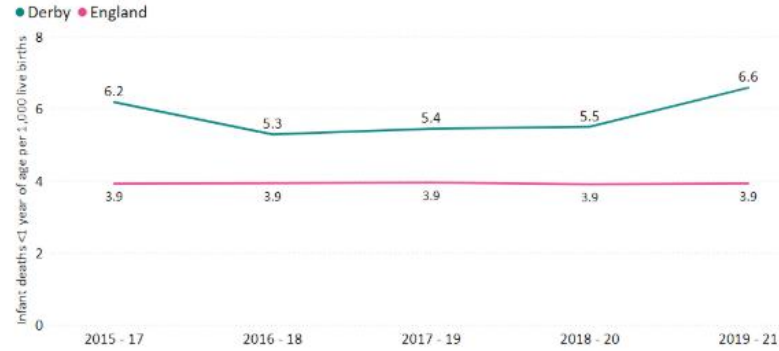


Early Years High Impact Areas

Under 18s conceptions



Infant mortality



Looked after children (aged 5 to 16) whose emotional wellbeing is a cause for concern



Children on child protection plans



Children in care



Children (under 16) in absolute low income families



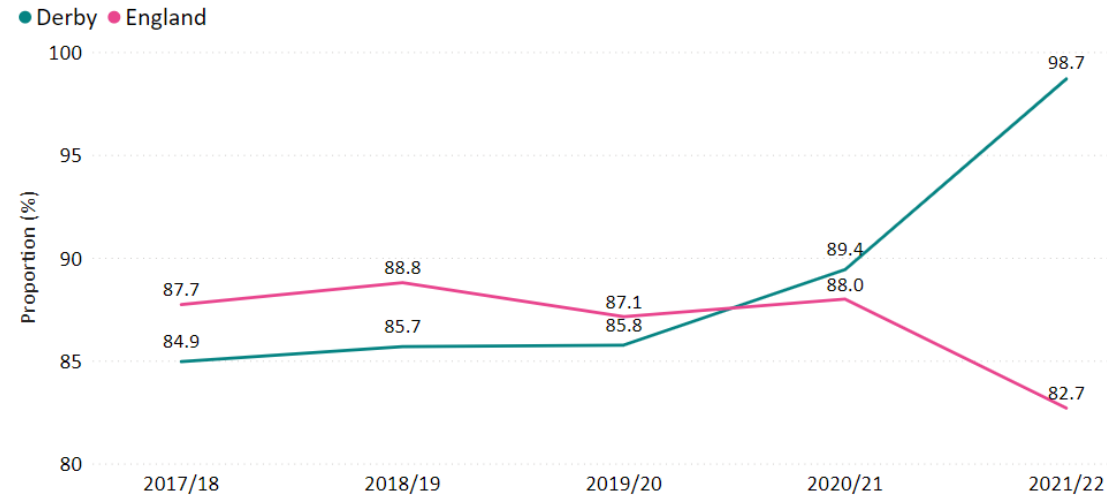
Pre and Post Covid Figures (Derby)

- Under 18s conception rates (per 1,000) fell from 26.9 in 2015 to 15.3 in 2020, then increased to 16.8 in 2021.
- Infant mortality rates (deaths under 1 year of age per 1,000 live births) dropped from 6.2 in 2015-17, then fell to 5.3 in 2016-18, but had risen to 6.6 in 2019-21 (most recent figures available).
- The percentage of looked after children (aged 5 to 16) whose emotional wellbeing is a cause for concern dropped from 51.4% in 2015/16 to 39.6% in 2018/19 but had risen to 46% in 2021/22.
- The rate of children on child protection plans (per 10,000 population under 18) rose from 53.5 in 2015/16 to a high of 87 in 2017/18, then fell to 63.6 in 2019/20 but had risen again to 77.1 in 2020/21.
- The rate of children in care (per 10,000 population under 18) has risen from 81 in 2015 to 108 in 2021 but had fallen slightly to 107 in 2022.
- The proportion of children (aged under 16) in absolute low-income families fell from 23.4% in 2015/16 to 17.7% in 2020/21 but had risen sharply to 28.4% in 2021/22 (cost of living crisis?).

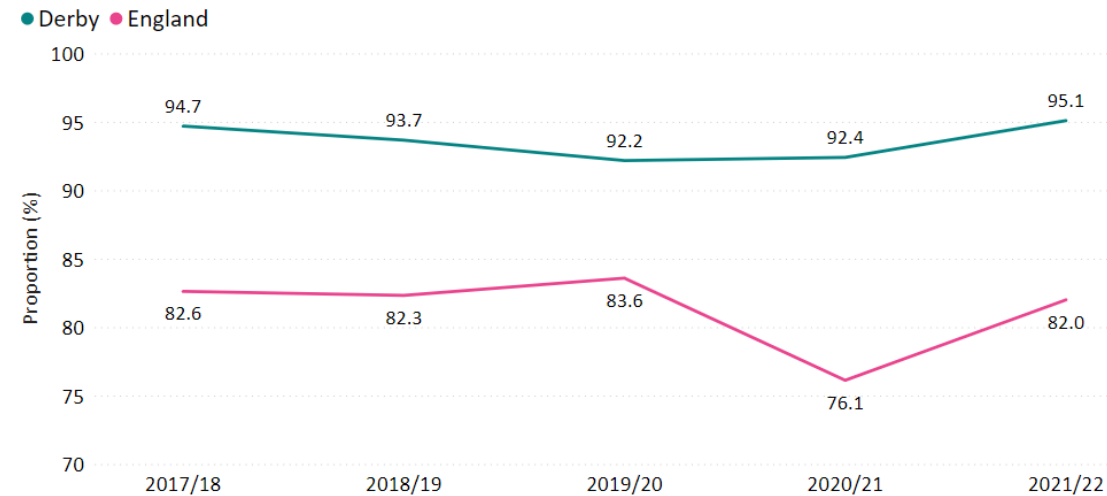


New Birth Visits, 6-8 Week and 12-Month Reviews

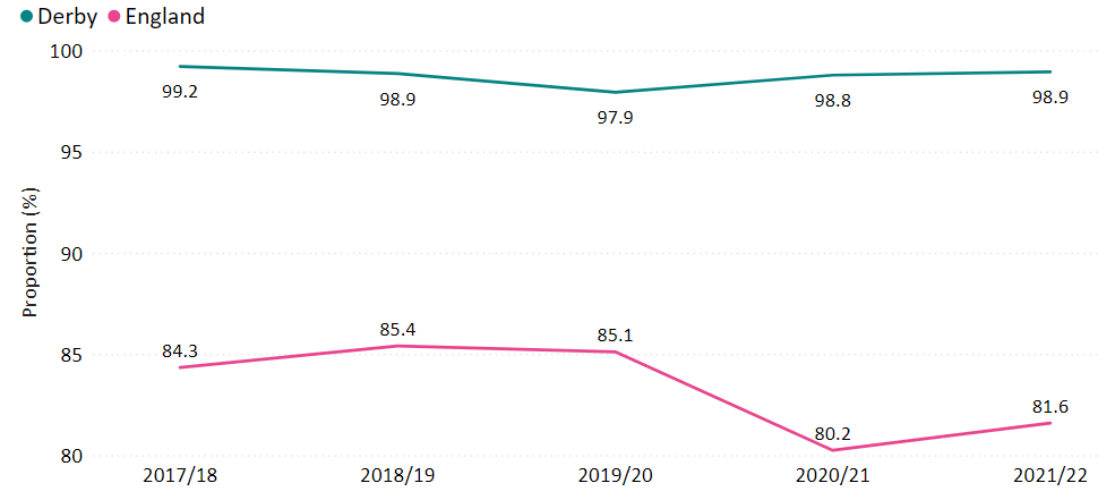
New Birth Visits (NBVs) completed within 14 days



Children receiving a 12-month review



Infants receiving a 6 to 8 week review



A Positive Story in Derby

New Birth Visits

Since 2017/18, the proportion of NBVs in Derby followed a similar level to England. They have risen sharply since 2020/21 – from 89.4% to 98.7% in 2021/22 – whereas the proportion in England has fallen – from 88.0% in 2020/21 to 82.7% in 2021/22.

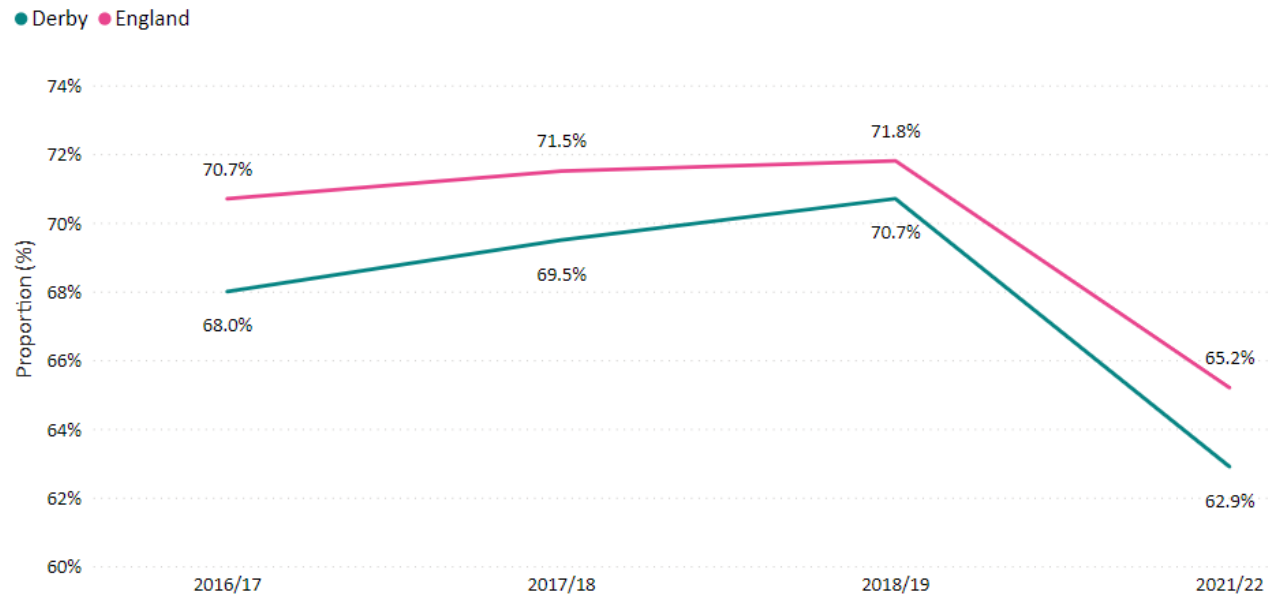
6 to 8 Week and 12-month Reviews

Derby has had a significantly higher proportion of these reviews than England since 2017/18. Since then in Derby, the proportions were in the mid to high 90%'s – whereas England's proportions were in the mid to low 80%'s.

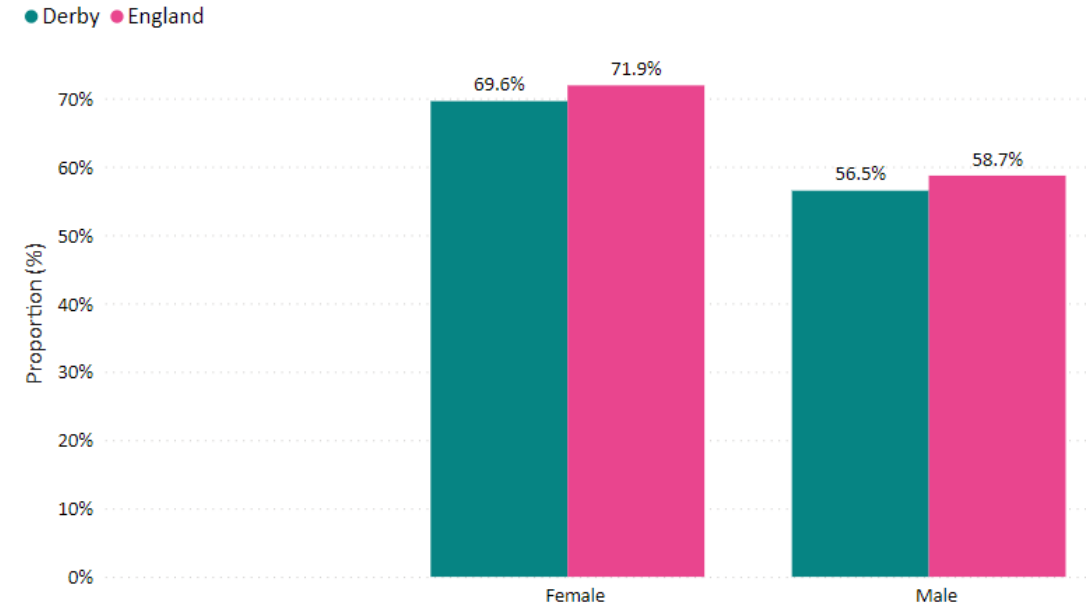


School Readiness

Children achieving a good level of development at the end of Reception



Children achieving a good level of development at the end of Reception - 2021/22



NB – These are the only inequality figures available for Derby.

62.9% of children in Derby achieved a good level of development at the end of Reception in 2021/22. This is down from the previous comparator (2018/19) of 70.7%. Derby is ranked in the bottom quarter of local authorities for good level of development at the end of Reception.

Inequalities on good level of development at the end of Reception in England in 2021/22 include:

- More girls (71.9%) than boys (58.7%) have a good level of development at the end of Reception.
- Older children in the year are more likely to achieve a good level of development: 73.8% Autumn born; 65.8% Spring born; 55.7% Summer born.
- Sliding achievement across the deprivation deciles, with 69.5% in the least deprived decile, and 60.1% in the most deprived decile.
- Ethnic group proportion (%) differences: 67.0% Mixed / Multiple ethnic groups; 66.3% White; 64.9% Asian / Asian British inc Chinese; 60.6% Black / African / Caribbean / Black British; 55.3% Other ethnic group; 49.6% Not Known / Not Stated.
- First language status: 67.1% English; 60.1% Other than English; 46.7% Unclassified.
- Proportion of children with SEN status achieving a good level of development: 70.9% No identified SEN; 27.6% Statement or EHCP; 22.9% SEN support; 3.6% Unclassified.

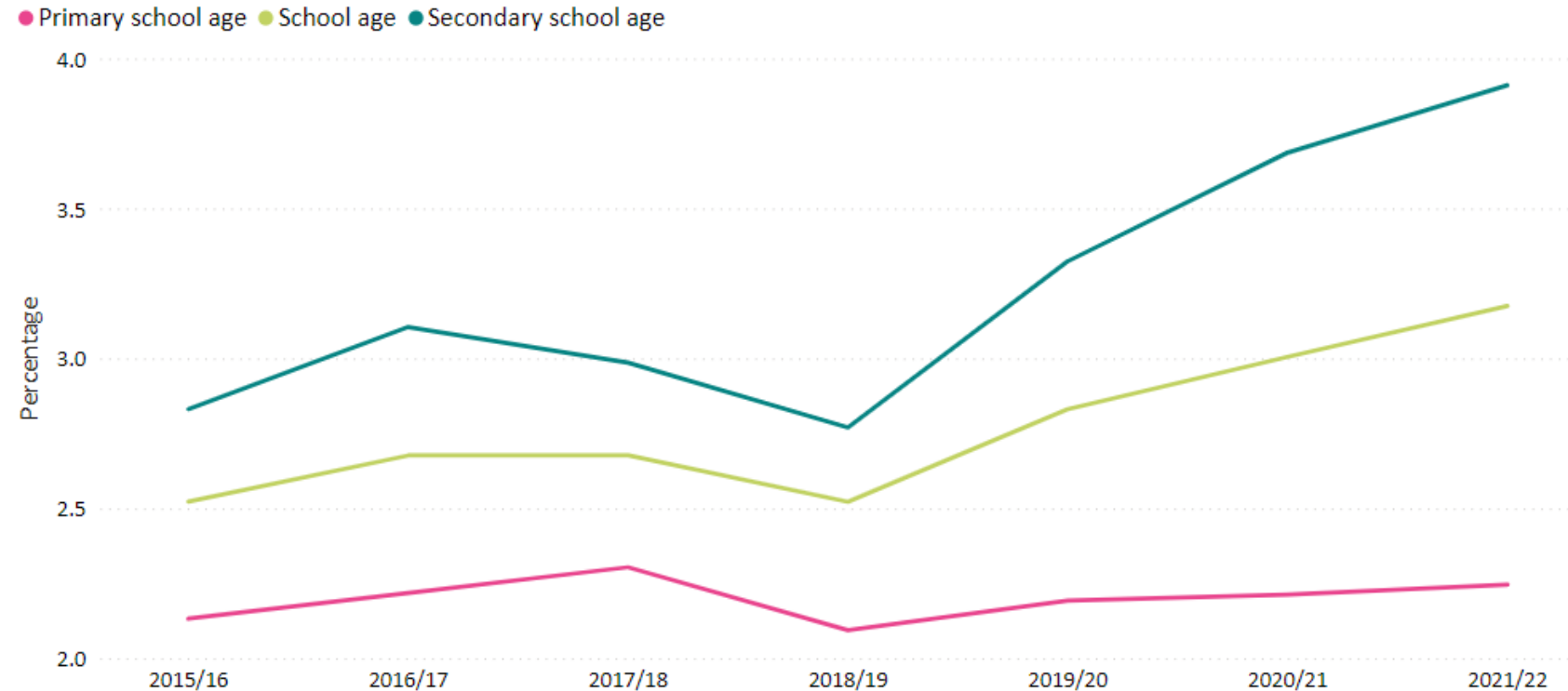


ACEs and School Pupils with Social, Emotional & MH Needs

Adverse Childhood Experiences (ACEs) are traumatic events occurring in childhood which have a lasting negative impact on an individual's health and social outcomes in adulthood. Contributing events include abuse, neglect, and household challenges. Considerable and prolonged stress in childhood disrupts the early brain development leading to lifelong health and wellbeing compromises. Research on Adverse Childhood Experiences (ACEs) has found that children with four or more ACEs have increased risks (Hughes et al. 2017). Those with 4 or more ACEs have these increased risks:

- 30 X more likely to attempt suicide.
- 10 X more likely to problematically use drugs.
- 6 X more likely to problematically use alcohol.
- 6 X more likely to use illicit drugs.
- 4 X more likely to have depression.
- 4 X more likely to have low life satisfaction.
- 4 X more likely to have anxiety.

School pupils with social, emotional and mental health needs, Derby

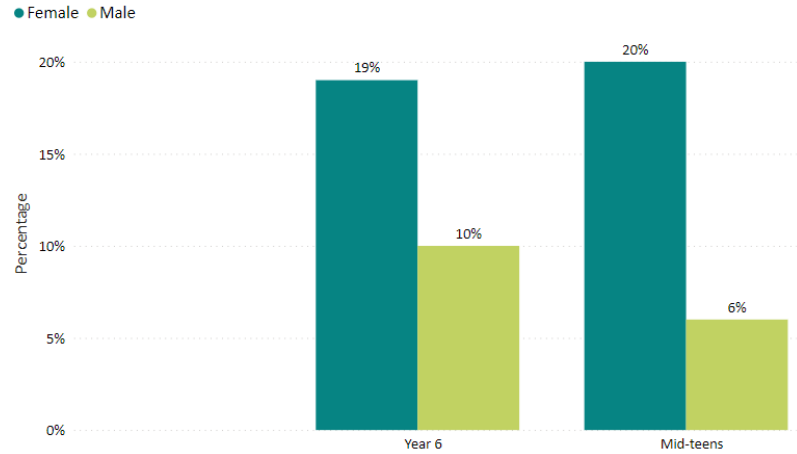


Approximately 1 in 31 school children in Derby with SEND are identified as having social, emotional and mental health as the primary type of need. Twice as many male pupils (4.2%) are identified than female pupils (2.1%).

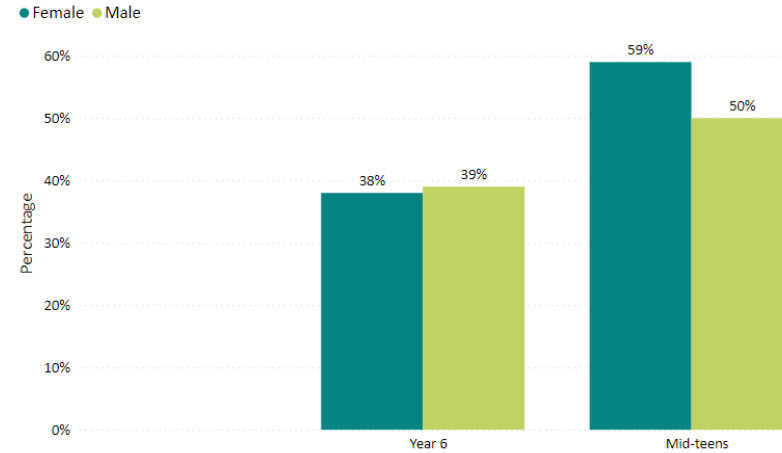


The Lancaster Model Findings (2022/23 Academic Year)

Do you have any worries or concerns about your emotional health? (answered yes)



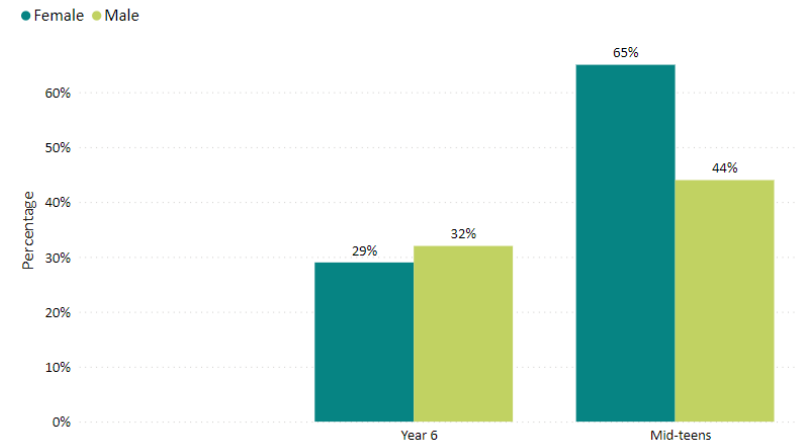
Do you take part in after school activities? (answered no)



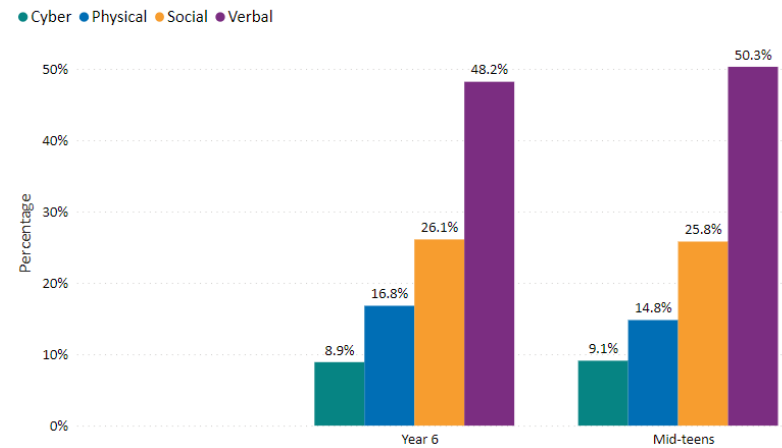
The Lancaster Model (TLM) was developed by Kath Lancaster, driven by her insights, experience, strong belief and motivation to support healthcare providers to revitalise teams and achieve better outcomes for children, young people and their families. Kath is first and foremost a nurse, with over 40 years' experience working in both acute and community nursing environments, progressing from a practitioner to a visionary national strategic leader. She holds a BSc(Hons) in Community Nursing/SCPHN, MSc in Advanced Nursing Practice and Advanced Diploma in Mentorship MSc Level.

TLM is a validated, systematic, safe approach to immediately assess the needs of individuals and populations. The process ensures true early intervention can be provided to children, young people and their families, who without it, could potentially get missed and sit "under the radar".

Have you ever cut out meals to try and change your shape or weight? (answered yes)



How are you being bullied? (answered yes to 'are you being bullied?')



Having been developed over many years, being evidence and research based, TLM offers an online Health Needs Assessment Tool (questionnaire), that enables children, young people and their families the opportunity to have their health and well-being assessed and reviewed by their local School Health Team. It is a proactive tool to identify any potential problems before they progress further and allows qualified practitioners to act quickly to provide the appropriate help and support.

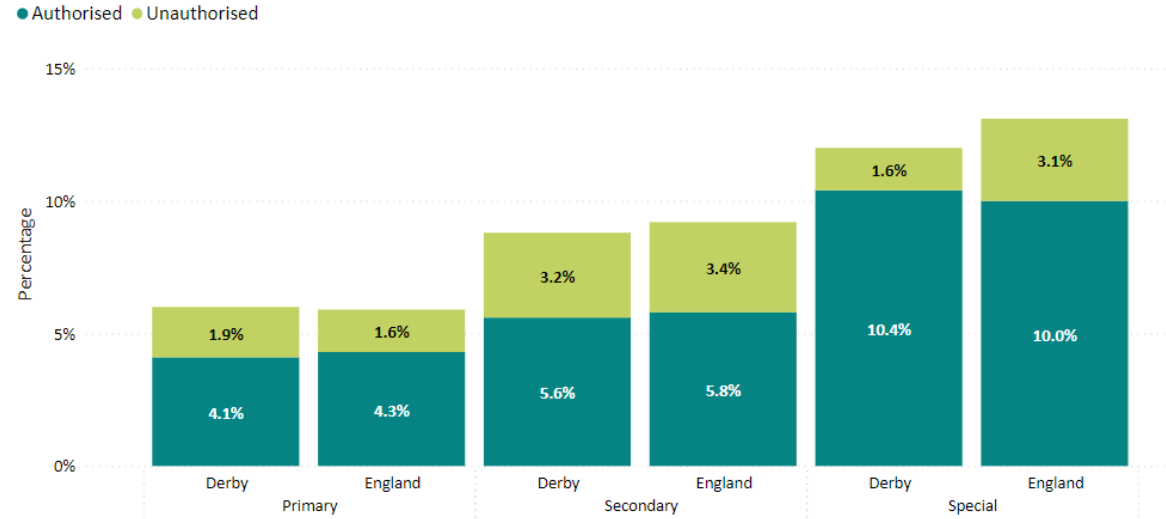
Schools in Derby have not participated in the completion of the TLM questionnaires for very long. As such, 2022/23 is the first full academic years' worth of data that is available. As time progresses, the information held on TLM will enable us to gather historical data, plot trends and help us to pinpoint areas of need in Derby. National figures (recent and historical) are available on request to Kath via Leila and Helen in the PH KIT team.

These graphs are a very small snapshot of the data available on TLM.

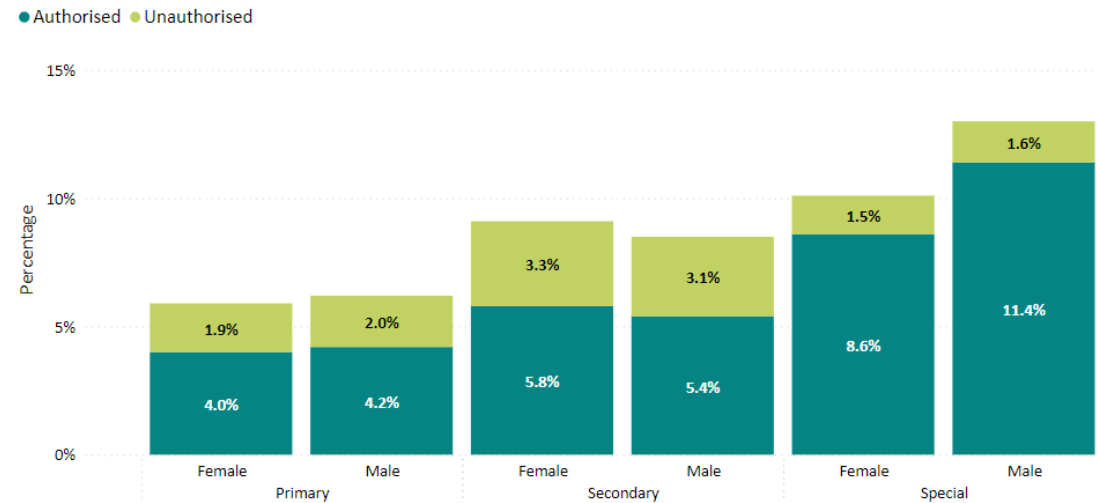


School Absences (2022/23 Academic Year)

Pupil absence (2022/23 academic year to 14 July)



Pupil absence in Derby by gender (2022/23 academic year to 14 July)



By pupil characteristics, the absence rates across the year to date were:

11.3% for pupils who are eligible for free school meals and 6.1% for pupils who were not eligible for free school meals.

13.2% for pupils with an Education, Health and Care plan (EHCP), 11.0% for pupils with SEN support and 6.8% with no identified SEN.

7.4% for boys and 7.5% for girls.

Across the year to date, **22.0% of pupil enrolments missed 10% or more of their possible sessions and are therefore identified as persistently absent.**

By school type, the persistent absence rate across the year to date was:

17.0% in state-funded primary schools.

27.8% in state-funded secondary schools.

38.6% in state-funded special schools.

[Persistence absence has risen sharply in England from 13.1% of all pupils in autumn 2019 to 24.2% in autumn 2022 \(equating to over 1.7 million pupils\).](#) This **doubling of persistent absence in 3 years** has widened the gap of disadvantage and inequalities.

[Persistent absenteeism rates are higher in children with a probable mental disorder than those unlikely to have one.](#) The Mental health of Children and Young People in England 2022 survey reports that 12.6% of children with a probable mental disorder missed more than 15 days of school, compared with 3.9% of those unlikely to have a mental disorder.



School Exclusions

Primary

Permanent Exclusions

2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
22	27	18	4	6

6 primary permanent exclusions in 2021-22.

Suspensions

204 suspensions in 2021-22, totalling 400 days.

- 33.3% of permanent exclusions and 28% of suspensions in Derby were for this reason in 2020/21. Nationally, the figures were 29.7% and 36.2% respectively.
- In 2021/22, physical assault against an adult was the main reason for permanent exclusion.
- 62% of all suspensions are from children with SEND. 59% of all children who have received an exclusion have SEND.

Research Findings:

Research carried out by the University of Exeter found evidence of a two-way relationship between child and adolescent mental illness and exclusion from school. The research found that exclusion could trigger long-term psychiatric illness, exacerbating existing mental health issues (Children's Services Network Policy Briefing, 2017). Parker et al, 2016 found that: 'Exclusion could also radically affect a child's social and emotional world in the abrupt ending of friendships and trusting relationships with teachers, and in the experience of rejection from school reinforcing a negative self-image'.

Secondary

Permanent Exclusions

2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
62	63	38*	4**	17

17 secondary permanent exclusions in 2021-22:

- 13 (**76%**) were from one school.
- 65% persistent disruptive behaviour given reason.
- 71% for males.
- 71% of pupils were in Year 9.
- 71% in Spring Term.
- 53% SEN support.
- 53% Gypsy/Roma ethnicity.

Suspensions

2,697 suspensions in 2021-22, totalling 6,079 days.

- In 2020/21, 30% of suspensions were for persistent disruptive behaviour. In 2021/22, this figure had risen to 46%.
- 1,078 (40%) of suspensions, 2136 (35%) of days, are from one secondary school in the city.
- 38% of all suspensions; 45% of all repeat exclusions are pupils with SEND.

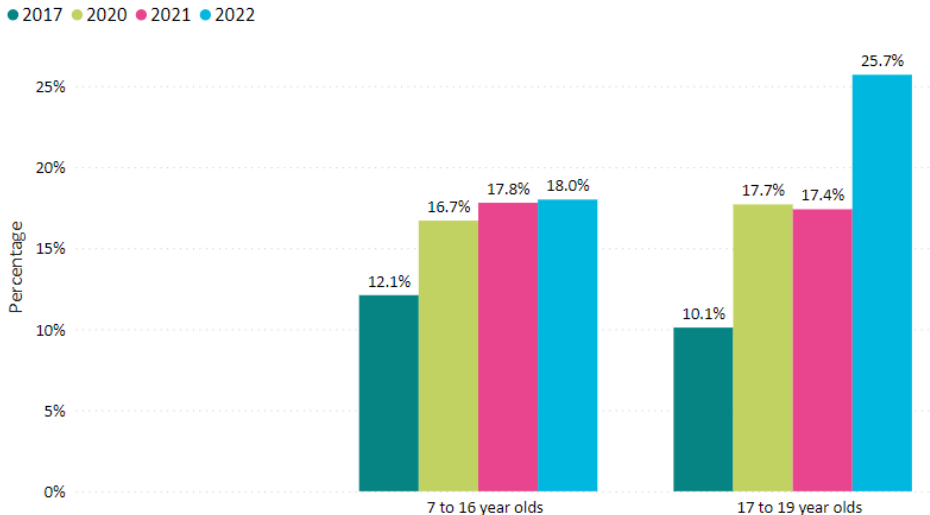
*Until March 2020

**Including school closures between 5th January and 8th March 2021

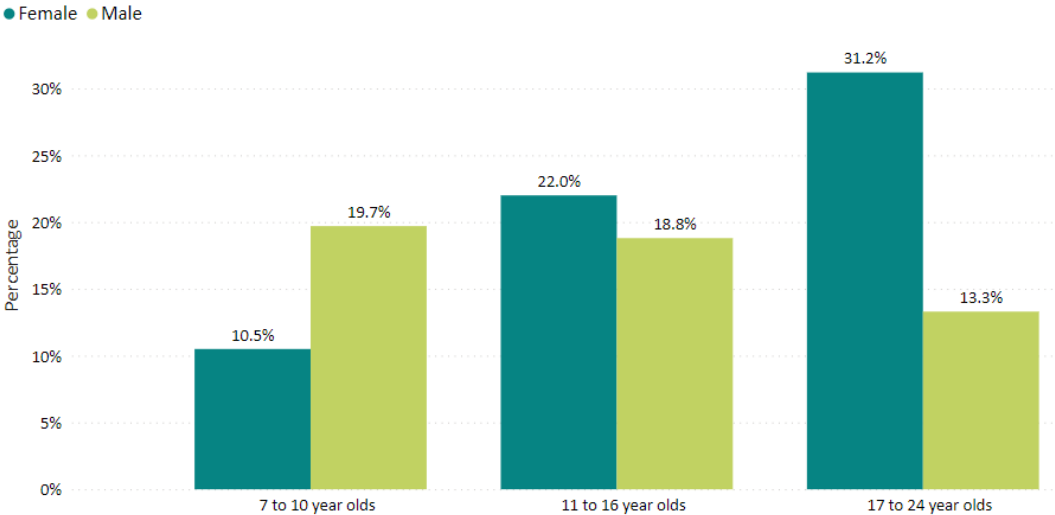


C&YP with Mental Health Disorders and NEET

Percentage of children and young people with a probable mental disorder, England



Percentage of children and young people with a probable mental disorder, England 2022



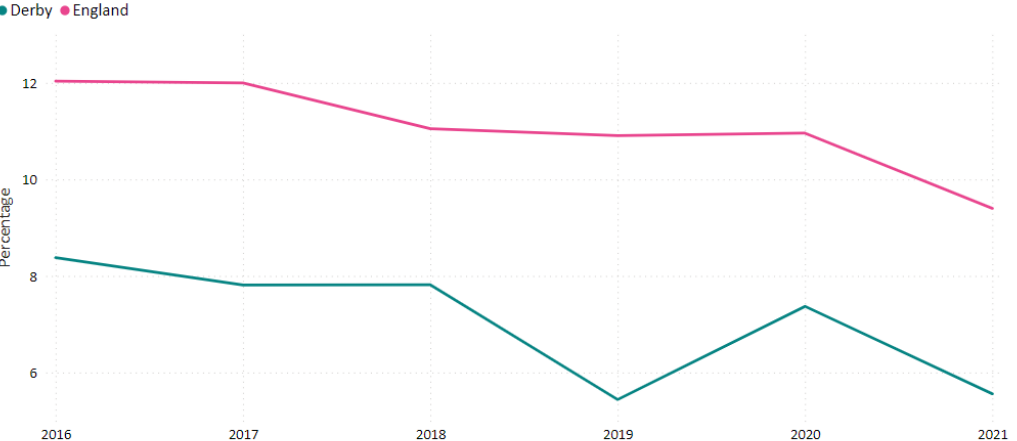
In 2022, 18.0% of children aged 7 to 16 years had a probable mental disorder, 10.8% had a possible mental disorder, and 71.2% were unlikely to have a mental disorder.

In young people aged 17 to 24 years, 22.0% had a probable mental disorder, 13.6% had a possible mental disorder, and 64.4% were unlikely to have a mental disorder.

There was a notable gender difference between the age groups:

- In young children (7 to 10 year olds), the prevalence of a probable mental disorder was nearly twice as high in boys (19.7%) as in girls (10.5%).
- Rates of a probable mental disorder were similar in boys (18.8%) and girls (22.0%) aged 11 to 16 years.
- In young people aged 17 to 24 years, the pattern was reversed, with much higher rates in young women (31.2%) than young men (13.3%).

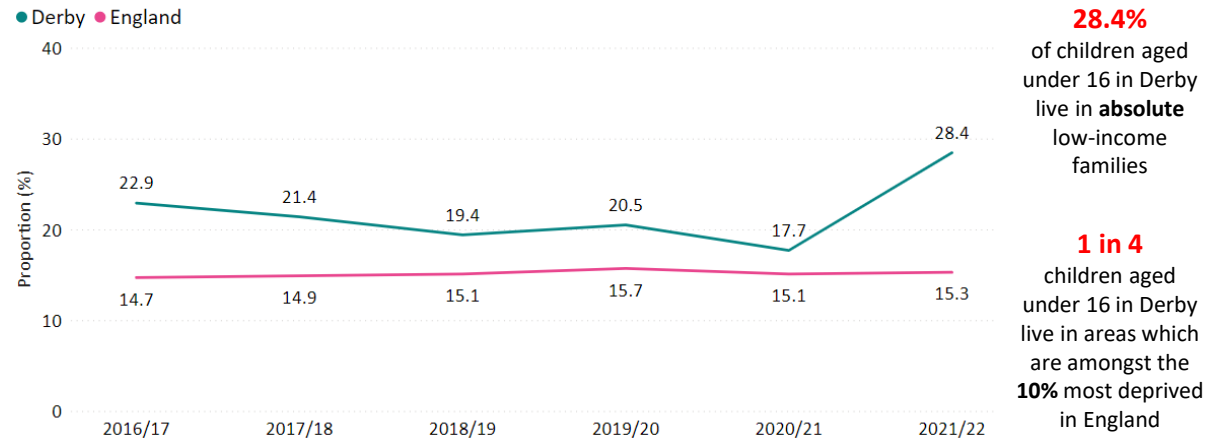
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known



Sources: [Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey - NDRS \(digital.nhs.uk\)](#) – published 29 November 2022 and [Public health profiles - OHID \(phe.org.uk\)](#) (Indicator ID: 93203)

Childhood Poverty and IFS Study Findings

Children (under 16) in absolute low income families



350,000 more children were pulled into relative poverty in 2021-2022.

This equates to 4.2 million children (29% of all UK children) in poverty - up from 3.6 million in 2010-11.

- 45% of all children in poverty were in families with a youngest child aged under five.
- 71% of poor children lived in working families.
- 47% of children in Asian and British Asian families are in poverty, 53% of children in Black/ African/ Caribbean and Black British families, and 25% of children in White families.
- 44% of children in lone parents families were in poverty.
- 42% of children in families with 3 or more children were in poverty, up from 36% a decade earlier.
- 36% of children living in families where someone has a disability were in poverty.

IFS Study Findings

A report by the Institute for Fiscal Studies in August 2023 “How did parents’ experiences in the labour market shape children’s social and emotional development during the pandemic?” found that:

Half of all children suffered a setback to their emotional and social development during the first year of the pandemic, according to a survey of parents, with:

- younger children more likely to have been negatively affected than their older brothers and sisters.
- those aged four to seven were significantly more likely to have suffered a deterioration in their skills than 12- to 15-year-olds.
- youngsters whose parents’ employment changed as a result of the pandemic, including those who were furloughed, were also far more likely to see their social and emotional skills worsen.
- parents of girls, and those who were furloughed, were also more likely to report a worsening in their child’s socio-emotional skill than children whose parents had stable employment throughout the pandemic.

The report states: “the pandemic saw children of all backgrounds and ages experience social and emotional skill deterioration. Children lived through many changes (school closures, lack of contact with family and friends, illness and death loved ones). The study shows that economic disruptions experienced by parents was a driver in children’s declining skills. We currently have the cost-of-living crisis affecting many families’ budgets and these study results show how economic uncertainty can have multi-generational impacts”.

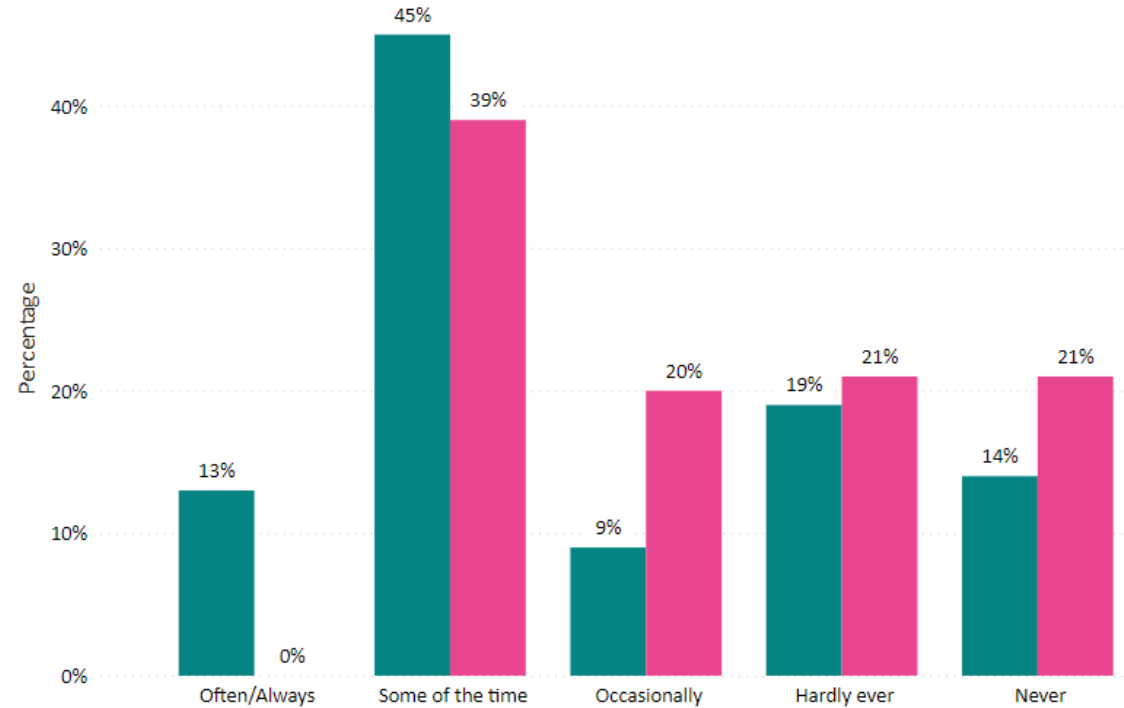
Methodology: Researchers surveyed 6,095 parents living in England with children aged four to 16. Parents answered 13 questions about their child’s behaviour, including how often they appeared worried, how easily they lost confidence and had tantrums in February 2021 and, retrospectively, a year earlier.



Derby City Council Citizen Survey

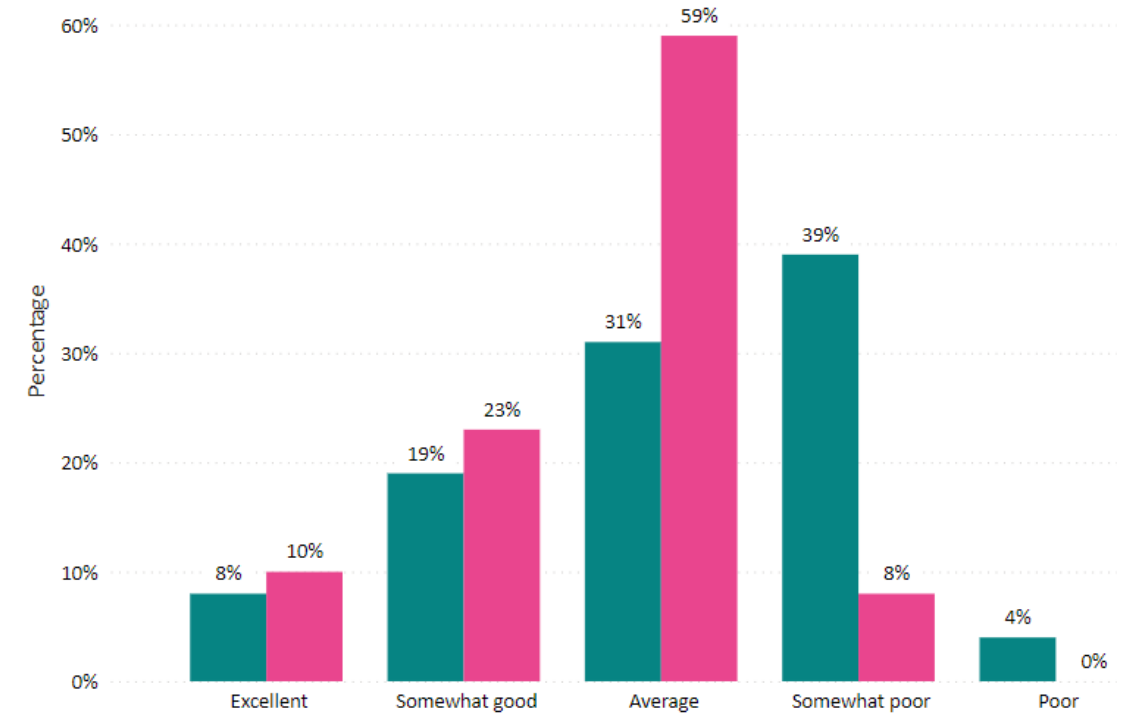
How often do you feel lonely?

● 18-24 ● Full Time Student



Over the last 4 weeks, how would you rate your mental health?

● 18-24 ● Full Time Student



FINDINGS

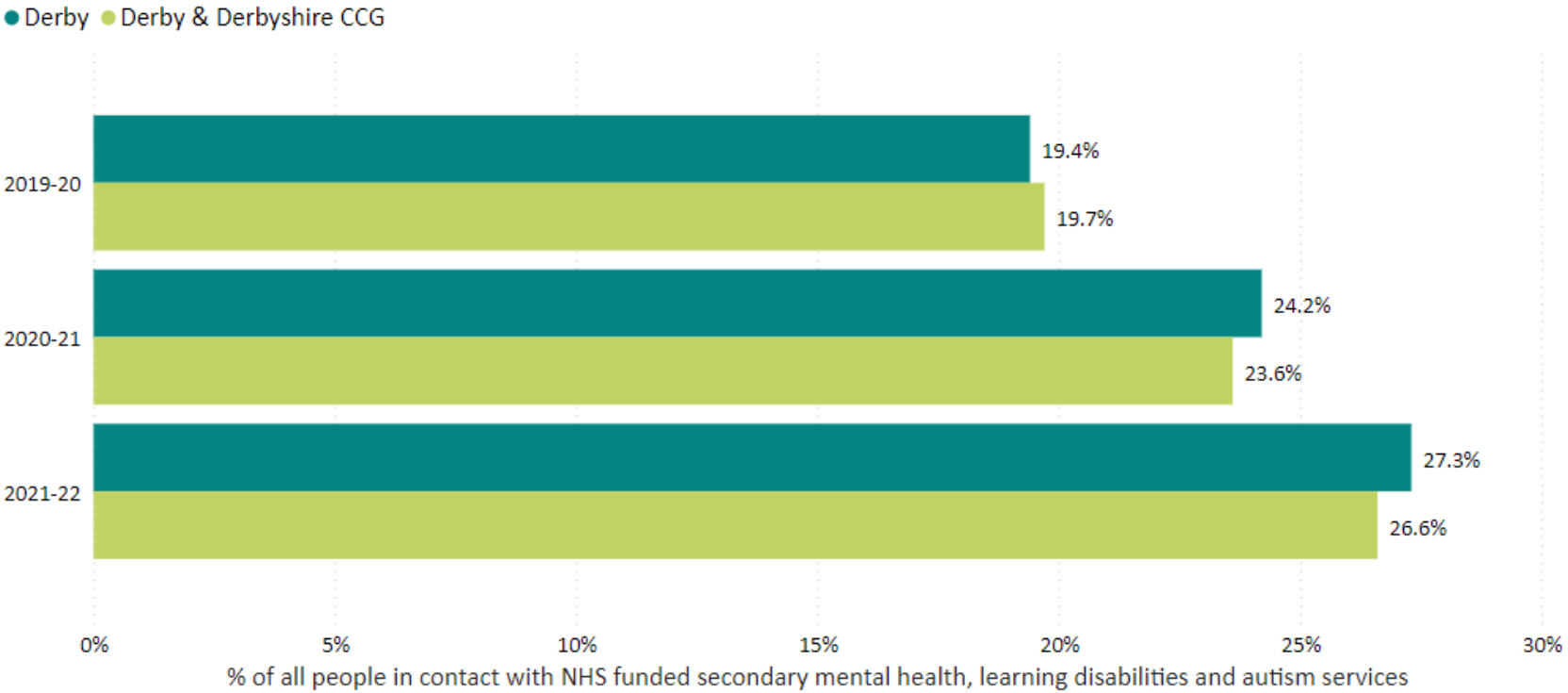
- 100% of full time students knew where to access support for their mental health, but only 20% of 18-24 year olds did.
- Loneliness was an issue for 18-24 year-olds, with 58% saying they felt lonely often/always or some of the time. 59% of full time students also felt lonely some of the time or occasionally.
- 43% of 18-24 year-olds reported that their mental health was poor or somewhat poor, and 67% of full time students reported that their mental health was somewhat poor or average.

NB - The age of someone who classed themselves as a full-time student was not given in the survey. Although the majority are likely to be at the younger end of the 18-24 year-old age group, this cannot be confirmed.



Mental Health Services and Waiting Times

Under 18s in contact with NHS funded secondary mental health, learning disabilities and autism services



In 2021-22, 3,980 people aged under 18 in Derby and 9,800 people aged under 18 in Derby & Derbyshire CCG were in contact with NHS funded secondary mental health, learning disabilities and autism services.

This represents a **28%** increase from the previous year and a **54%** increase between 2019-20 and 2021-22 in both areas.

Service waiting times for C&YP with an open “suspected autism” referral, that has been open for at least 13 weeks, in Derbyshire Healthcare NHS Foundation Trust, in Feb 2023:

- **0%** received a first appointment in 13 weeks or less.
- **30%** received an appointment after more than 13 weeks.
- **68%** had not had a care contact appointment recorded.

Delays to accessing children and young people’s community services can have a profoundly negative impact on an individual child or young person’s educational outcomes, social development and mental health and wellbeing.

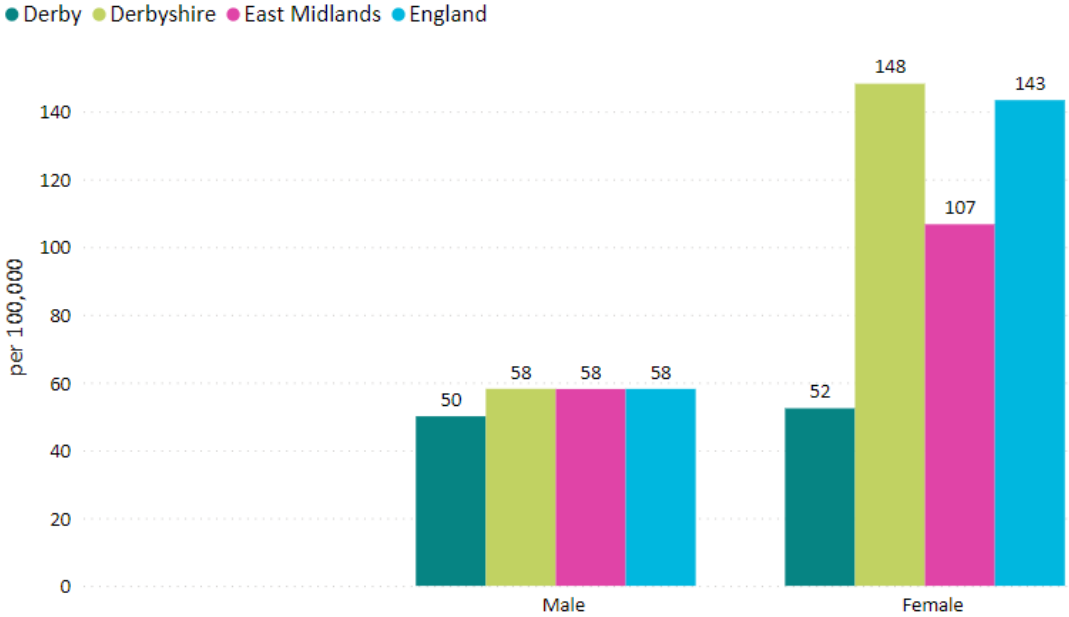
Community providers say there is an increased need to deliver face-to-face appointments for children and young people who have faced long waits and are now presenting with more acute needs. Furthermore, long waits for children and young people seeking support in the community can have an impact on the mental health and wellbeing of the parents and carers looking after them, potentially putting pressure on other adult services.

Sources: Mental Health Bulletin Dashboard - [Microsoft Power BI](#), Autism Waiting Time Statistics Dashboard - [Microsoft Power BI](#) and [The impact of backlogs of care in children and young people’s community services](#)



Hospital Admissions

Hospital admissions for mental health conditions (< 18 yrs) 2021/22



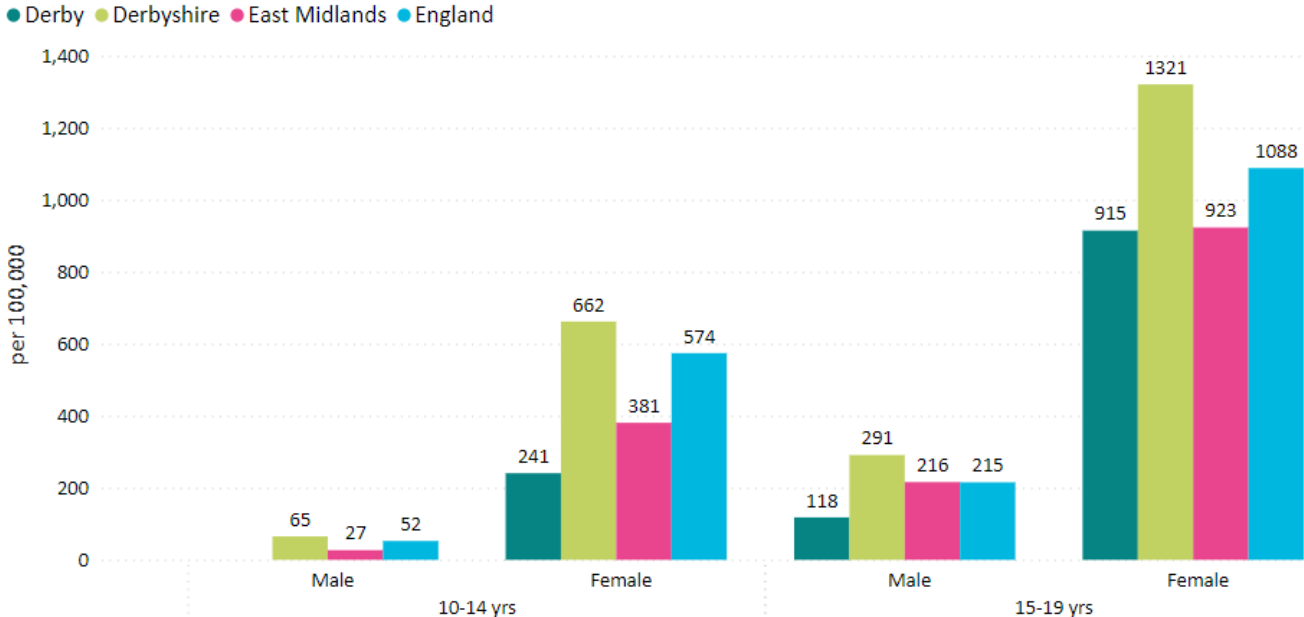
71%

of those admitted to hospital for a mental health condition in Derbyshire were **female**

64%

of those admitted to hospital for a mental health condition in the East Midlands were **female**

Hospital admissions as a result of self-harm (10-14 and 15-19 years) 2021/22



NB – the value for 'Derby male aged 10-14 yrs has been suppressed for disclosure control due to small count.

91%

of those aged 10-14 admitted to hospital as a result of self-harm in Derbyshire was **female**

88%

of those aged 15-19 admitted to hospital as a result of self-harm in Derby was **female**

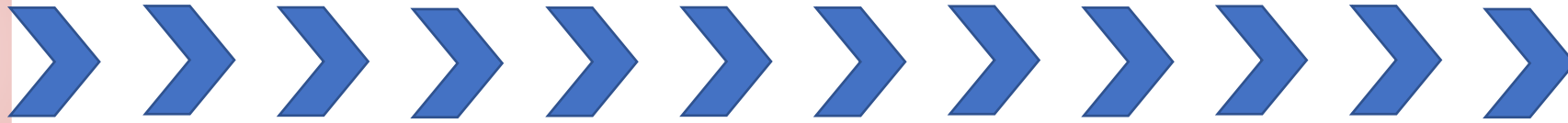


Source: [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk) (Indicator IDs: 90812 and 92796)

Mental Health Critical Periods

10 to 20%

of women experience mental health problems during pregnancy and the first year after having a baby



£105 billion

total annual cost to society of mental ill health



A baby born to a mother with maternal depression is **5 times** more likely to have a mental health illness.



A child living in a family with parental substance misuse or criminality is at a **higher risk** of developing a mental health illness.



A child with a mental health illness is **less likely** to achieve academic success and **more likely** to be a victim of bullying.



10% of children aged 5-16 suffer from a clinically significant mental health issue and only **25%** of children who need treatment receive it.



A young person with a mental health illness is **more likely** to have poor employment prospects.



Children and young people with a mental health illness are **more likely** to smoke and misuse drugs or alcohol.



Young people in prison who have a mental health illness are **18x more likely** to take their own lives than others of the same age.



Conclusions / Key Points

CYPMH in Derby post Covid:

- The pandemic intensified the occurrence of mental health risk factors in a short period of time.
- C&YP indicators of mental health show deterioration in the latest years of data.
- Rise in loneliness and families in poverty. Reductions in school attendance and attainment.
- Rise in C&YP probable mental health disorders to now 1 in 5 of 7 to 16 year olds.
- Increase in the number of C&YP referrals to services and waiting for help.
- Widening gap of inequalities for females and vulnerable children e.g. SEND, children in care.
- The cost of living crisis is further compounding the pandemic effects and recovery.

